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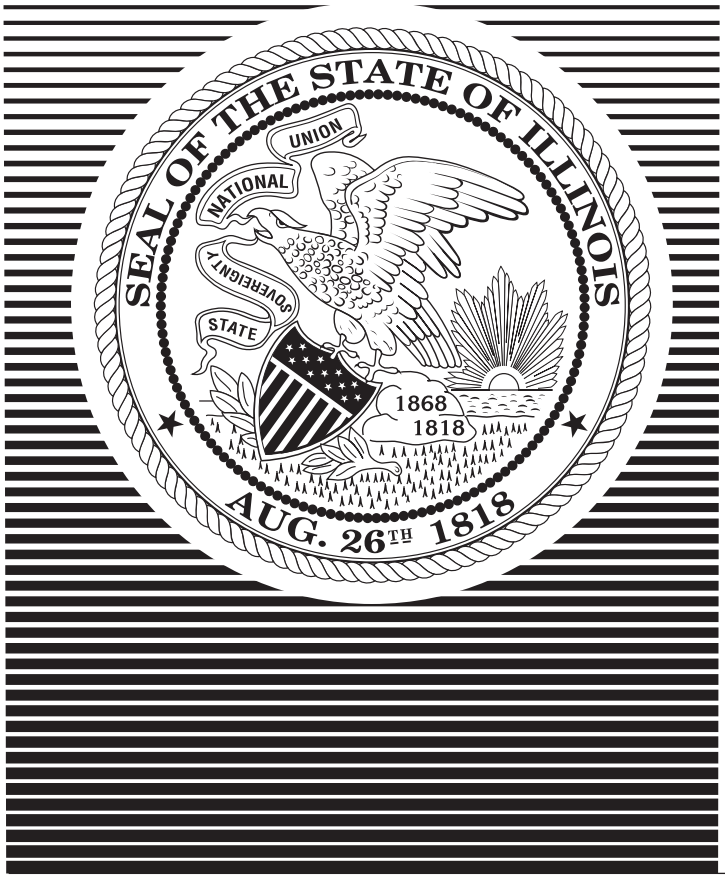

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INTRODUCTION

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

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

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

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

ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 2012

Issue #	Rules Due Date	Date of Issue
1	December 27, 2011	January 6, 2012
2	January 3, 2012	January 13, 2012
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20	May 7, 2012	May 18, 2012
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24	June 4, 2012	June 15, 2012
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26	June 18, 2012	June 29, 2012
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50	December 3, 2012	December 14, 2012
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52	December 17, 2012	December 28, 2012

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: HIV/AIDS Confidentiality and Testing Code

2) Code Citation: 77 Ill. Adm. Code 697

3)

Section Numbers:	Proposed Action:
697.10	Repeal
697.20	Amend
697.30	Amend
697.40	Amend
697.100	Amend
697.110	Amend
697.120	Amend
697.130	Amend
697.140	Amend
697.155	New
697.160	Amend
697.170	Amend
697.180	Amend
697.200	Amend
697.210	Amend
697.220	Amend
697.300	Repeal
697.400	Amend
697.410	Repeal
697.420	Amend
697.APPENDIX A ILLUSTRATION A	Repeal
697.APPENDIX C	Repeal

4) Statutory Authority: Implementing and authorized by the AIDS Confidentiality Act [410 ILCS 305]

5) A Complete Description of the Subjects and Issues Involved: The HIV/AIDS Confidentiality and Testing Code will be updated and revised to correspond to new Centers for Disease Control and Prevention (CDC) standards/guidelines, new laboratory testing methodologies approved by the Food and Drug Administration (FDA), and new Illinois legislation. Archaic tests are being replaced.

Examples of the revisions include: 697.30 (Incorporated Materials) cited guidelines and standards that have been replaced by current CDC recommendations; 697.20

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(Definitions) has references to outmoded laboratory tests that have been replaced by other technologies with improved sensitivity and specificity; 697.120 (Informed Consent) Illinois legislation no longer requires separate written informed consent for HIV testing. Public Act 96-7 amended the AIDS Confidentiality Act to state that informed consent may be written or verbal.

Section 697.300 is being repealed, since HIV Counseling and Testing Centers are obsolete. The Centers for Disease Control and Prevention recommend universal HIV testing for anyone 13 to 64 years of age. Therefore, HIV testing is occurring in doctor's offices, emergency rooms and local health department clinics. Early in the HIV epidemic the Department established special HIV Counseling and Testing Centers where residents could be tested anonymously. However, today the recommendation is to test everyone for HIV at least annually in a variety of clinic settings. Section 697.300, which was advisory, is being repealed.

The appendices are being repealed, since written informed consent is no longer required. (See Section 197.120.)

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

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

6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: 2008 Revised Surveillance Case Definitions for HIV Infection Among Adults, Adolescents, and Children Aged Less than 18 Months and for HIV Infection and AIDS Among Children Aged 18 Months to 13 Years − United States, 2008, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), December 5, 2008, Vol. 57, No. RR-10; 1-8.

Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings (Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR). MMWR September 22, 2006, Vol. 55, No. RR-14).

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

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

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9) Does this rulemaking contain incorporations by reference? Yes

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

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand any State mandate on units of local government.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Written or e-mail comments may be submitted within 45 days after this issue of the *Illinois Register* to:

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

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

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Health care professionals, health care providers and health care facilities as defined in the rules.

B) Reporting, bookkeeping or other procedures required for compliance: Reporting requirements are set forth in the rules.

C) Types of professional skills necessary for compliance: Health care professionals as defined in the rules.

14) Regulatory Agenda on which this rulemaking was summarized: January 2011

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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

PART 697
HIV/AIDS CONFIDENTIALITY AND TESTING CODE

SUBPART A: GENERAL PROVISIONS

Section
697.10 Applicability (Repealed)
697.20 Definitions
697.30 Incorporated and Referenced Materials
697.40 Administrative Hearings

SUBPART B: HIV TESTING

Section
697.100 Approved HIV Tests and Testing Procedures
697.110 HIV Pre-Test Information
697.120 ~~Written~~ Informed Consent
697.130 Anonymous Testing
697.140 Nondisclosure of the Identity of a Person Tested or Test Results
697.150 Marriage License Testing Requirements (Repealed)
697.155 Delivery of HIV Text Results
697.160 HIV Testing for Insurance Purposes
697.170 Enforcement of the AIDS Confidentiality Act
697.180 HIV Testing for Blood and Human Tissue Donations

SUBPART C: HIV/AIDS REGISTRY SYSTEM

Section
697.200 HIV/AIDS Registry System
697.210 Reporting Requirements
697.220 Release of HIV/AIDS Registry Data~~Information~~

SUBPART D: HIV COUNSELING AND TESTING CENTERS

Section

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SUBPART E: MISCELLANEOUS PROVISIONS

AUTHORITY: Implementing and authorized by the AIDS Confidentiality Act [410 ILCS 305]; the AIDS Registry Act [410 ILCS 310]; the Communicable Disease Prevention Act [410 ILCS 315]; the Perinatal HIV Prevention Act [410 ILCS 335]; and Sections 2310-10, 2310-315, 2310-325, and 2310-580 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-10, 2310-315, 2310-325 and 2310-580].

SOURCE: Emergency rules adopted at 12 Ill. Reg. 1601, effective January 1, 1988, for a maximum of 150 days; adopted at 12 Ill. Reg. 9952, effective May 27, 1988; amended at 13 Ill. Reg. 11544, effective July 1, 1989; amended at 15 Ill. Reg. 11646, effective August 15, 1991; emergency amendment at 17 Ill. Reg. 1204, effective January 7, 1993, for a maximum of 150 days; emergency expired on June 7, 1993; amended at 17 Ill. Reg. 15899, effective September 20, 1993; amended at 19 Ill. Reg. 1117, effective January 20, 1995; amended at 22 Ill. Reg. 21994, effective December 9, 1998; amended at 28 Ill. Reg. 13905, effective October 8, 2004; emergency amendment at 29 Ill. Reg. 14558, effective September 14, 2005, for a maximum of 150 days; amended at 30 Ill. Reg. 2373, effective February 3, 2006; amended at 36 Ill. Reg. _____, effective _____..

SUBPART A: GENERAL PROVISIONS

Section 697.10 Applicability (Repealed)

~~a)~~ ~~This Part is in response to various statutes concerning acquired immunodeficiency syndrome (AIDS). The provisions of this rulemaking are organized into six components which consist of five Subparts and one appendix. Subpart A includes general provisions which apply to all Sections of the Part such as definitions and administrative hearing rules.~~

~~b)~~ ~~Subpart B includes provisions concerning testing for the presence of antibodies to the human immunodeficiency virus (HIV) or any other causative agent of acquired immunodeficiency syndrome (AIDS). These provisions set forth the approved HIV tests and testing procedures, the information that must be given by a physician prior to ordering a HIV test, the written informed consent a physician must obtain prior to performing a HIV test, the requirements for HIV testing for insurance purposes, testing requirements for blood and human tissue donations, the disclosure or confidentiality rules, and the rules for enforcement of the AIDS Confidentiality Act.~~

~~c)~~ ~~Subpart C includes the provisions for the implementation of the HIV/AIDS Registry System. These provisions include information reported and the entities which report. In addition, provisions concerning the disclosure of registry information are included.~~

~~d)~~ ~~Subpart D includes provisions for the establishment and operation of alternative test sites known as "HIV Counseling and Testing Centers." These provisions specify how the centers are to be used and include a brief outline of the services to be provided.~~

~~e)~~ ~~Subpart E includes miscellaneous provisions which concern children. These provisions set forth the requirements for notification of school principals of children with AIDS and HIV infection, the guidelines for management of chronic infectious diseases in school children, and requirements for testing, treatment or counseling of minors.~~

~~f)~~ ~~The appendix includes a written informed consent form.~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 697.20 Definitions

~~The following are definitions of terms used in this Part:~~

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"Act" ~~or "AIDS Confidentiality Act"~~ means the AIDS Confidentiality Act ~~[410 ILCS 305]~~.

"*AIDS" means acquired immunodeficiency syndrome* (Section 3(b) of the Act)~~, *as defined by the Centers for Disease Control or the National Institutes of Health.* (Section 3(a) of the AIDS Registry Act) Similar definitions appear in the Act. Current definition can be found in 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults, Centers for Disease Control and Prevention (CDC). Morbidity and Mortality Weekly Report (MMWR), December 18, 1992; vol. 41, no. RR-17; and in 1994 Revised Classification System for HIV Infection for Children Less Than 13 Years of Age. Morbidity and Mortality Weekly Report (MMWR), vol. 43 RR-12~~.

"Blood Bank" means any facility or location at which blood or plasma is procured, furnished, donated, processed, stored or distributed.

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

"Designated Agent~~Agency~~" means an organization designated by the Department to conduct public health activities in accordance with a written service agreement with the Department. ~~a health care organization under a service agreement with the Department to function in the capacity of a Local Health Authority for the purposes of this Part, in a jurisdiction not covered by a Local Health Authority.~~

"Director" means the Director of the Illinois Department of Public Health.

"Health Care Facility" or "Facility" means any institution, building or agency, or portion of any institution, building or agency, whether public or private (for-profit or nonprofit) that is used, operated or designed to provide health services, medical treatment or nursing, rehabilitative or preventive care to any person or persons.

"Health Care Professional" means any of the following:

a licensed physician;

a physician assistant to whom the physician assistant's supervising

physician has delegated the provision of health services;

an advanced practice registered nurse who has a written collaborative agreement with a collaborating physician which authorizes the provision of health services;

a licensed dentist; or

a licensed podiatrist. (Section 3(f-5) of the Act)

"*Health Care Provider" means any physician, nurse, paramedic, psychologist or other person providing medical, nursing, psychological, or other health care services of any kind*. (Section 3(f) of the Act)

~~*"Health Facility" means a hospital, nursing home, blood bank, blood center, sperm bank, or other health care institution, including any "Health Facility" as that term is defined in the Illinois Finance Authority Act* [20 ILCS 3501]. (Section 3(e) of the Act)~~

"HIV" means the human immunodeficiency virus or any other identified causative agent of AIDS. (Section 3(c) of the Act)

"HIV Infection"~~ or "Mortality"~~ means infected with HIV, as evidenced by a positive or reactive supplemental~~confirmed~~ laboratory test result. ~~for antibodies to HIV as specified in Section 697.100, viral culture or positive antigen test or a clinical diagnosis of AIDS.~~

"HIV Test" means an HIV test method approved by the federal Food and Drug Administration (FDA) or validated under a laboratory's Clinical Laboratory Improvement Amendments of 1988 (CLIA) certification.

"Informed Consent" means a written or verbal agreement by the subject of a test or the subject's legally authorized representative obtained *without undue inducement or any element of force, fraud, deceit, duress or other form of constraint or coercion.* (Section 3(d) of the Act)

"Laboratory" means a CLIA approved or licensed facility~~any facility or location, other than blood banks,~~ at which tests are performed to determine the presence of a sexually transmitted infection (STI).~~antibodies to HIV.~~

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"Legally Authorized Representative" means an individual who is authorized to consent to HIV testing and/or disclosure of HIV test results for an individual who is:

Under the age of 12,

Deceased,

Declared incompetent by a court of law, or

Otherwise not competent to consent (for reasons other than age, such as the apparent inability to understand or communicate with the health care professional~~provider~~) as determined by the health care professional~~provider~~ seeking the~~such~~ consent.

The following individuals shall be authorized to consent, in the stated order of priority:

For a living or deceased child under the age of 18:

Parent, except as limited by Section 9(k) of the~~AIDS Confidentiality~~ Act ~~[~~410 ILCS 305/9(k)~~]~~ providing limitations on the ability of a parent or legal guardian to receive the child's test results, and Sections 4 and 5 of the Consent by Minors to Medical Procedures Act ~~[~~410 ILCS 210/4 and 5~~]~~ regarding release of test results involving a sexually transmitted infection~~disease~~,

Legal guardian or other court-appointed personal representative,

Adult next-of-kin.

For a living or deceased adult age 18 or over:

Agent authorized by durable power of attorney for health care,

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Legal guardian or other court-appointed personal representative,

Spouse,

Person in a civil union,

Adult children,

Parent,

Adult next-of-kin.

"Local Health Authority" means the official health department or board of health recognized by the Department as *having jurisdiction over a particular area*. (Section 3(2) of the Illinois Sexually Transmissible Disease Control Act ~~[410 ILCS 325]~~)

~~*"Person" includes any natural person, partnership, association, joint venture, trust, governmental entity, public or private corporation, health facility or other legal entity.* (Section 3(h) of the Act)~~

"Opt-Out Testing" means a process in which the test subject is informed that the health care facility or health care professional routinely tests patients for HIV unless the patient refuses, is provided pre-test information as described in this Part, and is given an opportunity to ask questions and told how to decline testing without penalty to his or her ability to receive health care or other services.

"Physician" means a physician licensed to practice medicine under the Medical Practice Act of 1987 ~~[225 ILCS 60]~~.

"Rapid HIV ~~Antibody~~ Test" means any test approved by the U.S. Food and Drug Administration (FDA) or validated under a laboratory's CLIA certification for the detection of HIV~~a federal Food and Drug Administration (FDA) approved screening test to detect antibodies to HIV~~ that can be collected and processed within ~~a short interval of time (under~~ 60 minutes~~)~~.

"Screening Test" means~~is~~ any HIV test approved by the FDA or validated under a laboratory's CLIA certification that must be followed by a supplemental test to

confirm a positive result. ~~for antibody or antigen to HIV virus approved by the FDA for use as a screening or diagnostic test.~~

"Sexually Transmissible Infection" or "STI" means infection with syphilis, gonorrhea, chlamydia, chancroid or HIV.

"Supplemental Test" means ~~is~~ any HIV test approved by the FDA or validated under a laboratory's CLIA certification used to confirm the positive result of a screening test. ~~for antibody or antigen to HIV virus approved by the FDA for use as a supplemental or confirmatory test.~~

~~*"Test" or "HIV Test" means a test to determine the presence of the antibody or antigen to HIV, or of HIV infection.* (Section 3(g) of the Act)~~

"Treatment" means services for prevention, diagnosis and medical management of STIs, including examination, laboratory testing, medication and immunization.

~~*"Written Informed Consent" means an agreement in writing executed by the subject of a test or the subject's legally authorized representative without undue inducement* such as *any element of force, fraud, deceit, duress or other form of constraint or coercion* (See Appendix A, Illustration A), *which entails at least the following:*~~

~~*A fair explanation of the test, including its purpose, potential uses, limitations and the meaning of its results; and*~~

~~*A fair explanation of the procedures to be followed, including the voluntary nature of the test, the right to withdraw consent to the testing process at any time* prior to the completion of the laboratory tests, *the right to anonymity to the extent provided by law with respect to participation in the test and disclosure of test results, and the right to confidential treatment of information identifying the subject of the test and the results of the test, to the extent provided by law.* (Section 3(d) of the Act)~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 697.30 Incorporated and Referenced Materials

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

1)~~a)~~ Illinois Statutes

A)~~1)~~ AIDS Confidentiality Act [410 ILCS 305]~~,~~

B)~~2)~~ AIDS Registry Act [410 ILCS 310]~~,~~

C)~~3)~~ ~~The~~ Communicable Disease Prevention Act [410 ILCS 315]~~,~~

D)~~4)~~ ~~The~~ Unified Code of Corrections [730 ILCS 5]~~,~~

E)~~5)~~ ~~The~~ Medical Patient Rights Act [410 ILCS 50]~~,~~

F) Perinatal HIV Prevention Act [410 ILCS 335]

G)~~6)~~ ~~The~~ Civil Administrative Code of Illinois [20 ILCS 2310/55 to 55.45].

H) School Code [105 ILCS 5]

I) Abused and Neglected Child Reporting Act [325 ILCS 5]

J) Illinois Insurance Code [215 ILCS 5]

K) Consent by Minors to Medical Procedures Act [410 ILCS 210]

L) Illinois Sexually Transmissible Disease Control Act [410 ILCS 325]

M) Medical Practice Act of 1987 [225 ILCS 60]

N) Perinatal HIV Prevention Act [410 ILCS 335]

O) Criminal Code of 1961 [720 ILCS 5]

P) Code of Civil Procedure [735 ILCS 5]

Q) Illinois Anatomical Gift Act [755 ILCS 50]

R) Organ Donation Request Act [755 ILCS 60]

S) Communicable Disease Prevention Act [410 ILCS 315]

2)~~b)~~ Illinois Rules

A)~~1)~~ Control of Communicable Disease Code (77 Ill. Adm. Code 690) (see in particular Section 697.140(a)(4) of this Part)~~,~~

B)~~2)~~ Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) (see in particular Sections 697.140(a)(4) and 697.210(a) of this Part)~~,~~

C)~~3)~~ Illinois Clinical Laboratories Code (77 Ill. Adm. Code 450) (see in particular Section 697.180(c) and (e))~~,~~

~~4) Blood Labeling Code (77 Ill. Adm. Code 460) (see in particular Section 697.180(c) and (e) of this Part),~~

D)~~5)~~ Sperm Bank and Tissue Bank Code (77 Ill. Adm. Code 470) (see in particular Section 697.180(c) and (e))~~,~~

E)~~6)~~ ~~Rules of~~ Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100) (see in particular Section 697.40 of this Part)~~,~~

~~7) Illinois Blood Bank Code (77 Ill. Adm. Code 490).~~

F) Hospital Licensing Requirements (77 Ill. Adm. Code 250)

G) Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)

H) Sheltered Care Facilities Code (77 Ill. Adm. Code 330)

I) Illinois Veterans' Home Code (77 Ill. Adm. Code 340)

J) Intermediate Care for the Developmentally Disabled Facilities Code (77 Ill. Adm. Code 350)

K) Long-term Care for Under Age 22 Facilities Code (77 Ill. Adm. Code 390)

L) Community Living Facilities Code (77 Ill. Adm. Code 370)

M) Illinois Health and Hazardous Substances Registry (77 Ill. Adm. Code 840)

3) Federal Statutes

A) Clinical Laboratory Improvement Amendments of 1988 (Public Law 100-578, effective October 31, 1988)

B) Education for All Handicapped Children Act (Public Law 94-142, effective November 29, 1975)

b) The following materials are incorporated by reference in this Part:

1)~~c)~~ Federal Regulations~~Rules~~

A) 42 CFR 2a.4(a)-(j), 2a.6(a)-(b), and 2a.7(a)-(b), Protection of Identity – Research Subjects (April 4, 1979)~~.~~

B) 45 CFR 164.501, Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (October 1, 2007)

2)~~d)~~ Other ~~Codes,~~ Guidelines ~~and Standards~~

A) Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), September 22, 2006, Vol. 55, No. RR-14

B) Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to

Reduce Perinatal HIV Transmission in the United States, May 24, 2010; US Department of Health and Human Services, Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission (A Working Group of the Office of AIDS Research Advisory Committee)

~~1) 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults, Centers for Disease Control and Prevention (CDC). Morbidity and Mortality Weekly Report (MMWR), December 18, 1992; vol. 41, no. RR-17.~~

~~2) 1994 Revised Classification System for HIV Infection for Children Less Than 13 Years of Age. Centers for Disease Control and Prevention (CDC). Morbidity and Mortality Weekly Report (MMWR), vol. 43 (RR-12).~~

~~3) The "Adult HIV/AIDS Confidential Case Report", as modified by the Department, a form prepared by the Centers for Disease Control and Prevention, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, Office of Management and Budget No. 0920-0009 (1993). (See Section 697.210.)~~

~~4) Guidelines for the Management of Chronic Infectious Diseases in School Children. (See Section 697.410.)~~

~~5) 1993 Revised Classification Scheme for HIV Infection and Expanded Surveillance Case Definiton for AIDS Among Adolescents and Adults, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR). Vol. 41, No. RR-17, December 18, 1992, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333.~~

~~6) Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States, Public Health Service Task Force, U.S. Department of Health and Human Services, Atlanta, Georgia 30333 (August 30, 2002).~~

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~~7)~~ ~~Updated U.S. Public Health Services Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), Vol. 50, No. RR-11, June 29, 2001, Atlanta, Georgia 30333.~~

~~8)~~ ~~Revised Guidelines for HIV Counseling, Testing and Referral, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), Vol. 50, No. RR-19, November 9, 2001, Atlanta, Georgia 30333.~~

~~9)~~ ~~Revised Recommendations for HIV Screening of Pregnant Women, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), Vol. 50, No. RR-19, November 9, 2001, Atlanta, Georgia 30333.~~

~~10)~~ ~~Advancing HIV Prevention: New Strategies for a Changing Epidemic – United States 2003, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), Vol. 52, No. 15, April 18, 2003, Atlanta, Georgia 30333.~~

~~e)~~ ~~All citations to federal regulations in this Part concern the specified regulations in the 1994 Code of Federal Regulations, unless another date is specified.~~

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

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 697.40 Administrative Hearings

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

(Source: Amended at 36 Ill. Reg. _____, effective _____)

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SUBPART B: HIV TESTING

Section 697.100 Approved HIV Tests and Testing Procedures

a) Any person, laboratory, blood bank, hospital or other entity that conducts laboratory tests to detect the presence~~evidence~~ of ~~infection with~~ HIV infection shall use an approved HIV test as defined in this Part~~tests approved by the FDA~~. (See Section 697.20.)

~~b) Testing for the presence of antibodies to the HIV virus shall consist of the following:~~

~~1) For the conventional HIV test, every sample shall be tested with an approved screening test. If the test is found to be reactive (according to the package insert or product circular), a second screening test, in duplicate, shall be conducted as soon as possible. If the second screening test is also found to be reactive, then a supplemental test shall be conducted. If the supplemental test is found to be reactive (according to the package insert or product circular), then the sample shall be considered to indicate the presence of antibodies to HIV or to be positive.~~

~~2) For the rapid HIV test, every sample shall be tested with an approved HIV rapid antibody screening test. If the test is found to be reactive (according to the package insert or product circular), it will be considered preliminary positive and a supplemental test shall be conducted. Before the supplemental test, a second sample shall be obtained, if necessary, to ensure an adequate sample amount. If the supplemental test is found to be reactive (according to the package insert or product circular), then the sample shall be considered to indicate the presence of antibodies to HIV or to be positive.~~

~~3) For both the conventional and rapid HIV tests, if the supplemental test is found to be indeterminate, then the specimen should be tested with another supplemental test. If the sample is found to be reactive (according to the package insert or product circular), then the sample shall be considered to indicate the presence of antibodies to HIV or to be positive.~~

1)~~4)~~ Confirmatory~~All phases of~~ testing ~~required by this Section~~ shall be completed before HIV test results are released to the health care

professional~~physician~~ or other individuals authorized to receive the results as described and limited in Section 697.140, except in the following situations~~that, as allowed under subsection (b)(6), reactive results from rapid HIV antibody tests may be released to individuals authorized to receive the results under the following circumstances~~:

A) When~~when~~ immediate medical treatment is necessary to prevent further transmission of HIV to a newborn infant in labor, delivery and postpartum settings. For the purposes of this subsection (a)(1)~~(b)(4)~~, immediate medical treatment, for a newborn infant, means *upon delivery or within 48 hours after the infant's birth*. (Section 10 of the Perinatal HIV Prevention Act ~~[410 ILCS 335]~~) Treatment shall be conducted as provided by the Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States~~guidelines of the U.S. Public Health Service for reducing perinatal HIV transmission in the United States~~ (see Section 697.30);

B) In~~in~~ instances of occupational exposure, as provided by Section 697.140(a)(8) and (9); or

C) At~~at~~ the time of testing, ~~or immediately thereafter,~~ provided that the subject of the test or the subject's legally authorized representative has received pre-test information, has been informed of his/her right to refuse testing, and has provided consent to be tested and to receive a preliminary test result in accordance with Sections 697.110 and 697.120, except in the case of a newborn infant as provided in the Perinatal HIV Prevention Act. ~~counseling that includes the limitations of the test and the need for supplemental testing, as well as appropriate risk reduction measures and referrals, and that the individual has consented to a rapid HIV antibody test and to the receipt of preliminary result.~~

2)~~5)~~ Before testing is conducted under subsection (a)(1)~~(b)(4)~~(A) or~~,~~ (B) ~~or~~ (C), the subject of the test or the subject's legally authorized representative shall receive pre-test information~~have been counseled~~ and shall have provided specific written or verbal informed consent to be tested and to receive a preliminary test result in accordance with Sections 697.110 and

697.120, except in the case of a newborn infant as provided in the Perinatal HIV Prevention Act. The provision of pre-test information and informed consent shall be documented in the patient's medical record or as part of the consent form for medical care or HIV testing completed by the patient.

3)~~6)~~ In ~~such cases as~~ the exceptions described in subsection~~subsections~~ (a)(1)~~(b)(4)~~(A) or~~,~~ (B) ~~or (C)~~, a preliminary test result may be released to persons specified in Section 697.140(a)(1), (2), (3), (8), or (9).

4)~~7)~~ Any release of preliminary positive results from ~~rapid~~ HIV ~~antibody~~ tests shall include a disclaimer that an HIV infection~~positive diagnosis~~ has not been diagnosed~~made~~ and cannot be diagnosed~~made~~ without supplemental testing.

~~8) Any subject or subject's legally authorized representative receiving test results will receive counseling that includes the limitations of the test, appropriate risk reduction measures, appropriate referrals, and, if the test result is reactive, information on partner notification programs prior to being informed of the results.~~

b) HIV testing shall be a routine part of general medical care, as recommended by the United States Centers for Disease Control and Prevention, Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.

c) The Department will conduct training, technical assistance, and outreach activities, as needed, to encourage routine opt-out HIV testing in health care settings.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 697.110 HIV Pre-Test Information

a) *No health care professional~~physician~~ may order an HIV test without making available to the person tested pre-test~~pre-test~~ information*, except as provided in subsection (b)~~below~~. (Section 5 of the Act) *Pre-test information may be provided in writing, verbally, or by video, electronic, or other means. The subject must be offered an opportunity to ask questions about the HIV test and decline*

testing. (Section (3)(d) of the Act) The health care professional may delegate the responsibility of providing pre-test information only~~may not be delegated by the physician. However, the task of providing pre-test information to the patient may be delegated~~ to another individual~~health care provider~~ who is knowledgeable about HIV infection, including possible medical and psychosocial aspects of the~~such~~ infection. Pre-test information may be included along with other medical information generally provided to a subject. The required pre-test information consists of the following information:

1) *The~~About the~~ meaning of the test results*, including ~~(such as~~ the purpose, potential uses, and limitations of the test and test results, and procedures to be followed; ~~, and the statutory rights to anonymous testing and to confidentiality),~~

2) That testing for HIV is voluntary, and consent to be tested may be withdrawn at any time before testing of the specimen has been initiated;

~~2) *The availability of additional or confirmatory testing, if appropriate* (See Section 697.100(b)), and~~

3) *The availability of referrals for further information or counseling*~~.~~ (Section 5 of the ~~AIDS Confidentiality~~ Act)~~;~~.

4) The subject's right to be tested anonymously at a site that offers anonymous testing, and a referral to a site at the request of the patient; and

5) The right to confidentiality, including nondisclosure of information identifying the subject of the test and the results of the test, to the extent provided by law.

b) Pre-test information when ordering an HIV test is not required in the ~~following~~ situations listed in Section 697.120 (b)(1), (2), (5) and (7).~~:~~

~~1) *When the Health Care provider or health facility procures processes, distributes or uses a human body part donated for purposes specified under the Uniform Anatomical Gift Act* or the Organ Donation Request Act *and the test is performed to assure the medical acceptability of the human body part.* (Section 7 of the AIDS Confidentially Act.)~~

~~2)~~ ~~*When the testing is for the purpose of research and performed in such a way that the identity of the test subject is not known and may not be retrieved by the researcher, and in such a way that the test subject is not informed of the results of the testing.* (Section 8 of the AIDS Confidentiality Act.)~~

~~3)~~ ~~*When an insurance company, fraternal benefit society, health services corporation, health maintenance organization, or any other insurer subject to regulation under the Illinois Insurance Code, as amended, requires any insured patient or applicant for new or continued insurance or coverage to be tested for infection with HIV virus or any other identified causative agent of AIDS.* (Section 3 of AN ACT concerning certain rights of medical patients, Ill. Rev. Stat. 1987, ch. 111½, par. 5403). (See Section 697.170.)~~

~~4)~~ ~~*When in the judgment of the physician, such testing is medically indicated to provide appropriate diagnosis and treatment to the subject of the test, provided that the subject of the test has otherwise provided his or her consent to such physician for medical treatment.* (Section 8 of the AIDS Confidentiality Act).~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 697.120 ~~Written~~ Informed Consent

a) *No person may order an HIV test without first receiving the* documented~~*written,*~~ *informed consent of the subject of the test or the subject's legally authorized representative*, except as provided in subsection (b). *A health care facility or provider may offer opt-out HIV testing where the subject or the subject's legally authorized representative is informed that the subject will be tested for HIV unless he or she refuses. The health care facility or* professional *must document the provision of informed consent, including pre-test information, and whether the subject or the subject's legally authorized representative declined the offer of HIV testing.* (Section 4 of the ~~AIDS Confidentiality~~ Act)

1) The~~This written informed consent and test results must be obtained by the~~ health care professional~~physician~~ ordering the test or ~~by~~ another health care professional~~physician~~ involved in the patient's care shall obtain the informed consent.

2) The health care professional may delegate the~~The~~ responsibility of obtaining ~~written~~ informed consent only~~may not be delegated by the physician. However, the task of obtaining written informed consent from the patient may be delegated~~ to another individual~~health care provider~~ who is knowledgeable about HIV infection, including possible medical and psychosocial aspects of that~~such~~ infection.

3) A health care professional may combine *a form used to obtain informed consent for HIV testing with forms used to obtain written consent for general medical care or any other medical test or procedure, provided that the forms make it clear that the subject may consent to general medical care, tests, or medical procedures without being required to consent to HIV testing and clearly explain how the subject may opt-out of HIV testing*. (Section 3(d)(2) of the Act)

4) The person obtaining the informed consent shall document receipt of consent in the subject's medical record or as part of the consent form for medical care or HIV testing completed by the patient.

b) Informed~~Written informed~~ consent to perform an HIV test is not required in the following situations:

1) *When the health care* professional~~*provider*~~ *or health care facility procures, processes, distributes or uses a human body part donated for purposes specified under the Illinois~~Uniform~~ Anatomical Gift Act* or the Organ Donation Request Act *and the test is necessary~~performed~~ to assure the medical acceptability of the human body part*. (Section 7 of the ~~AIDS Confidentiality~~ Act)

2) *When the health care professional~~provider~~ or health care facility procures, processes, distributes or uses semen provided prior to September 21, 1987, for the purpose of artificial insemination and the~~the~~ test is necessary~~performed~~ to assure ~~the~~ medical acceptability of the~~the~~ semen*. (Section 7 of the ~~AIDS Confidentiality~~ Act)

3) When the testing is~~When the testing is~~ *for the purpose of research and~~and~~ performed in such a way that the identity of the test subject is not known and may not be retrieved by the researcher, and in such a way that the test*

subject is not informed of the results of the testing. (Section 8 of the ~~AIDS Confidentiality~~ Act)

4) When an HIV test is performed~~*When an HIV test is performed*~~ *upon a person who is specifically required by* state or federal *law to be tested*, such as blood, plasma, semen and human tissue donors~~, immigrants to the United States,~~ and persons required to be tested pursuant to Section 5-5-3 of the Unified Code of Corrections~~)~~. (Section 11 of the~~ AIDS Confidentiality~~ Act)

5) *When an insurance company,* fraternal benefit society, health services corporation, health maintenance organization, or any other insurer subject to regulation under the Illinois Insurance Code ~~*fraternal benefit society, health services corporation, health maintenance organization, or any other insurer subject to regulation under the Illinois Insurance Code, as amended*~~ *requires any insured patient or applicant for new or continued insurance or coverage to be tested for infection with HIV or any other identified causative agent of AIDS*. (Section 3 of the Medical Patient Rights Act~~ [410 ILCS 50/3]~~) (See Section 697.160.)

6) *When a health care provider or employee of a health facility, or a firefighter or an EMT-B, EMT-I or EMT-P, is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician in his or her medical judgment. Should such test prove to be positive, the patient and the health care provider, health facility employee, firefighter, EMT-B, EMT-*I, or EMT-P shall be provided appropriate counseling consistent with the *Act.*~~When a health care provider or employee of a health facility, or a firefighter or an Emergency Medical Technician-Ambulance *(EMT-A),* Emergency Medical Technician-Intermediate *(EMT-I) or* Emergency Medical Technician-Paramedic *(EMT-P) is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician in his medical judgment. Should such test prove to be positive, the patient shall be provided appropriate counseling consistent with this Act.*~~ (Section 7 of the ~~AIDS Confidentially~~ Act)~~.~~

7) *When in the judgment of the physician, such testing is medically indicated*

to provide appropriate diagnosis and treatment to the subject of the test, provided that the subject of the test has otherwise provided his or her consent to such physician for medical treatment. (Section 8 of the ~~AIDS Confidentiality~~ Act)~~.~~

8) *For a health care* professional~~*provider*~~ *or health care facility to perform a test when a law enforcement officer is involved in the line of duty in a direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician in his* or her *medical judgment. Should such test prove to be positive, the patient shall be provided appropriate counseling consistent with* the~~*this*~~ *Act. For purposes of* Section 7*(c)* of the Act, *"law enforcement officer~~Law Enforcement Officer~~" means any person employed by the State, a county or a municipality as a policeman, peace officer, auxiliary-policeman, correctional officer or in some like position involving the enforcement of the law and protection of the public interest at the risk of that person's~~persons~~ life.* (Section 7 of the ~~AIDS Confidentiality~~ Act)

9) When an individual is charged with a sex crime in accordance with the Criminal Code of 1961.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 697.130 Anonymous Testing

Any individual seeking an HIV test shall have the right to anonymous testing, unless identification of the test subject is otherwise required. Anonymous testing shall be performed after pre-test information is provided and informed consent is obtained, using a coded system that does not link individual identity with the request or result. A health care facility or health care professional *that does not provide anonymous testing shall refer an individual requesting an anonymous test to a site where it is available.~~Any person upon whom an HIV test is performed shall have the right to request anonymity and to provide written informed consent by using a coded system that does not link individual identity with the request or the result except when written informed consent is not required by law~~ as specified in Section 697.120.* (Section 6 of the ~~AIDS Confidentiality~~ Act~~.~~) Any anonymous testing system adopted by the health care professional~~provider~~ ordering the test shall~~must~~ ensure that the persons conducting the laboratory tests transmit the correct test results ~~are transmitted by the persons conducting the laboratory tests~~ to the proper health care professional~~physician~~, and that the correct test results

are given to the correct patient. When a test subject does not have the right to request anonymity, the test subject may request that the blood sample be labeled soin such a manner as to prevent any personpersons from learning the identity of the test subject, unless the person issuch persons are authorized to receive thesuch information pursuant to Section 697.140 of this Part.

a) If anonymous testing is requested, the health care professionalphysician shall assign to thesuch person a unique number or notation, which shall be used by the person to sign the written informed consent in lieu of the person's name. The specimenblood sample for testing shall be labeled with the physician's name of the health care professional or health care facility and the unique number or notation assigned to the patient for the purpose of receiving the test results. Unless otherwise authorized by the patient, any record of the test result shall be maintained in a manner identifying the record only by its unique number or notation.

b) Anonymous testing shall not be permitted under the following circumstances:

1) When identification of the test subject is permitted or required in order to comply with the provisions of Section 697.140(a)(3) or (6) of this Part;, or

2) If the test is performed in order to determine eligibility as a donor or acceptability of a donation of blood, plasma, semen, oocytes or other human tissue.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 697.140 Nondisclosure of the Identity of a Person Tested or Test Results

a) *No person may disclose or be compelled to disclose the identity of any person upon whom a test is performed, or the results of such a test in a manner which permits identification of the subject of the test, except to the following persons.* (Section 9 of the AIDS Confidentiality Act): The term "disclose" as used in this subsection (a) shall not prohibit internal use by a person, or a person's agents or employees, for the purposes of treatment, payment and health care operations, as those terms are defined in 45 CFR 164.501. Any internal use shall be limited to those agents or employees, and the minimum necessary information, needed to accomplish the intended purposes of treatment, payment or health care operations.

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1) *The subject of the test or the subject's legally authorized representative* (Section 9(a) of the ~~AIDS Confidentiality~~ Act).

2) *Any person designated in a legally effective release of the test results executed by the subject of the test or the subject's legally authorized representative*. (Section 9(b) of the ~~AIDS Confidentiality~~ Act) A legally effective release means a time-limited written release of medical information ~~specific to HIV test results~~ signed by the test subject. ~~A general release is not sufficient. A single form may be used to authorize the release of medical records including HIV information provided such form specifically authorizes the release of any HIV information. Any such release, under this subsection (a)(2), must not reveal whether or not HIV information exists.~~

3) *An authorized agent or employee of a health care facility or health care* professional~~*provider*~~ or referring, treating or consulting health care professional~~physician, dentist, or podiatrist~~ of the test subject, *if*:

A) *The health care facility or health care* professional~~*provider itself*~~ *is authorized to obtain the test results*. ~~(~~Health care facility or health care professional~~provider~~, for the purposes of this subsection (a)(3)(A), includes ~~the medical records or similar~~ personnel who handle and process medical records for that health care facility or health care professional~~provider.)~~;

B) *The agent or employee* or referring, treating or consulting health care professional~~physician, dentist, or podiatrist~~ of the test subject *provides patient care or handles or processes specimens of body fluids or tissues;* ~~*and*~~

C) The agent or employee or the test subject's referring, treating or consulting health care professional~~physician of the test subject~~ *has a need to know such information*. (Section 9(c) of the ~~AIDS Confidentiality~~ Act); and~~An authorized agent or employee of a health facility or health care provider or referring, treating or consulting physician, dentist, or podiatrist has a need to know the identity of the patient or the test results revealing the identity of the patient under the following circumstances:~~

~~i)~~ ~~When involved in direct patient care or handling or processing blood or bodily fluids for which this information is necessary in order to meet the medical needs of the patient, as certified by a physician, dentist, or podiatrist; or~~

~~ii)~~ ~~When involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of a patient that is of a nature likely to transmit HIV, such as needle stick or percutaneous exposure, as certified by a physician, dentist, or podiatrist.~~

D) The agent or employee when involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of a patient that is of a nature likely to transmit HIV, such as needle stick or percutaneous exposure, as certified by a health care professional.

4) *The Department* or the local health authority, *in accordance with rules for reporting and controlling the spread of disease*, or *as otherwise provided by State law*. (See 77 Ill. Adm. Code 690, 693, 250, 300, 330, 340, 350, 370, 390, and 840.) The Department, local health department or designated agent shall not~~*Neither the Department nor its authorized representatives shall*~~ *disclose information and records held by them relating to known or suspected cases of AIDS or HIV infection, publicly or in any action of any kind in any court or before any tribunal, board or agency. AIDS and HIV Infection shall be protected from disclosure in accordance with the provisions of Sections* 8-2101 *through* 8-2105 *of the Code of Civil Procedure.* (Section 9(d) of the ~~AIDS Confidentiality~~ Act)

5) *A health care facility or health care* professional~~*provider*~~ *which procures, processes, distributes or uses*:

A) *A human body part from a deceased person with respect to medical information regarding the person; or*

B) *Semen provided prior to September 21, 1987, for the purpose of artificial insemination.* (Section 9(e) of the ~~AIDS Confidentiality~~ Act)

6) *Health* care *facility staff committees for the purpose of conducting program monitoring, program evaluation or service reviews* conducted by, but not limited to, the Department, local health authority or designated agent. (Section 9(f) of the ~~AIDS Confidentiality~~ Act)

7) A school principal in accordance with ~~the provisions of~~ Section 697.400 of this Part.

8) *Any health care* professional~~*provider*~~ *or employee of a health care facility, and any firefighter or any EMT-*B~~A~~*, EMT-I, EMT-P*~~EMT-P~~ *involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician in his* or her *medical judgment.* (Section 9(h) of the ~~AIDS Confidentiality~~ Act)

9) *Any law enforcement officer, as defined in subsection (c) of Section 7* of the Act, *involved in the line of duty in a direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician in his* or her *medical judgment.* (Section 9(i) of the ~~AIDS Confidentiality~~ Act)

10) *A temporary caretaker of a child taken into temporary protective custody by the Department of Children and Family Services pursuant to Section 5 of the Abused and Neglected Child Reporting Act*~~*, as now or hereafter amended*~~. (Section 9(j) of the ~~AIDS Confidentiality~~ Act)

b) HIV test results may be disclosed to ~~health care providers and~~ researchers when done in a manner that does not reveal the identity of the subject of the test. The de-identification of test results may be performed by an authorized agent or employee of a health facility or health care professional. Any test results that cannot be revealed without identifying the subject of the test shall be disclosed only in accordance with subsection (a). The Department shall disclose test results and demographic data without identifying information to researchers, in accordance with Section 697.220.

c) No person may disclose unconfirmed HIV test results~~reactive results from rapid HIV antibody tests~~ in a manner that permits the identification of the subject of the test, except in accordance with Section 697.100(a)(1)~~(b)(4)~~.

d) Documentation of informed consent, including written forms, if any, ~~The written informed consent form~~ and HIV test results may be maintained, documented, and transmitted in a confidential manner in an electronic medical record system, medical record ~~and/~~or confidential fax that allows disclosure only to persons authorized to receive the information under subsection (a).

e) Liability and Sanctions

1) *Nothing in* the *Act* or this Part *shall be construed to impose civil liability or criminal sanction for disclosure of a test result in accordance with any reporting requirement of the Department for a diagnosed case of HIV infection, AIDS or a related condition*. (Section 15 of the ~~AIDS Confidentiality~~ Act)

2) *Nothing in* the *Act* or this Part *shall be construed to impose civil or criminal sanction for performing a test without ~~written~~ informed consent pursuant to the provisions of ~~subsection (b) or (c) of~~ Section 7(b) or (c) of the ~~AIDS Confidentiality~~ Act.* (Section 15 of the ~~AIDS Confidentiality~~ Act)

3) The~~The~~ *intentional or reckless violation of the* Act or this Part~~AIDS Confidentiality Act or any regulation issued~~ under that Act *shall constitute a Class A*~~Class A~~ *misdemeanor*. (Section 12 of the ~~AIDS Confidentiality~~ Act)

f) Sections 697.110, 697.120, 697.130 and 697.140 *shall not apply to* eligibility and coverage requirements established by *a health maintenance organization nor to any insurance company, fraternal benefit society, or other insurer regulated under the Illinois Insurance Code*~~Illinois Insurance Code~~. (Section 15.1 of the ~~AIDS Confidentiality~~ Act)

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 697.155 Delivery of HIV Test Results

a) *The subject of the test or the subject's legally authorized representative shall be notified* in person *whenever possible of the confirmed positive result of an HIV test.* (Section 9.5(b) of the Act) If the results are provided over the phone, the health care professional shall ensure that results are delivered to the test subject or

the legally authorized representative only through methods such as verifying the subject's date of birth or other confidential information known only to the subject.

1) A health care professional shall make at least two attempts to deliver a positive test result to the subject or the subject's legally authorized representative.

2) If a health care professional is unable to notify a subject or the subject's legally authorized representative of a positive test within 14 days after receipt of the test result, the health care professional shall notify the local health department within 21 days after receipt of the test result. The name of the subject (unless testing was anonymous) and his or her locating information shall be included in the notification.

b) *When the subject or the subject's legally authorized representative is notified of a confirmed positive test result, the health care professional shall provide the subject or the subject's legally authorized representative with a referral to counseling in connection with the confirmed positive test result and a referral to an appropriate medical facility for the treatment and management of HIV.* (Section 9.5(b) of the Act) Any health care professional making a referral to another health care professional shall document consent from the test subject or the test subject's legally authorized representative.

c) *A health care professional shall not be in violation of* this Section *when an attempt to contact the test subject or the subject's legally authorized representative at the address or telephone number provided by the test subject or the test subject's legally authorized representative does not result in contact and notification or where an attempt to deliver results by personal contact has not been successful* and the Department has been notified in accordance with subsection (a)(2). (Section 9.5(b) of the Act)

d) HIV-negative results shall be delivered to the test subject in person when feasible. It is recommended that post-test information be provided to those with HIV-negative results, including:

1) Risk reduction strategies to prevent transmission;

2) The importance and availability of STI screening;

3) The possibility that a recent infection cannot be detected by standard tests; and

4) The benefits of repeat testing.

(Source: Added at 36 Ill. Reg. _____, effective _____)

Section 697.160 HIV Testing for Insurance Purposes

a) Health maintenance organizations, insurance companies, fraternal benefit societies, health services corporations and other insurers subject to regulation under the Illinois Insurance Code are not required to comply with ~~the provisions of~~ Sections 697.110, 697.120, 697.130 and 697.140 in establishing eligibility and coverage requirements that~~which~~ include mandatory HIV tests. This exemption also extends to the physician or other health care professional~~provider~~ that performs the~~such~~ tests.

b) Health maintenance organizations, insurance companies, fraternal benefit societies, health services corporations and other insurers subject to ~~regulation under~~ the Illinois Insurance Code that require~~that require~~ *any insured patient or applicant for new or continued insurance or coverage to be tested for* HIV ~~*infection with Human Immunodeficiency Virus (HIV) or any other identified causative agent or Acquired Immunodeficiency Syndrome (AIDS)*~~ *shall*:

1) *Give the patient or applicant prior written notice of such requirement*~~;~~,

2) *Proceed with such testing only upon the written authorization of the applicant or patient*~~;~~ *and*

3) *Keep the results of such testing confidential*.

c) *Notice of an adverse underwriting or coverage decision may be given to any appropriately interested party, but the insurer may only disclose the test result itself to a physician designated by the applicant or patient, and any such disclosure shall be in a manner that assures confidentiality*. (Section 3(c) of the Medical Patient Rights Act~~2.02 of "AN ACT concerning certain rights of medical patients"~~)

(Source: Amended at 36 Ill. Reg. _____, effective _____)

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Section 697.170 Enforcement of the AIDS Confidentiality Act

a) All health care facilities and health care professionals~~providers~~ are required to comply with ~~the provisions of~~ this Part. Any failure to comply will be addressed in accordance with the following:

1) Health care facilities and health care professionals~~providers~~ that are licensed, certified, permitted or given any other form of recognition by the Department shall comply with the provisions of Sections 697.110, 697.120, 697.130 and 697.140 of this Part that~~, as such provisions~~ are applicable to the health care facilities and health care professionals~~providers~~ as a condition of ~~such~~ licensure, certification, permit or any other form of recognition by the Department. The reckless, deliberate or conscious failure to comply with these~~such~~ provisions shall constitute grounds for suspension, revocation or denial in accordance with the respective licensure, certification, permit and other recognition laws and regulations.

2) The Department shall forward to the appropriate State~~state~~, federal~~,~~ or local regulatory agency~~,~~ any complaint that~~which~~ it receives concerning the failure by any health care facility or health care professional that~~provider, which~~ is subject to regulation by that~~such~~ agency~~,~~ to comply with the applicable provisions of Sections 697.110, 697.120, 697.130 and 697.140 ~~of this Part, as such provisions are applicable to the health facilities and health care providers~~.

b) The~~The~~ *intentional or reckless violation of* the Act~~the AIDS Confidentiality Act~~ *or* this Part~~any regulations issued thereunder~~ *shall constitute a Class A~~class B~~ misdemeanor*. (Section 12 of the ~~AIDS Confidentiality~~ Act~~.~~)

c) *Any person aggrieved by a violation of* the *Act or* this Part *shall have a right of action in the circuit court and may recover for each violation:* ~~Civil remedy provisions can be found in Section 13 of the AIDS Confidentiality Act.~~

1) *Against any person who negligently violates a provision of* the *Act or* this Part, *liquidated damages of $2,000 or actual damages, whichever is greater.*

2) *Against any person who intentionally or recklessly violates a provision of* the *Act or* this Part, *liquidated damages of $10,000 or actual damages, whichever is greater.*

3) *Reasonable attorney fees.*

4) *Such other relief, including an injunction, as the court may deem appropriate.* (Section 13 of the Act)

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 697.180 HIV Testing for Blood and Human Tissue Donations

All potential donors of blood, plasma, semen, oocytes, organs, or other tissues shall be tested for HIV infection ~~in order~~ to determine whether ~~or not~~ the donated blood, plasma, semen, oocytes, organs, or other human tissue may be infected with HIV.

a) All potential donors shall receive the HIV pre-test information set forth in Section 697.110(a) of this Part and be given the opportunity to refuse HIV testing. The ~~written~~ informed consent provisions of Section 697.120 of this Part are ~~not~~ required.

b) If ~~permission for~~ HIV testing is refused~~not given~~, ~~then~~ the person shall not be accepted as a donor.

c) The results of HIV testing shall be delivered~~disclosed~~ in accordance with ~~the provisions of~~ Section 697.155 and~~140 of this Part,~~ 77 Ill. Adm. Code 450~~, 77 Ill. Adm. Code 460, 77 Ill. Adm. Code 490~~ and ~~77 Ill. Adm. Code~~ 470.

d) The results of HIV testing shall be kept confidential in accordance with ~~the provisions of~~ Section 697.140 ~~of this Part~~.

e) The donated blood, plasma, semen, oocytes, organs or other human tissue shall be handled in accordance with ~~the provisions of~~ 77 Ill. Adm. Code 450~~, 77 Ill. Adm. 460, 77 Ill. Adm. Code 490~~ and ~~77 Ill. Adm. Code~~ 470.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

SUBPART C: HIV/AIDS REGISTRY SYSTEM

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Section 697.200 HIV/AIDS Registry System

The Department's HIV/AIDS Registry System has been created to compile more complete and precise statistical data than is presently available in order to evaluate HIV~~AIDS~~ treatment and prevention measures. The HIV/AIDS Registry System is a compilation of information concerning reported~~diagnosed~~ cases of AIDS and HIV.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 697.210 Reporting Requirements

a) Local health authorities that~~Health Authorities which~~ receive HIV/AIDS reports from health care professionals~~physicians~~, hospitals or laboratories shall report to the Department's HIV/AIDS Registry System within seven days after receiving the HIV/AIDS report. ~~Prior to forwarding an HIV report to the Department, a Local Health Authority shall replace an individual's name with a unique identifier derived by methodology specified by the Department. (See Control of Sexually Transmissible Disease Code, 77 Ill. Adm. Code 693.30.)~~

~~b) The report shall be provided upon the "HIV/AIDS Confidential Case Report", as modified by the Department, a form prepared by the Centers for Disease Control and Prevention, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, OMB No. 0920-0009 and supplied by the Department.~~

b~~e~~) The Department requests, but does not require, hospitals, clinics, military facilities and prisons maintained by the federal government~~Federal Government~~ or other governmental agencies within the United States to report HIV/AIDS case information concerning present or past residents of Illinois, using the "Adult HIV/AIDS Confidential Case Report", as modified by the Department.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 697.220 Release of HIV/AIDS Registry Data~~Information~~

a) *The Department may not release* data~~*information*~~ *gathered pursuant to the* HIV/AIDS Registry Act *unless*:

1) *It is in a statistical form that does not identify the reporting entity, physician and~~or~~ patient in any way, including by address*;

2) *The release or transfer is to an Illinois Local Public Health Department or to a registry or health department of another state, and is of* data*~~information~~ concerning a person who is residing in that jurisdiction.* The Department shall disclose individual patient data~~information~~ concerning residents of another state to the Registry in the individual's state of residence if the recipient of reported information about HIV/AIDS is legally required to hold reported information about HIV/AIDS in confidence and provides protection from disclosure of patient identifying information equivalent to the protection afforded by the Illinois law. (Section 7(a) of the AIDS Registry Act)

b) *All data obtained directly from medical records of individual patients shall be for the confidential use of the Department and those entities authorized by the Department to view such records in order to carry out the purposes of* the HIV/AIDS Registry Act *~~the Registry Act~~*. (Section 7(b) of the HIV/AIDS Registry Act)

c) *The identity of any person whose condition or treatment has been studied, or any facts which are likely to reveal the identity of such person, shall be confidential and shall not be revealed in any report or any other matter prepared, released or published. Researchers may, however, use the names of persons when requesting additional information for research studies approved by the Department; provided, however, that when a request for additional information is to be made, the Department shall first obtain authorization from the patient or the patient's legally authorized representative* after ascertaining that a test subject's physical and psychological condition is suitable for the~~such a~~ request in the opinion of the test subject's health care professional~~physician~~. (Section 7(c) of the HIV/AIDS Registry Act)

1) All requests by medical or epidemiologic researchers for confidential HIV/AIDS Registry data shall~~must~~ be submitted in writing to the Department~~Registry~~. The request shall~~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 forms, questionnaires, and consent forms used to contact facilities, health care professionals ~~physicians~~ or study

subjects, and including methods for documenting compliance with 42 CFR 2a.4(a)-(j), 2a.6(a)-(b), and 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 shall~~must~~ specify what patient or facility identifying information is needed and how the information will be used.

2) 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. The Department will enter into contracts for research that requires~~which require~~ the release of patient or health care facility identifying information when requests meet the following conditions:

A) The request for patient or facility identifying information contains stated goals or objectives;

B) The request documents the feasibility of the study design in achieving the stated goals and objectives;

C) The request documents the need for the requested data to achieve the stated goals and objectives;

D) The requested data can be provided within the time frame set forth in the request;

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

F) The research will not duplicate other research already underway using the same Registry data; and

G) The request documents 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 only the patient or facility identifying information that~~which~~ is

necessary for the research.

3) The Department will enter into research contracts for all approved research requests. These contracts shall specify exactly what information is being released and how it can be used. In addition, the researcher shall include assurances that:

A) The researcher understands that use of data is restricted to the specifications of the research protocol;

B) The researcher understands that any ~~and all~~ data thatwhich may lead to the identity of any patient, research subject, health care professional, ~~physician,~~ other person, or hospital isare strictly privileged and confidential and agrees to keep all ~~such~~ data strictly confidential at all times;

C) The researcher understands that all officers, agents and employees are to keep all ~~such~~ data strictly confidential;

D) The researcher agrees to communicate the requirements of this Section to all officers, agents, and employees, to discipline all persons who may violate the requirements of this Section, and to notify the Department in writing within 48 hours after any violation of this Section, including full details of the violation and corrective actions to be taken;

E) The researcher understands that all data provided by the Department pursuant to this contract may ~~only~~ be used only for the purposes named in this contract and that any other or additional use of the data shall result in immediate termination of this contract by the Department; and

F) The researcher understands that all data provided by the Department pursuant to this contract 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 the contract.

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

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

d) HIV/AIDS information may be disclosed in accordance with ~~the provisions of~~ Sections 697.140 and 697.400 ~~of this Part~~.

e) *No liability shall attach to any hospital, physician or other facility submitting information pursuant to* the*~~this~~ Act based upon a claim that such hospital, physician or facility reported information which may be confidential*. (Section 7(d) of the HIV/AIDS Registry Act)

(Source: Amended at 36 Ill. Reg. _____, effective _____)

SUBPART D: HIV COUNSELING AND TESTING CENTERS

Section 697.300 HIV Counseling and Testing Centers (Repealed)

~~a) The Department shall *establish alternative blood* and *HIV test services*, known as HIV Counseling and Testing Centers. (Section 2310-315 of the Civil Administrative Code of Illinois) These facilities shall be operated by the Department or Designated Agencies. These facilities shall provide services in accordance with the provisions of this Part and the applicable provisions of the Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693, specifically Sections 693.40, 693.70, 693.80, 693.90, 693.100, 693.120, 693.130 and 693.140.)~~

~~1) These facilities shall *not be operated by blood banks, plasma centers or hospitals*. (Section 2310-315 of the Civil Administrative Code of Illinois)~~

~~2) Physicians and other health care providers may refer HIV-infected persons to these facilities for counseling.~~

3) Any person twelve years of age or older may consent to testing and counseling at an HIV Counseling and Testing Center.

b) No person may be subjected to an HIV antibody test at HIV Counseling and Testing Centers, unless written informed consent is first obtained from the test subject or the test subject's legally authorized representative. (See Appendix A, Illustration A for a Sample Written Informed Consent Form.)

c) All persons seeking counseling and testing at an HIV Counseling and Testing Center shall be offered the option of confidential or anonymous services and shall provide written informed consent using a coded system. All patient records shall be maintained using this code system.

d) The HIV Counseling and Testing Centers shall provide counseling to the test subject prior to performing the test. The counseling shall include, but not necessarily be limited to, information about:

1) HIV infection and HIV transmission;

2) the difference between confidential and anonymous HIV testing; information about the meaning of the test and test results,; such as the purpose, potential uses, and limitations of the test and test results and the statutory rights to anonymous testing and to confidentiality; and information about the availability of supplemental testing;

3) the availability of referrals for further information, or counseling; and

4) methods for prevention of transmission of HIV.

e) Contact interview and investigation services shall be provided only by counselors who have completed a course of training that included instruction in the following:

1) The etiology and transmission of HIV, including associated risk behaviors and activities and patient profiles of persons at significant risk of HIV infection;

2) The natural history and progression of HIV infection;

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3) Methods for preventing transmission of HIV infection;

4) Principles and techniques of counseling, including demonstration of interviewing and counseling skills needed for epidemiologic management of HIV-infected persons, critiqued role-playing, psychological assessment and crisis intervention;

5) Principles and techniques of contact investigation and referral; and

6) Principles of communicable diseases.

f) It shall be the duty of every person providing results of an HIV antibody test to provide the subject of the test with an explanation of the test results, methods for prevention of HIV transmission, and referrals for medical and psychological follow-up appropriate to the needs of the test subject. These referrals shall include appropriate referrals to physicians who will provide services to HIV positive individuals; tuberculosis and sexually transmissible disease services facilities for psychological counseling; and crisis intervention and substance abuse treatment facilities, as available.

g) All persons with a positive HIV antibody test shall be offered the assistance of health professionals in locating and referring sexual and needle-sharing contacts for counseling and testing, with the consent of the infected person. All persons refusing such assistance shall be strongly encouraged to notify their previous sexual and needle-sharing contacts of their possible exposure to HIV, and to refer such contacts for counseling and possible testing.

1) HIV-infected persons shall be asked to identify their sexual and needle-sharing contacts for the preceding 12-month period. The counselor shall discuss the specific nature of each contact with the client to determine the likelihood of HIV transmission based on the type of sexual or needle-sharing practice involved and the counselor's knowledge of risk factors.

2) Those contacts determined to be at significant risk of infection, in the professional judgment of the counselor based on the type of sexual or needle-sharing practice involved and the counselor's knowledge of risk factors, shall be investigated. Investigation shall be conducted for contacts for whom sufficient information to identify the person is available, such as first and last name, street address, or telephone number.

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3) The counselor may prioritize the order in which contacts are to be investigated. The counselor shall provide first priority to those contacts who (based again on the counselor's professional judgment), except for contact notification, may not have reason to suspect they may be infected because the counselor has no information that the contacts:

A) are aware of having engaged in behavior likely to result in exposure; and/or

B) are knowledgeable about the type of behavior carrying such risks.

4) Persons choosing to self-refer their contacts shall receive intensive individualized instruction and counseling in methods to provide this notification and referral.

5) Contacts to persons with HIV infection, identified through the contact interview and investigative process, shall be counseled, confidentially and in person, regarding the possibility of infection, methods to prevent the spread of the infection, and services available from public health agencies. Such persons shall also be offered testing to determine infection.

6) If such person is legally unable to agree to counseling because of age or legal incompetence, consent and participation in counseling shall be requested of the individual's parent or legal guardian. If such person is legally able to agree to but appears to be incapable of understanding and competently acting on such counseling, in the professional judgment of the counselor, participation in counseling shall be requested of a parent or other person chosen by the client.

h) It shall be the duty of every person conducting an HIV test in an HIV Counseling and Testing Center to provide results of the test only to the individual upon whom the test was performed. Such results are to be provided only in an individual face-to-face interview. The test subject may elect to have other persons present during the interview. It shall be the duty of the person providing the counseling to determine that the presence of a second party during the interview is not the result of undue inducement such as any element of force, fraud, deceit or other constraint or coercion.

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~~i)~~ ~~It shall be the duty of every person with access to an individual's HIV antibody test results to maintain strict confidentiality of those results and the test subject's identity as required by the Act and as specified in Section 697.140.~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

SUBPART E: MISCELLANEOUS PROVISIONS

Section 697.400 Notification of School Principals

a) *Whenever a child of school age is reported to the Department or ~~to~~ a local health department* with a confirmed HIV infection, the Department or local health authority*~~as having been diagnosed as having AIDS or as having been shown to have been exposed to Human Immune Deficiency Virus (HIV) (or any other identified causative agent of AIDS) by testing positive on a Western Blot Assay or more reliable tests~~* as ~~specified in Section 697.100, such department~~ *shall give prompt* (within three working days) *and confidential notice of the identity of the child to the principal of the school in which the child is enrolled. If the child is enrolled in a public school, the principal shall disclose the identity of the child to the superintendent of the school district in which the child resides.* (Section 2a of the Communicable Disease Prevention Act ~~[410 ILCS 315/2a]~~). School age is defined as between ages 5 and 21 by Section 10-20.12 of the School Code ~~[105 ILCS 5/10-20.12]~~ and between ages 3 and 21 for handicapped children by the Education for~~For~~ All Handicapped Children Act ~~(20 U.S.C. Section 1412(1)(B))~~. Diagnosed cases and laboratory results are reported to the Department in accordance with the ~~provisions of the "~~Control of Sexually Transmissible Infections~~Diseases~~ Code~~" (77 Ill. Adm. Code 693)~~. If the child resides in a county or city governed by a ~~full-time~~ Local Health authority~~Authority~~, ~~such~~ notification shall be the responsibility of the Local Health authority~~Authority~~. In all other cases, ~~such~~ notification shall be the responsibility of the Department. The Local Health authority~~Authority~~ or the Department shall offer assistance to the principal concerning HIV, the availability of counseling and training, and guidelines for management of the child in the classroom.

b) Upon receipt of the notice~~*Upon receipt of such notice*~~*, the principal may, as necessary*, such as when a student needs medical attention or must take medication during school attendance, or when the student's clinical condition necessitates other ~~such~~ services, *disclose the identity of an infected child to the school nurse at that school, the classroom teachers in whose classes the child is*

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enrolled, and *those persons who, pursuant to federal~~Federal~~ or State~~state~~ law, are required to decide the placement or educational program of the child. In addition, the principal may inform such other persons as may be necessary*, in the opinion of the principal, *that an infected child is enrolled at that school so long as the child's identity is not revealed*. (Section 2a of the Communicable Disease Prevention Act ~~[410 ILCS 315/2a]~~)

c) No person to whom the child's identity is disclosed may disclose the~~such~~ information to any other person except as permitted by law (see Sections 9 and 10 of the ~~AIDS Confidentiality~~ Act).

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 697.410 Guidelines for the Management of Chronic Infectious Diseases in School Children (Repealed)

~~The management of the child in the classroom should be in accordance with the following guidelines developed jointly by the Department and the State Board of Education, "Guidelines for Management of Chronic Infectious Diseases in School Children."~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

Section 697.420 Testing, Treatment or Counseling of Minors

Any person *12~~Any person twelve~~ years of age or older who may have come in contact with any* STI*~~STD, such as AIDS or HIV infection~~ may consent* to testing and *to medical care and/or counseling related to the diagnosis and/or treatment of such* STI*~~diseases~~*. (Section 4 of the Consent by Minors to Medical Procedure Act ~~[405 ILCS 210/4]~~)

(Source: Amended at 36 Ill. Reg. _____, effective _____)

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Section 697.APPENDIX A Sample HIV Testing Forms (Repealed)

Section 697.ILLUSTRATION A Sample Written Informed Consent for HIV Antibody Testing (Repealed)

~~**WRITTEN INFORMED CONSENT FOR HIV ANTIBODY TESTING**~~

~~**(Conventional Testing – Not for Use with a Rapid HIV Test)**~~

~~Test Subject or Number:~~ _____ ~~Date:~~ _____
~~Time:~~ _____ ~~(AM)(PM)~~

~~I hereby grant my permission for a test to detect whether I have antibodies to HIV (Human Immunodeficiency Virus) in my body.~~

~~HIV Testing is voluntary and requires your consent in writing. The purpose of HIV antibody testing is to show whether you are infected with HIV, the virus that causes AIDS.~~

~~Any test result that indicates that antibodies for HIV are present is considered positive for HIV infection.~~

~~Before you consent to be tested for HIV, your healthcare provider should speak to you about:~~

~~•How HIV is passed from person to person and mother to baby;~~
~~•Steps to take that may prevent the transmission of HIV; and~~
~~•The meaning of an HIV antibody test result.~~

~~If you agree with the following statements and want to consent to HIV testing, please sign this form.~~

~~I have been counseled about the benefits of having an HIV test and understand that:~~

~~•Human immunodeficiency virus (HIV) is the virus that causes AIDS;~~
~~•HIV is spread by sexual intercourse, so all sexually active persons are potentially at risk for HIV infection;~~
~~•HIV is spread by sharing needles with another person during injection of drugs, so all injection drug users are potentially at risk for HIV infection;~~
~~•HIV can be passed from a mother to her baby during pregnancy, at delivery, and through~~

~~breastfeeding; and~~

~~•HIV antibody test results are confidential, and the law protects me from discrimination.~~

~~I understand that a positive result does not mean I have AIDS, but indicates that I have HIV infection. I understand that if my test results are positive, I will be offered HIV counseling.~~

~~I understand that test results may indicate that a person has HIV antibodies when the person does not have the antibodies (a false positive result) or the test may fail to detect that a person has antibodies to the virus when the person does in fact have these antibodies (a false negative result).~~

~~If my HIV antibody test result is negative, no further testing will be done at this time. A negative HIV antibody test result most likely means that I am not infected with HIV, but it may not detect recent infection.~~

~~If my HIV antibody test result is positive, this means that antibodies to the virus were detected and that I am HIV infected.~~

~~**Confidentiality of HIV Information:**~~

~~If you take the HIV test, your test results are confidential. Under Illinois law, confidential HIV information can be given only to people to whom you allow it to be given by your written approval, to people who need to know your HIV status in order to provide medical care and services, including: an authorized agent or employee of a health facility or a healthcare provider if the health facility or provider is authorized to obtain test results; those who are exposed to blood/body fluids in the course of their employment; and organizations that review the services you receive.~~

~~The law also allows your confirmed HIV test results to be released: to public health officials as required by law; for payment for care and treatment; to a temporary caretaker of children taken into protective custody by the Illinois Department of Children and Family Services; and to any other entity permitted by the AIDS Confidentiality Act.~~

~~I understand that my test results will be kept confidential to the extent provided by law. In addition, I understand that I may withdraw from the testing at any point in time prior to the completion of laboratory tests. I understand that my testing is voluntary.~~

~~I agree to be tested and I agree that I may be told my test results.~~

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~~I agree that if the result of my HIV test is positive I may be referred to another healthcare provider for follow-up testing and care.~~

~~I have been advised about the purpose, potential uses, limitations and meaning of the test results; the voluntary nature of the test; the right to withdraw consent at any time prior to the completion of laboratory tests; and the confidentiality protections under the law. The information presented above has been completely and clearly explained to me, and all of my questions have been answered. I hereby authorize my physician or facility to collect an oral or blood specimen and perform an HIV antibody test on that specimen.~~

_____

~~Patient/Client Signature or Signature of Legally Authorized Representative~~

_____

~~Date~~

_____

~~Facility/Provider Witness~~

_____

~~Date~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

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Section 697.Appendix C Sample Written Informed Consent for Rapid HIV Antibody Testing (Repealed)

~~**WRITTEN INFORMED CONSENT FOR RAPID HIV ANTIBODY TEST**~~

~~Test Subject or Number:~~ _____ ~~Date:~~ _____
~~Time:~~ _____ ~~(AM)(PM)~~

~~I hereby grant my permission for a rapid HIV test to detect whether I have antibodies to HIV (Human Immunodeficiency Virus) in my body.~~

~~HIV Testing is voluntary and requires your consent in writing. The purpose of rapid HIV testing is to show whether you are infected with HIV, the virus that causes AIDS.~~

~~Rapid HIV testing will allow you to receive a preliminary test result in less than 60 minutes. Any test result that indicates that antibodies for HIV are present is considered preliminary positive and must be confirmed.~~

~~Before you consent to be tested for HIV, your healthcare provider should speak to you about:~~

- ~~How HIV is passed from person to person and mother to baby;~~
- ~~Steps to take that may prevent the transmission of HIV; and~~
- ~~The meaning of a preliminary positive HIV rapid test result and how a preliminary HIV rapid test result is confirmed.~~

~~If you agree with the following statements and want to consent to rapid HIV testing, please sign this form.~~

~~I have been counseled about the benefits of having a rapid HIV test and understand that:~~

- ~~Human immunodeficiency virus (HIV) is the virus that causes AIDS;~~
- ~~HIV is spread by sexual intercourse, so all sexually active persons are potentially at risk for HIV infection;~~
- ~~HIV is spread by sharing needles with another person during injection of drugs, so all injection drug users are potentially at risk for HIV infection;~~
- ~~HIV can be passed from a mother to her baby during pregnancy, at delivery, and through breastfeeding; and~~

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~~▪HIV antibody test results are confidential, and the law protects me from discrimination.~~

~~I understand that a preliminary positive result does not mean I have AIDS, but indicates that I may have HIV infection.~~

~~I understand that preliminary positive test results may indicate that a person has HIV antibodies when the person does not have the antibodies (a false positive result) or the test may fail to detect that a person has antibodies to the virus when the person does in fact have these antibodies (a false negative result).~~

~~The rapid HIV test that I am consenting to take will provide me and my health care provider with preliminary HIV test results:~~

~~▪If my rapid HIV test result is negative, no further testing will be done at this time.~~
~~▪If my rapid HIV test result is negative, it most likely means that I am not infected with HIV, but it may not detect recent infection.~~
~~▪If my rapid HIV test result is preliminary positive, this means there is a possibility that I am HIV infected. A second test, to confirm a preliminary positive HIV test result, will be done.~~
~~▪I understand that if my rapid HIV test result is preliminary positive, I still may not have HIV infection, since a false positive test result can occur. A second test, to confirm a preliminary positive HIV test result, will be done.~~
~~▪I understand that if my rapid HIV test result is preliminary positive, I will be offered HIV counseling.~~

~~**Confidentiality of HIV Information:**~~

~~If you take the rapid HIV test, your test results are confidential. Under Illinois law, confidential HIV information can be given only to people to whom you allow it to be given by your written approval, to people who need to know your HIV status in order to provide medical care and services, including: an authorized agent or employee of a health facility or a healthcare provider if the health facility or provider is authorized to obtain test results; those who are exposed to blood/body fluids in the course of their employment; and organizations that review the services you receive.~~

~~The law also allows your confirmed HIV test results to be released: to public health officials as required by law; for payment for care and treatment; to a temporary caretaker of children taken into protective custody by the Illinois Department of Children and Family Services; and to any other entity permitted by the AIDS Confidentiality Act.~~

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~~I understand that my rapid HIV test results will be kept confidential to the extent provided by law. In addition, I understand that I may withdraw from the testing at any point in time prior to the completion of laboratory tests. I understand that my testing is voluntary.~~

~~I agree to be tested using a rapid HIV test and I agree that I may be told my test results.~~

~~I have been counseled that if the result of the rapid HIV test is preliminary positive, then I must undergo additional testing to confirm whether I am HIV positive. I consent to that additional testing.~~

~~I agree that if the result of my rapid HIV test is preliminary positive or if the result of my rapid HIV test is confirmed positive, I may be referred to another health care provider for follow-up testing and care.~~

~~I have been advised about the purpose, potential uses, limitations and meaning of the test results; the voluntary nature of the test; the right to withdraw consent at any time, prior to the completion of laboratory tests; and the confidentiality protections under the law. The information presented above has been completely and clearly explained to me, and all of my questions have been answered. I hereby authorize my physician or facility to collect an oral or blood specimen and perform a rapid HIV test on that specimen.~~

_____

~~Patient/Client Signature or Signature of Legally Authorized Representative~~

_____

~~Date~~

_____

~~Facility/Provider Witness~~

_____

~~Date~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Health Care Data Collection and Submission Code

2) Code Citation: 77 Ill. Adm. Code 1010

3)

Section Numbers:	Proposed Action:
1010.10	Repeal
1010.20	Amend
1010.40	Amend
1010.60	Amend
1010.70	Amend
1010.APPENDIX A	Amend
1010.APPENDIX B	Amend
1010.APPENDIX C	Amend
1010.APPENDIX E	Amend
1010 APPENDIX K	New

4) Statutory Authority: Illinois Health Finance Reform Act [20 ILCS 2215] and Sections 2310-33 and 2310-57 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2310-33 and 2310-57]

5) A Complete Description of the Subjects and Issues Involved: These rules implement the Health Finance Reform Act as amended by Public Act 97-180, effective January 1, 2012. The Health Care Data Collection and Submission Code requires individual hospitals and ambulatory surgical treatment centers to electronically submit claims and encounter data related to inpatient discharges and selected outpatient cases. Data collected from hospitals and ambulatory surgical treatment centers are used in part to compile the "Consumer Guide to Health Care" component of the Department's Hospital Report Card web site, a report of conditions and procedures demonstrating the widest variation in charges and quality of care. National standard measures are applied to Illinois data in the development of this public report available on the Department's web site. The "Consumer Guide to Health Care" includes inpatient and outpatient data with current comparison information related to, but not limited to, volume of cases, median charges, risk-adjusted mortality rates, complications and patient safety measures. The "Consumer Guide to Health Care" includes additional information appropriate for interpretation of report content, explanation of causes of variation from provider to provider and a description of standards that facilities meet under voluntary accreditation and state and federal law. The Department will evaluate additional methods of comparing the performance of hospitals and ambulatory surgical treatment centers using accepted national standard measures and methodologies. Data collected under PA 97-0180 shall be made available to government

agencies, academic research organizations and private sector organizations for clinical performance measures and analyses. The Department of Public Health Powers and Duties Law of the Civil Administration Code of Illinois authorizes the Department to establish a fee schedule for the sale of this data to requesting agencies and organizations.

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

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

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

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

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

9) Does this rulemaking contain incorporations by reference? Yes

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

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register* to:

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

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

13) Initial Regulatory Flexibility Analysis:

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A) Types of small businesses, small municipalities and not for profit corporations affected: hospitals and ambulatory surgical treatment centers

B) Reporting, bookkeeping or other procedures required for compliance: reporting of clinical and related information regarding patients served

C) Types of professional skills necessary for compliance: clerical, computer programming, computer operation, filing, report reading and data interpretation

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent Regulatory Agendas because: the need for the rulemaking was not apparent when the Regulatory Agendas were prepared.

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

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NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER x: HEALTH STATISTICS

PART 1010
HEALTH CARE DATA COLLECTION AND SUBMISSION CODE

Section
1010.10 Purpose (Repealed)
1010.20 Definitions
1010.30 Incorporated and Referenced Materials
1010.40 Data Submission Requirements
1010.50 Common Data Verification, Review, and Comment Procedures
1010.60 Data Dissemination
1010.70 Data Customer Categories and Data Product Fee Schedule
1010.APPENDIX A Uniform Inpatient Discharge Data
1010.APPENDIX B Ambulatory ~~Surgical~~ Categories ~~Reported by CPT Procedure Codes~~
1010.APPENDIX C Ambulatory ~~Surgical~~ Data Elements
1010.APPENDIX D Research Oriented Dataset (RODS) Data Elements
1010.APPENDIX E Universal Dataset (UDS) Data Elements
1010.APPENDIX F State Inpatient Dataset (SIDS) Data Elements
1010.APPENDIX G State Ambulatory Surgery Dataset (SASDS) Data Elements
1010.APPENDIX H Revenue Code Dataset (RCDS) Data Elements
1010.APPENDIX I Data Product Price List
1010.APPENDIX J Data Product Preparation Cost Table
1010.APPENDIX K Diagnostic and Therapeutic Imaging Categories

AUTHORITY: Implementing and authorized by the Illinois Health Finance Reform Act [20 ILCS 2215] and Sections 2310-33 and 2310-57 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-33 and 2310-57].

SOURCE: Adopted at 31 Ill. Reg. 9848, effective June 26, 2007; amended at 36 Ill. Reg. _____, effective _____.

Section 1010.10 Purpose (Repealed)

~~This Part is promulgated under the authority of Section 4-2 of the Illinois Health Finance Reform Act [20 ILCS 2215/4-2] and Section 2310-57 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-57]. Its purpose is~~

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~~to provide to consumers, health care providers, insurers, purchasers, governmental agencies, and others information to make valid comparisons among health care facilities of prices and performance of services provided and to support ongoing analysis of the health care delivery system in Illinois.~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

Section 1010.20 Definitions

~~Unless otherwise indicated, in this Part:~~

"Act" means the Health Finance Reform Act.

"Affirmation statement" means a document that, when signed by a hospital or ambulatory surgical treatment center administrator or an authorized representative of a hospital or ambulatory surgical treatment center submitting data to the Department, affirms, to the best of the signer's knowledge, that~~all of the following: That~~ any necessary corrections to data submitted to the Department have been made~~;~~ and that~~That~~ the data submitted are complete and accurate.

""~~"AHRQ" means the~~ Agency for Healthcare Research and Quality" or "AHRQ" means a federal agency that is~~,~~ a part of the U.S. Department of Health and Human Services.

"Ambulatory patient classification" or "APC" means a definition by the Centers for Medicare and Medicaid Services (CMMS) for the prospective payment system (PPS) under Medicare for hospital outpatient services. All services paid under the PPS are classified into groups called APCs. Services in each APC are similar clinically and in terms of the resources they require. A payment rate is established for each APC based on the resources involved in treatment.

"Ambulatory surgical treatment center" means a facility licensed under~~has the meaning ascribed to that term under Section 3 of~~ the Ambulatory Surgical Treatment Center Act ~~[210 ILCS 5]~~.

~~"APC" means ambulatory patient classification, as defined by the Centers for Medicare and Medicaid Services (Medicare), for the prospective payment system (PPS) under Medicare for hospital outpatient services. All services paid under the PPS are classified into groups called APCs. Services in each APC are similar~~

~~clinically and in terms of the resources they require. A payment rate is established for each APC based on the resources involved in treatment.~~

~~"CCS" means Clinical Classification Software, a diagnosis and procedure categorization scheme developed by the Healthcare Cost and Utilization Project.~~

"CCYYMMD" means a calendar date in the format of century, year, month and day of the week, where 1 = Sunday, 2 = Monday, etc.

"CCYYMMDD" means a calendar date in the format of century, year, month and day, without separators.

"Claims and encounter" means either a~~of the following: A~~ request to obtain payment, and necessary accompanying information, from a health care provider to a health plan, for health care~~;~~ or an~~An~~ inpatient stay or outpatient visit in which a claim is not generated.

"Cleaned claims data" means data that have passed validity tests that edit for individual element content and comparison with related elements for appropriate context within the time periods and value ranges appropriate for the data file.

"Clinical Classification Software" or "CCS" means a diagnosis and procedure categorization scheme developed by the Healthcare Cost and Utilization Project.

"Compliance percentage" means the value obtained when the number of cleaned and unduplicated claims and encounters per calendar month is divided by the reported discharge count for the same calendar month, with the dividend of this calculation multiplied by 100.

"Computed tomographic scan" or "CT scan" means a computed tomographic scan of the head and other parts of the human body.

"Consumer Guide to Health Care" means a comparative health care information report showing conditions and procedures that demonstrate the widest variation in charges and quality of care in inpatient and outpatient services provided in hospitals and ambulatory surgical treatment centers.

"~~CPT" means~~ Current Procedural Terminology" or "CPT" means~~,~~ a listing of descriptive terms and identifying codes providing a consistent and standardized

language for reporting medical services and procedures performed by physicians. These codes are maintained and distributed by the American Medical Association (515 North State Street, Chicago IL 60610).

"Custom dataset" means requests for specific data elements for particular research or reporting tasks. This may include specific aggregations or combinations of data values into categories or groups.

"Data submission manual" means the Department's Technical Reference for Data Submission document specifying the details of the record layout, the outpatient surgical procedure code range, specifications of identification of emergency department and observation cases and contact information for questions related to data submission.

"Data submission profile" means a set of validation and verification reports containing accumulated statistical summaries of all data submitted to the Department by the facility for each month of the current collection period. These reports contain information identifying claims and encounters that fail Departmental edits, as well as data quality statistics showing data accepted up to and including the latest submission.

~~"Data submission manual" means the Department's Technical Reference for Data Submission document specifying the details of the record layout, the outpatient surgical procedure code range, specifications of identification of emergency department and observation cases and contact information for questions related to data submission.~~

"Data use agreement" means a written contract between parties that defines the care and handling of sensitive or restricted use data, including, but not limited to, the terms of the agreement, ownership of the data, security measures and access to the data, uses of the data, data confidentiality procedures, duration of the agreement, disposition of the data at the completion of the contract, and any penalties for violation of the terms of the agreement.

"De-identified" means data that do not contain directly identifiable individual patient health information as defined in HIPAA privacy regulations (Security and Privacy~~: 45 CFR 164);;~~ or data that, through analysis by an experienced expert statistician or by the use of probability software, can be shown to have a low probability of individual identification.

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"Department" means the Illinois Department of Public Health.

~~"DRG" means~~ "Diagnosis Related Group" or "DRG" means~~,~~ a patient classification scheme that provides a means of categorizing hospital inpatients according to the resources required in treatment, developed for the Centers for Medicare and Medicaid Services for use in the Medicare Prospective Payment System.

"Diagnostic" means the process used to identify or characterize, as accurately as possible, the details of a medical condition or injury.

"Electronically submit" means that required data submission will be carried out by the transfer of appropriate files to the Department's secure web server. Physical media of any form or type will not be used in the transfer of these data.

"Emergency Department" or "ED" means the location within hospitals where persons receive initial treatment by health care professionals for conditions of an immediate nature caused by injury or illness. The person treated may or may not be admitted to the hospital as an inpatient.

"Emerging technology" means new approaches to the treatment of medical conditions through the use of existing machines and equipment in new and different ways or the development of new machines and equipment for a specific form of medical treatment.

"Ethnicity" means the classification of a person's ethnic background. Classification categories collected will follow the Federal Office of Management and Budget (OMB) Statistical Policy Directive Number 15, "Race and Ethnic Standards for Federal Statistics and Reporting".

"Facility" means a hospital, as defined in the Hospital Licensing Act and the University of Illinois Hospital Act, or an ambulatory surgical treatment center, as defined in the Ambulatory Surgical Treatment Center Act.

"Final closing date" means the final day, 65 days after the end of each calendar quarter, on which electronically submitted corrections and missing data are accepted for each quarterly data submission period.

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~~"FIPS" means~~ "Federal Information Processing Standards" or "FIPS" means~~,~~ a standardized set of numeric or alphabetic codes issued by the National Institute of Standards and Technology (NIST) to ensure uniform identification of geographic entities through all federal government agencies.

"Fully populated test data" means that each field or individual element specified in each record of the file contains data values. Complete data allow~~allows~~ the exercise of all parts of the computer program used to produce the file. This will provide more robust testing outcomes, reduce the number of test runs necessary, and improve the quality of data submissions.

~~"HCPCS" means the~~ "Healthcare Common Procedure Coding System" or "HCPCS" means~~,~~ a set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT). The HCPCS was established to provide a standardized coding system for describing the specific items and services provided in the delivery of health care. HIPAA made the HCPCS mandatory for Medicare and Medicaid billings. HCPCS includes three levels of codes:

Level I consists of the American Medical Association's Current Procedural Terminology (CPT) and is numeric.

Level II codes are alphanumeric and primarily include non-physician services such as ambulance services and prosthetic devices.

Level III consists of temporary codes for emerging technologies, services and procedures.

~~"HCUP" means the~~ "Healthcare Cost and Utilization Project" or "HCUP" means~~,~~ a group of health care databases and software tools and products created by a government and industry partnership and sponsored by AHRQ.

"Health plan" means an individual or group plan that provides, or pays the cost of, medical care. Further explanation can be found in HIPAA privacy regulations ~~(Security and Privacy: 45 CFR 164)~~.

"HH" means clock time in hours using 24-hour time from 00 to 23 rounded to the nearest hour.

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~~"HIPAA" means Health Insurance Portability and Accountability Act of 1996 (110 USC 1936).~~

"Health Insurance Portability and Accountability Act privacy regulations" or "HIPAA privacy regulations" means regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

"Hospital" means any institution, place, building, or agency, public or private, whether organized for profit or not for profit, that is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act, and the University of Illinois Hospital as defined in the University of Illinois Hospital Act.

"Imaging" means the technique and process used to create images of the human body or its parts or functions for clinical purposes seeking to reveal, diagnose or examine disease or injury.

"Initial closing date" means the date, 60 days after the end of each calendar quarter, established for all hospitals and ambulatory surgical treatment centers to electronically submit inpatient and outpatient claims and encounter data to the Department.

"Invasive" means a medical procedure that penetrates or breaks the skin or a body cavity by means of a perforation, incision, catheterization or other methods into a patient's body.

"Limited datasets" means data containing protected health information (PHI) that excludes certain direct identifiers of the individual or of relatives, employers or household members of the individual, as defined in HIPAA privacy regulations.

"Magnetic resonance imaging" or "MRI" means a technology used to visualize internal body structures by using strong magnet fields in conjunction with radio frequency fields to analyze deep soft tissue without the use of harmful radiation.

~~"MDC" means~~ "Major Diagnostic Category" or "MDC" means~~,~~ a collection of DRGs for categorizing specifically defined interventions and illnesses related to an organ or a body system, not to the cause of an illness or injury.

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"Mammography" means the process of utilizing low-dose X-rays to examine the human breast as a diagnostic and screening tool for the detection of cancer.

"Minimally invasive" means a medical procedure carried out by entering the body through the skin or through a body cavity or anatomical opening, but with the smallest disturbance possible to these structures. Special medical equipment may be used, such as fiber optic cables, miniature video cameras, and special surgical instruments handled via tubes inserted into the body through small openings in its surface.

"National Provider Identifier" or "NPI" means a unique identification number assigned to all health care providers to be used by all health plans. The NPI will be issued and maintained by the National Provider System.

"National Uniform Billing Committee" or "NUBC" means the group including all major national provider and payer organizations formed to develop and maintain the national standard health care uniform bill.

"Non-invasive surgery" means a medical procedure using highly focused beams of radiation when the nature or location of the condition is not amenable to mechanical intervention.

~~"NPI" means National Provider Identifier, a unique identification number assigned to all health care providers to be used by all health plans. The NPI will be issued and maintained by the National Provider System.~~

"Observation care" or "OC" means services furnished to a person by a hospital on the hospital's premises, including use of a bed and at least periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or to determine the need for a possible admission to the hospital as an inpatient. In general, the duration of observation care services does not exceed 24 hours, although, in some circumstances, patients may require a second day.

"Outpatient" means any health care service provided in a hospital to a patient who is not admitted ~~as an inpatient~~ to the hospital as an inpatient, or any health care service provided to a patient in a licensed ambulatory surgical treatment center.

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"Outpatient surgery" means specific procedures performed on an outpatient basis in a hospital or licensed ambulatory surgical treatment center. Specific ranges of required procedure codes can be found in the Department's data submission manual.

"Personal~~"PHI" means personal~~ health information" or "PHI" means the information ~~as~~ defined in HIPAA privacy regulations.

"Positron emission tomography scan" or "PET scan" means a nuclear medicine imaging technology that creates a three dimensional view of functional body processes.

"Public use data" means any form of data from the Department's comprehensive discharge database or facility-level database that contains de-identified data.

"Race" means the classification of a person's racial background. Classification categories collected will follow the Federal Office of Management and Budget (OMB) Statistical Policy Directive Number 15, "Race and Ethnic Standards for Federal Statistics and Reporting".

"Raw data" means any file, individual record, or any subset thereof that contains information about an individual health care service provided to a single patient and is released by the Department in data products or custom data files.

"Reciprocal data availability" means that, if a data requester controls the discharge data of another state, release of Illinois discharge data to that state entity would be contingent on the availability of discharge data from that state of comparable quantity, quality~~,~~ and content at a similar price point.

"Research" means a systematic investigation, including ~~research~~ development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

"Small number" means any number that is small enough to be useful in an attempt to determine the identity of a specific individual patient when used in conjunction with other elements in the data file or when the data file is linked with

information from other sources. The Department considers a small number to be any cell size fewer than 10.

"Sonography" and "Ultrasonography" mean the use of sound waves at frequencies above the audible range of human hearing as a diagnostic tool for visualizing internal body structures, including tendons, muscles, joints, organs and other internal masses.

"Surgery" means treatment of diseases or injuries by manual and/or instrumental methods. The~~Such~~ methods may include invasive, minimally invasive, or non-invasive procedures, depending on the condition treated and the nature of the instruments and technology used.

"Therapeutic" means medical activities designed to treat or cure a disease, condition or injury.

"Uniform" means related unique data values that are combined into a smaller number of common categories.

"Uniform bill" means *the uniform electronic billing form pursuant to the Health Insurance Portability and Accountability Act*, which is developed as a standard instrument for use by institutions and payers in the handling of health care claims. (Section 4-2(d)(1) of the Act)

~~"UPIN" means~~ "Unique Physician Identification Number" or "UPIN" means~~,~~ a unique identification number assigned to all Medicare providers. The UPIN Registry is maintained by the National Heritage Insurance Company under contract from the Centers for Medicare and Medicaid Services.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1010.40 Data Submission Requirements

a) Inpatient and Outpatient Claims and Encounter Data

1) Hospitals and ambulatory surgical treatment centers shall electronically submit patient claims and encounter data, as outlined in this subsection (a), to the Department no later than the initial closing date, 60 calendar days after the last day of each calendar quarter. Calendar quarters shall

begin on January 1, April 1, July 1, and October 1 and shall end on March 31, June 30, September 30, and December 31. Beginning no later than 45 days after the last day of each calendar quarter, hospitals and ambulatory surgical treatment centers shall begin an internal review of all quarterly data accepted by the Department. The quarterly review shall involve detailed evaluation of data quality feedback reports by facility staff with sufficient general knowledge of patient mix and services provided to allow identification of unreasonable or incomplete submission statistics.

A) Hospitals shall submit to the Department:

i) Claims and encounter data pertaining to each inpatient discharged. Production ~~data shall be submitted in the current format~~ and test data shall be submitted as specified in Appendix A ~~starting with third quarter 2007 discharges. The transition period will encompass two complete calendar quarters of discharge data submission, third and fourth quarter 2007. The transition period shall begin on July 1, 2007, the first date of submission of third quarter discharges, and end on the closing date of fourth quarter 2007. Mandatory submission of data elements as specified in Appendix A shall begin with the submission of data for patients discharged on January 1, 2008~~; ~~and~~

ii) Claims and encounter data pertaining to case data for each emergency department (ED) visit (wherever care is administered) and each observation case (OC) in the outpatient format specified in Appendix C~~, beginning with a transition submission period starting on April 1, 2008, the first day of submission of second quarter 2008 cases. This transition period shall encompass three complete calendar quarters, second, third and fourth quarter 2008, ending on the final date of submission of fourth quarter 2008 cases. Each facility shall participate in the transition period by submitting and evaluating test data as necessary to meet the requirements. Each facility shall complete at least one successful test submission of a fully populated test file prior to the beginning of the mandated submission period. Mandatory submission of ED and OC data as specified in~~

~~Appendix C shall begin with the cases for patients discharged in first calendar quarter 2009, beginning on January 1, 2009.~~; and

iii) Claims and encounter data related to diagnostic or therapeutic imaging conducted during or related to an inpatient stay that may include, but are not limited to, techniques described in Appendix K. These data may include, but are not limited to, events occurring during a visit for surgery or scheduled imaging for purposes of evaluating the need for treatment, determining the nature or extent of necessary treatment, or evaluating the outcomes of treatment. Data elements for these cases, specified in Appendix C, shall begin with the cases for patients discharged in the third calendar quarter of 2012, beginning on July 1, 2012.

B) Hospitals and ambulatory surgical treatment centers shall report to the Department:

i) Information relating to any patient treated with an ambulatory surgical procedure within any of the general types of surgeries as specified in Appendix B; ~~and~~

ii) Claims and encounter data for each surgical or invasive procedure outlined in subsection (a)(1)(B)(i) of this Section, as specified in Appendix C;~~, beginning with a transition submission period encompassing two complete calendar quarters, third and fourth quarter 2007, starting on the first date of submission for third quarter discharges, July 1, 2007. This transition period will end on the final date of submission for fourth quarter 2007 discharges. During the transition period, production data will be accepted only in the current 800-byte format while testing with the new format will be accepted and evaluated. Mandatory submission of elements as specified in Appendix C and detailed in the Department's data submission manual shall begin with patients discharged in first calendar quarter 2008, beginning on January 1, 2008.~~

iii) Claims and encounter data related to diagnostic or therapeutic imaging that may include, but are not limited to, techniques described in Appendix K. These data may include, but are not limited to, events occurring during a visit for surgery or scheduled imaging for purposes of evaluating the need for treatment, determining the nature or extent of necessary treatment, or evaluating the outcomes of treatment. Data elements for these cases, specified in Appendix C, shall begin with the cases for patients discharged in the third calendar quarter of 2012, beginning on July 1, 2012.

C) Only~~Hospitals and ambulatory surgical treatment centers shall report data to the Department using the current submission format as specified in the Department's data submission manual for patients discharged up to and including June 30, 2007. Beginning with the start of the transition period on July 1, 2007, production data will be accepted only in the current format with test data accepted in the new format outlined in Appendices A and C and detailed in the Department's data submission manual. The transition period shall include all patients discharged during third and fourth quarter 2007, with the transition period ending on the last date of submission of discharges for fourth quarter 2007. Throughout the transition period, test data will be accepted in the new expanded formats. Test data shall be developed to populate each variable in the expanded layout to allow full evaluation of the data file submitted. Each facility shall participate in the transition period by submitting and evaluating test data as necessary to meet the requirements. Each facility shall complete at least one successful test submission prior to the beginning of the mandated submission period. Beginning with electronic submissions received for patients discharged in first calendar quarter 2008, starting on January 1, 2008, only~~ data consisting of the elements listed in Appendices A and C in the expanded format, as detailed in the Department's data submission manual, will be accepted.

2) Each hospital and ambulatory surgical treatment center shall electronically submit to the Department all patient claims and encounter data pursuant to

this subsection (a). These submissions shall be in accordance with the uniform electronic transaction standards and code set standards adopted by the Secretary of Health and Human Services under the Social Security Act ~~(42 USC 1320d-2)~~ and the physical specifications, format and record layout specified in the Department's data submission manual. ~~Ambulatory surgical treatment centers that are unable to electronically submit data shall submit required data in the specified format on 3.5-inch diskette or CD-ROM disc through the closing date of submission for second quarter 2008 discharges. Beginning with patients discharged for third quarter 2008, starting on July 1, 2008, ambulatory surgical treatment centers shall electronically submit all data to the Department.~~

3) To be considered compliant with this Section, a hospital's or ambulatory surgical treatment center's data submission shall:

A) Be submitted to the Department electronically, as specified in the data submission manual;

B) Consist of an individual facility data file; and

C) Meet the Department's minimum level of data submission compliance on or before the data submission due date. ~~i)~~ Hospitals and ambulatory surgical treatment centers shall maintain a compliance percentage of no less than 98% for each calendar month ~~beginning with the calendar month of July 2007~~.

~~ii) Ambulatory surgical treatment centers shall maintain a compliance percentage of no less than 90% during the period beginning with calendar month of July 2007. Beginning with the calendar month of April 2008, ambulatory surgical treatment centers shall maintain a monthly compliance percentage of no less than 95%. Thereafter, beginning with the calendar month of April 2009, ambulatory surgical treatment centers shall maintain a monthly compliance percentage of no less than 98%.~~

4) Failure to comply with this Section may subject the facility to penalties as provided in the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act.

b) Inpatient and Outpatient Report of Monthly Discharge and Outpatient Surgery Counts

1) Each hospital shall, within 30 calendar days following the last day of each calendar month, submit:

A) The actual total number of hospital inpatient discharges for that calendar month. In the case of multiple births, each child is counted as a discharge. This number shall include those inpatient cases receiving diagnostic or therapeutic imaging as defined in subsection (a)(1)(A)(iii); and

B) The actual number of hospital outpatient cases with a surgical procedure as defined in this Part for that calendar month.

2) Each~~Effective beginning with calendar month April 2008, each~~ hospital shall, within 30 calendar days following the last day of each calendar month, submit for each category the actual number of hospital outpatient cases with an emergency department visit, observation stay, or surgery,~~surgical procedure~~ as defined in this Part for that calendar month. Beginning with the third calendar quarter of 2012 (July 1, 2012) discharges, each hospital shall submit the actual number of cases with an outpatient visit for diagnostic or therapeutic imaging as defined in subsection (a)(1)(B)(iii) Each patient shall be counted only once, except that imaging-only visits shall be counted separately. Outpatient surgical cases, regardless of other services, shall be counted as surgical cases. Non-surgical cases, excluding imaging-only visits, shall ~~may~~ be counted ~~as combined ED and OC or~~ separately as ED or~~and~~ OC, based on ~~. Patients receiving both services should be counted only once in both counting methods: as combined ED and OC in the combined method or counted as OC (~~the last service received~~) in the separate method~~.

3) Each ~~licensed~~ ambulatory surgical treatment center shall, within 30 calendar days following the last day of each calendar month, submit the actual total number of licensed ambulatory surgical treatment center outpatient cases with surgery~~a surgical procedure~~ for that calendar month as defined in this Part. Beginning with the third calendar quarter of 2012 (July 1, 2012) discharges, this count shall include the actual number of

cases with a visit for diagnostic or therapeutic imaging as defined in subsection (a)(1)(B)(iii).

4) All filings required in this Section shall be reported using the Department's electronic submission systems.

5) Effective 60 days after the end of each calendar quarter, monthly reported discharge count acceptance for that calendar quarter will end. If any facility finds it necessary to change monthly reported counts after the initial closing date and before the final closing date, the facility administrator shall submit the revised monthly count ~~shall be submitted by the facility administrator~~ with a written justification.

~~e) Content and quality of new data elements collected as noted in Appendices A and C will be monitored for completeness and accuracy during the transition period and the first two quarters of mandated submission. This data will be released in public reports and data products when appropriate levels of data quality and quantity are attained.~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1010.60 Data Dissemination

a) The Department will provide facilities the opportunity to review the Consumer Guide to Health Care (Guide) prior to public release. The entire report will be made available to each facility on the Department's secure web server for review before publication. This review period will end 15 working days after the availability date of the review material. During the review period, each facility may submit written comments concerning its report content to the Department. Comments shall be submitted on facility letterhead and shall be signed by the administrator or designee. All comments received by the Department will be kept on file. No comments will be accepted after the end of the review period and no changes to the content of the Guide will be accepted. If any facility or the Department finds erroneous or incomplete data in the Guide, these data will be identified and footnoted prior to publication. If the Department makes an error in the preparation or presentation of the Guide, the error will be corrected.

b) Limited Data Product and Report requests approved by the Department shall result in the creation of the minimum necessary data set from the population of

data elements available to the requester and accompanying data use agreement covering access, usage, distribution and confidentiality of the data.

1) The Department will charge fees to the requesting entity for providing access to data files or producing studies, data products or analyses of ~~such~~ data. A schedule of fees for standard and custom datasets and products according to category of purchaser is presented in Section 1010.70 of this Part. In determining fees, the Department will consider all of the following:

   A) Type of data and specified usage;

   B) Record count and computer time required;

   C) Access fees for computer time;

   D) Staff time expended to process the request; and

   E) Handling and shipping charges.

2) All requests for data files, data products, aggregations or reports containing limited data elements shall be made in writing to the Department using Department~~Departmental~~ forms. All data obtained from the Department shall be used solely for the purpose identified by the requesting entity and for use by the requesting entity. The scope and term of this usage will be detailed in a data use agreement specific to each request. Use of the data for any other purpose shall require a separate and specific written request, approval, and data use agreement.

3) When the Department prepares facility-specific data, reports~~reporting~~ or comparative analysis ~~is prepared by the Department~~ for public release, affected facilities will be given the opportunity to review and comment on the data, studies or reports and their content prior to release to the public. Facilities will be provided access to the entire report on the Department's secure web server for review prior to publication. The review period will end 15 working days after the availability date of the review material. While no changes to previously submitted data will be accepted, the Department will accept written comments and explanations from facilities during the review period. The Department will keep these comments and

explanations on file and, as appropriate and reasonable, will incorporate them into the text description of the published report, study or analysisanalyses. If a DepartmentDepartmental error is found in the publication, the error will be corrected.

c) De-identified Data Files and Reports

1) Public use data files, reports and studies based on information submitted by hospitals and ambulatory surgical treatment centers shall contain de-identified data and shall comply with State and federal law, including, but not limited to, the Gramm-Leach-Bliley Act and the HIPAA privacy regulations (Security and Privacy: 45 CFR 164).

2) All requests for public use files or special compilations, reports, studies or analyses derived from public use files shall be made in writing to the Department. The release of data related to an approved public use data request shall not require a detailed data request form or comprehensive data use agreement. However, each request will be evaluated and, if necessary, will requireaccompanied by a signed or agreed to data use agreement appropriate to the content of the data requested. The data use agreement will include, but not be limited to, restrictions on patient identification and sale or release of the data to third parties.

d) Patient Confidentiality and Data Security

1) *Patient name, address*, any part of the *Social Security number, unique patient identifier based on the last four digits of the patient's Social Security number, or any other data that the Department believes could be used to determine the identity of an individual patient shall be stored and processed in the most secure manner possible*. (Section 4-2(d)(4) of the Act) Only authorized staff will have access to these data, with all computers and databases secured by password. Only computers located in controlled Department work sites will allow access to these data.

2) Patient name, address, and any part of the Social Security number will not be released publicly. These data may be used to link discharge data with other internal or external data sets to the Department, with linkage results released under guidelines of appropriate Department controls. The patient name, address, and any part of the Social Security number will not be

released as part of these linkage results. The Department will evaluate any request for access to any or all of these three specific identifiers by authorized staff of other Illinois State agencies, local health departments, or approved research project participants individually. Evaluation criteria include need and security of patient confidentiality. The unique patient identifier may be released to State agencies, local health departments and approved data requesters using appropriate guidelines.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1010.70 Data Customer Categories and Data Product Fee Schedule

This Section establishes customer categories, data product descriptions, and data product fees. The release of any patient level or small number data by the Department shall be contingent on the approval of the request and execution of an appropriate data use agreement.

a) Customer categories are established as follows:

1) Category I: Resellers

A) Any corporation, association, coalition, person, entity or individual that redistributes in any form any of the data or products (or any subset of the data or products~~thereof~~) obtained from the Department for any revenue is engaged in reselling of the data or products and shall pay for the data or products at the reseller rate.

B) All redistribution shall be restricted to de-identified data as defined by HIPAA privacy regulations ~~(Security and Privacy: 45 CFR 164)~~.

2) Category II: Commercial, Private, For-Profit Organizations and Non-Illinois State and Local Government Entities

A) Any corporation, association, coalition, person, entity or individual that functions in whole or in part for the benefit of the owners, members, or sponsors of the corporation or organization seeking to obtain data or products (or any subset thereof) from the Department is presumed to be acquiring the data or products for a commercial use~~;~~.

B) Any non-profit organization that purchases data materials on behalf of, either in whole or in part, or receives payment from, for-profit organizations for work done is presumed to be acquiring the data or products for a commercial use;~~.~~

C) Non-Illinois state and local government data release will be contingent on reciprocal data availability; and~~.~~

D) The Department will waive established data fees to non-Illinois government entities when entering into data sharing agreements for exchange of data of similar content. Discharge data received from non-Illinois data sources will be accepted in lieu of the fees shown in Appendix I. This waiver of fees will be contingent upon the non-Illinois entity waiving any fees charged, with acceptance of Illinois data in lieu of payment.

3) Category III: Federal government, educational institutions, all non-profit organizations, and college students enrolled in non-Illinois educational institutions, including:

A) The federal government;~~.~~

B) Other non-state or local political subdivisions outside of the State of Illinois that are not covered under Category II; and~~.~~

C) All educational institutions (Illinois and non-Illinois), all non-profit organizations, and all college students enrolled in non-Illinois educational institutions.

4) Category IV: Illinois General Assembly, Executive Office of the Governor, State of Illinois Constitutional Officers, Agencies of Illinois State Government, Illinois county and local government, and college students enrolled in Illinois educational institutions.

b) The following data products are available at rates established by the Department:

1) Standard datasets are defined sets of data elements consisting of the minimum necessary group of elements for a specific request identified from the list of elements available to each category of requester.

   A) Research Oriented Dataset (RODS) containing data elements listed in Appendix D of this Part.

   B) Universal Dataset (UDS) containing data elements listed in Appendix E of this Part.

   C) State Inpatient Dataset (SIDS) containing elements derived for the purposes of the HCUP, Appendix F of this Part.

   D) State Ambulatory Surgery Dataset (SASDS) containing elements derived for the purposes of the HCUP, Appendix G of this Part.

   E) Revenue Code Dataset (RCDS), a supplement to datasets A through D containing data elements listed in Appendix H of this Part.

2) The Department will evaluate requests for custom datasets and make the determination of complex or simple based on details of the request.

   A) Complex dataset: a subset of RODS, UDS, SIDS or SASDS (with or without RCDS) that contains the majority of significant data elements, or an intricate aggregation or report that includes many significant data elements and compound relationships.

   B) Simple dataset: a subset of RODS, UDS, SIDS or SASDS (without RCDS) that contains a small number of significant data elements, or a straightforward aggregation or report that includes few significant data elements and no, or a single, relationship.

c) Standard data product fees by category are set forth in Appendix I of this Part. In addition to standard data product fees, the Department will assess data request processing and data product preparation fees as follows:

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1) The Department will assess a non-refundable data request application fee of $100. The application fee shall be applied to the final cost of approved and completed data products.

2) The Department will assess fees for the costs of preparing requested data products, including, but not limited to, programming, research, administrative, media and shipping as described in Appendix J of this Part. The minimum charge will be one unit per resource factor, with additional units as necessary for more complicated requests.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

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Section 1010.APPENDIX A Uniform Inpatient Discharge Data

Data elements affected by implementation of the ICD-10 coding scheme on October 1, 2013 (or as stipulated by CMMS) are noted when necessary and appropriate.

~~**Header Data**~~

~~1. Hospital ID (federal tax identification number/Department assigned/NPI)~~

~~2. Facility name and address (in the header record for verification)~~

~~3. Facility city~~

~~4. Facility zip code~~

~~5. Contact person~~

~~6. Telephone number~~

~~7. Period covered: first day~~

~~8. Period covered: last day~~

Detail Data

1. Hospital identifier (federal tax identification number/Department assigned/NPI)

2. Patient account number

3. Discharge time (HH)

4. Patient zip code and Plus 4

5. Patient birth date (MMDDCCYY)

6. Patient sex

7. Admission date (MMDDYY) and time (HH)

8. Type of admission

9. Source of admission

10. Patient discharge status

11. Type of bill

12. Total patient charges and components of charges (by revenue code, units of service and charges)

13. Primary payer ID and health plan name

14. Secondary and tertiary payer ID and health plan name (required when present)

15. Principal and secondary diagnosis codes, when present (up to 25 per data record and up to 50 with record pagination when necessary)

ICD-9 codes required: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

ICD-10 codes required: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

16. Principal and secondary procedure codes and dates (MMDDYY), when present (up to 25 per data record and up to 50 with record pagination when necessary)

ICD-9 codes required: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

ICD-10 codes required: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

17. Attending clinician ID number/NPI

18. Other clinician ID number/NPI (up to two~~2~~ required when present)

19. Patient race (according to OMB guidelines)

20. Patient ethnicity (according to OMB guidelines)

21. Patient county code (five~~5~~ digits: state and county codes for Illinois and border state residents (FIPS code))

22. Diagnosis present at admission for each diagnosis

23. External cause of injury codes (required when present)

ICD-9 Ecodes: three required if available: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

ICD-10 Ecodes: eight required if available: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

24. Newborn birth weight value code and birth weight in grams

25. Admitting diagnosis code

ICD-9 code required: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

ICD-10 code required: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

26. Do not resuscitate indicator (entered in first 24 hours of stay)

27. Prior stay occurrence code and prior stay from and through dates (required when present)

28. Operating clinician ID number/NPI (required when surgical procedures present as a component of treatment)

29. Accident state abbreviation (required when present)

30. Condition employment related (required when present)

31. Accident employment related occurrence code and date of accident (required when present)

32. Crime victim occurrence code and date of crime (required when present)

33. Statement covers period (from and through [discharge date] dates)

34. Insurance group numbers (up to three~~3~~ required when present)

35. Page number and total number of pages

36. Diagnoses code version qualifier ~~(9=ICD-9, ICD-10 not yet implemented)~~

ICD-9 indicator required = 9: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

ICD-10 indicator required = 0: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

37. Condition code indicating patient admitted directly from this facility's emergency room/department

38. Patient name (first, middle, last, suffix)

39. Patient address (PO Box or street address, apartment number, city and state)

40. Unique patient identifier based on the last four digits of patient Social Security number

41. Primary insured's unique identifier (beneficiary/policy #)

42. Any element or service adopted for use by the the National Uniform Billing Committee pursuant to Section 4-2(d)(14) of the Act. Elements or services would be added as a submission requirement accompanied by sufficient notification to all submitting facilities and health care systems. Notice would be provided no less than 90 days in advance of the submission requirement.

~~**Trailer Data**~~

~~1. Hospital identifier (Federal tax identification number/Department assigned/NPI)~~

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~~2. Number of physical records in the file excluding header and trailer~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

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Section 1010.APPENDIX B Ambulatory ~~Surgical~~ Categories ~~Reported by CPT Procedure Codes~~

1. Surgeries on the integumentary system
2. Surgeries on the musculoskeletal system
3. Surgeries on the respiratory system
4. Surgeries on the cardiovascular system
5. Surgeries on the hemic and lymphatic systems
6. Surgeries on the mediastinum and diaphragm
7. Surgeries on the digestive system
8. Surgeries on the urinary system
9. Surgeries on the male genital system
10. Intersex surgery
11. Surgeries on the female genital system
12. Surgeries on the female reproductive system
13. Surgeries on the endocrine system
14. Surgeries on the nervous system
15. Surgeries on the eye and ocular adnexa
16. Surgeries on the auditory system
17. Emergency department visits
18. Diagnostic imaging

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(Source: Amended at 36 Ill. Reg. _____, effective _____)

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Section 1010.APPENDIX C Ambulatory Surgical Data Elements

Data elements affected by implementation of ICD-10 coding scheme October 1, 2013 (or as stipulated by CMMS) are noted when necessary and appropriate.

~~**Header Data**~~

~~1. Facility identifier (federal tax identification number/Department assigned/NPI)~~

~~2. Facility name and address (in the header record for verification)~~

~~3. Facility city~~

~~4. Facility zip code~~

~~5. Contact person~~

~~6. Telephone number~~

~~7. Period covered: first day~~

~~8. Period covered: last day~~

~~9. Surgical site identifier (Department assigned)~~

Detail Data

1. Facility identifier (Federal tax identification number/Department assigned/NPI)

2. Surgical site identifier (Department assigned)

3. Patient account number

4. Patient zip code and Plus 4

5. Patient birth date (MMDDCCYY)

6. Patient sex

7. Date (MMDDYY) and time (HH) of visit

8. Time (HH) of discharge

9. Type of admission/visit

10. Source of admission/visit

11. Patient discharge status

12. Type of bill

13. Total patient charges and components of those charges (revenue codes, HCPCS codes with modifiers, date of service, units of service and charges)

14. Primary payer ID and health plan name

15. Secondary and tertiary payer ID and health plan name (required when present)

16. Principal and secondary diagnosis codes, when present (up to 25 per data record and up to 50 with record pagination when necessary)

    ICD-9 codes required: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

    ICD-10 codes required: discharges on and after October 1, 2013 (or first date of revised CMMS acceptance of ICD-10 codes)

17. Principal and secondary procedure codes and dates (MMDDYY), when present (up to 25 per data record and up to 50 with record pagination when necessary); only the values of the CPT coding scheme will be accepted as procedure codes for outpatient data submissions

18. Attending clinician ID number/NPI

19. Operating clinician ID number/NPI

20. Other clinician ID number/NPI (up to 2 required when present)

21. Patient race (according to OMB guidelines)

22. Patient ethnicity (according to OMB guidelines)

23. External cause of injury codes (required when present)

ICD-9 Ecodes: three required if available: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

ICD-10 Ecodes: eight required if available: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

24. Patient county code (5 digits: state and county codes for Illinois and border state residents (FIPS code))

25. Patient reason for visit (diagnosis codes up to three~~3~~ required when present)

26. Accident state abbreviation (required when present)

27. Condition employment related (required when present)

28. Accident employment related occurrence code and date of accident (required when present)

29. Crime victim occurrence code and date of crime (required when present)

30. Page number and total number of pages of this claim

31. Insurance group number (up to three~~3~~ required when present)

32. Diagnoses code version qualifier ~~(9=ICD-9, ICD-10 not yet implemented)~~

ICD-9 indicator required = 9: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

ICD-10 indicator required = 0: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

33. Statement covers period (from and through [discharge date] dates)

34. Patient name (first, middle, last, suffix)

35. Patient address (PO Box or street address, apartment number, city and state)

36. Unique patient identifier based on the last four digits of patient Social Security number

37. Primary insured's unique identifier (beneficiary/policy #)

38. Any element or service adopted for use by the National Uniform Billing Committee pursuant to Section 4-2(d)(14) of the Act. Elements or services would be added as a submission requirement accompanied by sufficient notification to all submitting facilities and health care systems. Notice would be provided no less than 90 days in advance of the submission requirement.

~~**Trailer Data**~~

~~1. Facility identifier (federal tax identification number/Department assigned/NPI)~~

~~2. Surgical site identifier (Department assigned)~~

~~3. Number of physical records in file excluding header and trailer~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

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Section 1010.APPENDIX E Universal Dataset (UDS) Data Elements

1. Facility identifier (federal tax identification number/Department assigned/NPI)
2. Patient sex
3. Admission/visit type
4. Admission/visit source
5. Length of stay (in whole days) (inpatient only)
6. Patient discharge status
7. Principal diagnosis code and up to 14 secondary codes
8. Principal procedure code and up to 9 secondary codes
9. DRG (or successor category grouping) code inpatient/APC outpatient
10. MDC (or successor) code inpatient/body system outpatient
11. Total charges
12. Room/board charges (inpatient only)
13. Ancillary charges
14. Anesthesiology charges
15. Pharmacy charges
16. Radiology charges
17. Clinical lab charges
18. Labor/delivery charges (inpatient only)
19. Operating room charges

20. Oncology charges

21. Other charges

22. Combined bill indicator (inpatient only)

23. Primary health plan type

24. Secondary health plan type

25. Tertiary health plan type

26. Patient county

27. Patient planning area

28. Patient Health Service Area

29. Hospital Health Service Area

30. Patient age (in whole years or days if less than one year)

31. Admission date (CCYYMMD)

32. Patient zip code (zip may be masked when hospital/zip cell size less than 10)

33. Newborn birth weight in grams

34. Do Not Resuscitate (DNR) (inpatient only)

35. Hospitalization employment related

36. Admitting diagnosis code

37. Diagnosis present at admission for each diagnosis code (inpatient only)

38. Ecodes (when present)

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39. Number of days between admission and primary procedure (inpatient only) (if present)

40. Row ID (when necessary: provides linkage to Revenue Code Dataset)

(Source: Amended at 36 Ill. Reg. _____, effective _____)

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Section 1010.APPENDIX K Diagnostic and Therapeutic Imaging Categories

1. X-Ray
2. CT Scan
3. Mammography (diagnostic or screening)
4. Sonography
5. Ultrasonography
6. PET Scans
7. MRI (with and without contrast)
8. Nuclear Medicine

(Source: Added at 36 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Tourism Attraction Signing Program

2) Code Citation: 92 Ill. Adm. Code 543

3)

Section Number:	Proposed Action:
543.400	Amend

4) Statutory Authority: Implementing Section 4.08 of the Highway Advertising Control Act of 1971 [225 ILCS 440/4.08] and Section 2705-505 of the Civil Administrative Code of Illinois [20 ILCS 2705/2705-505], and authorized by Section 4-201.1 of the Illinois Highway Code [605 ILCS 5/4-201.1], Section 14.01 of the Highway Advertising Control Act of 1971 [225 ILCS 440/14.01], and Section 2705-505 of the Civil Administrative Code of Illinois [20 ILCS 2705/2705-505]

5) A Complete Description of the Subjects and Issues Involved: At Section 543.400, the Department is adding language to require wineries that wish to participate in the Tourism Attraction Signing Program to ferment more than 200 gallons of wine per year and to process the wine within Illinois.

The purpose of this Part is to provide motorists with identification and directional information for eligible attractions in the State of Illinois. Wineries are one of the current tourism attraction categories eligible to participate in the program. The Illinois Office of Tourism, which partly administers this program, has received applications in the past for tourism attraction logo signs for facilities that would not be considered wineries but rather tasting rooms and/or distribution networks for out-of-state wineries. The revised definition would require the facility to be an Illinois facility and to actually produce the wine on premise rather than just bottling or distributing wine. Limiting the eligibility of wineries based on the revised definition would better meet the expectations of the motoring public when they choose to visit an Illinois winery after viewing the identification and directional information provided by the tourism attraction logo signs.

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

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

11) Statement of Statewide Policy Objectives: This rulemaking will not affect units of local government.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested party may submit written comments or arguments concerning this proposed amendment. Written submissions shall be filed with:

Mr. Justan Mann, Acting Chief, Bureau of Operations
Illinois Department of Transportation
Division of Highways
2300 South Dirksen Parkway, Room 009
Springfield, Illinois 62764

217/782-7231

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

Ms. Christine Caronna-Beard, Rules Manager
Illinois Department of Transportation
Office of Chief Counsel
2300 South Dirksen Parkway, Room 317
Springfield, Illinois 62764

217/524-3838

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

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Some small businesses currently considered wineries by the current definition under this Part may be impacted to the extent that such businesses wish to participate in the program.

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

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: January 2012

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

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TITLE 92: TRANSPORTATION
CHAPTER I: DEPARTMENT OF TRANSPORTATION
SUBCHAPTER f: HIGHWAYS

PART 543
TOURISM ATTRACTION SIGNING PROGRAM

Section
543.100 Introduction
543.200 Definitions
543.300 Criteria for Tourism Attraction Panels
543.400 Criteria for Tourism Attraction Signs
543.500 Criteria for RV-friendly Symbol Signs (Repealed)
543.600 Panel and Sign Design
543.700 Application, Fees, and Other Regulations
543.APPENDIX A District Offices and Counties

AUTHORITY: Implementing Section 4.08 of the Highway Advertising Control Act of 1971 [225 ILCS 440/4.08] and Section 2705-505 of the Civil Administrative Code of Illinois [20 ILCS 2705/2705-505], and authorized by Section 4-201.1 of the Illinois Highway Code [605 ILCS 5/4-201.1], Section 14.01 of the Highway Advertising Control Act of 1971 [225 ILCS 440/14.01], and Section 2705-505 of the Civil Administrative Code of Illinois [20 ILCS 2705/2705-505].

SOURCE: Adopted at 30 Ill. Reg. 17550, effective October 23, 2006; amended at 35 Ill. Reg. 18932, effective October 26, 2011; amended at 36 Ill. Reg. _____, effective _____.

Section 543.400 Criteria for Tourism Attraction Signs

a) Attraction Categories
In order to be considered for tourism attraction signs, the attraction must fall under one of the categories listed in subsections (a)(1) through (a)(19) of this Section. Additionally, the attraction, except as otherwise provided, must have adequate legal parking; must be open to the public a minimum of 100 days per year; must have drinking water and Americans with Disabilities Act compliant restroom facilities at or near the site; and must have minimum annual attendance consistent with the categories listed as follows.

1) Agri-Tourism Site: An established area where consumers can interact with Illinois agricultural producers for the purpose of tours, education or

other rural recreational experiences or to purchase and/or pick pumpkins and other produce directly from the producer. The facility must offer a variety of agri-tourism related entertainment, including, but not limited to, activities such as hayrack rides, farm animals, corn mazes, etc. The facility must offer concessions and restroom facilities, with a minimum annual attendance of 5,000.

2) Amusement Park/Fairgrounds/Recreational and Entertainment Complex: A park, fairground, or recreational and entertainment complex that supplies refreshments and multiple activities of entertainment and recreation, with a minimum annual attendance of 50,000.

3) Antique Shopping Areas: A stand alone facility with a group of at least 40 vendors or 30,000 square feet of space that specializes in the sale of antique items or an area concentrated within a mile radius offering five or more individual antique shops that specialize in the sale of antique items.

4) Arena/Performance Center: A stadium, sports complex, auditorium, civic center, racetrack, convention center or cultural center, with a minimum annual attendance of 50,000.

5) Botanical/Zoological Facility: A collection of unique living plants/animals that are kept and exhibited to the public, with a minimum annual attendance of 25,000. Zoos shall be members of, or accredited by, the American Zoo and Aquarium Association or other similar organization.

6) Brewery: An establishment that manufactures and produces malt liquors, such as beer and ale, on the premises. It must be open to the public offering tours and must offer an organized tasting and/or sampling opportunity for the visitor with an option to purchase. The facility must be accessible with public restrooms and a minimum annual attendance of 5,000.

7) Entertainment/Dining/Shopping District: An area concentrated within a half-mile radius offering a variety of entertainment, dining and shopping venues.

8) Gambling/Wagering Facility: An off-track wagering facility or a riverboat casino authorized and regulated by the State of Illinois.

9) Golf Course: An area of land laid out for golf with a minimum of 9 holes, each including tee, fairway, and putting green, and often one or more natural or artificial hazards and open to the public, with a minimum annual attendance of 15,000. Miniature golf courses, driving ranges, chip-and-putt courses and indoor golf courses are not eligible to participate in the program.

10) Historic Shopping District: A shopping district with a minimum of seven stores in restored structures that is marketed as a historic shopping district or area.

11) Historic Site: A structure, district, or landmark listed by the IHPA as being of historical significance, with an annual minimum attendance of 5,000. State sites maintained by the IHPA, the IDNR, and the Department are exempt from the requirements of this Part. Sites promoting the same historic event or person should be combined as one logo on a sign (i.e., Lincoln Sites, Frank Lloyd Wright Sites).

12) Marina: A sheltered harbor adjacent to a navigable waterway where boats are kept in the water and recreational boating services are provided. This category is considered a seasonal attraction.

13) Museum: An organized and permanent institution, with professional staff, in which works of artistic, historical or scientific value are cared for and exhibited to the public, with a minimum annual attendance of 15,000. Museums shall be members of, or accredited by, the American Association of Museums, the Illinois Association of Museums, the Association of Midwest Museums, or some other similar organization.

14) Orchard: An established area or facility where consumers can purchase or pick fresh Illinois food products directly from Illinois producers, with a minimum annual attendance of 5,000. The facility shall include a general store.

15) River Excursion: A non-gaming riverboat sightseeing excursion, with a minimum annual attendance of 5,000.

16) Shopping Center: A group of stores arranged in one or more buildings with the stores in any one building separated by floor to ceiling partitions and having, in Cook, DuPage and Lake Counties, a minimum of 150 stores and, in all other counties, a minimum of 45 stores.

17) State or National Park/Forest/Wild Life Area: An area designated by a unit of government that provides activities such as fishing, picnicking, hiking, swimming, boating, and sporting events, with a minimum annual attendance of 15,000.

18) Unique Attractions: Areas of special interest that have a minimum annual attendance of 5,000, including, but not limited to:

A) ATV Parks – a park designed to allow visitors to drive All-Terrain Vehicles on a designated surface.

B) Comedy Clubs – open to the public with regularly scheduled performances.

C) Disc Golf – a disc game in which individual players throw a flying disc into a basket/target.

D) Rock Climbing – facilities open to the public with equipment designed to allow visitors to climb rocks.

E) Sky Diving – facilities open to the public allowing the visitor to jump from a plane using certified jumping equipment/gear.

F) Sport Shooting Clubs – facilities open to the public that offer the visitor an opportunity to shoot five stand, skeet, trap or sporting clays.

G) Landmarks that have been internationally or nationally recognized for their uniqueness.

19) Winery: A facility, open to the public with regularly scheduled hours, that holds an Illinois 1st or 2nd Class Winemakers License or an Illinois 1st or 2nd Class Wine Manufacturer License and ferments more than 200 gallons

per year and offers educational tours of the Illinois winemaking process in an Illinois winery that is associated with a tasting room and has a minimum annual attendance of 5,000.

b) Ineligible Attractions. Attractions not normally associated with tourism are not eligible. Ineligible attractions include, but are not limited to, furniture and clothing stores, automotive dealerships, garages, drug stores, movie theaters, appliance stores, department stores, schools, houses of worship, real estate offices, auction houses, livestock sales facilities, sand and gravel facilities, and grocery stores.

c) Distance to Tourism Attraction

1) A tourism attraction must be within five road miles of a freeway interchange in Cook County, within ten road miles in DuPage and Lake Counties, and within 30 road miles in all other counties.

2) The distance to each tourism attraction will be measured as the travel distance between the end of the appropriate exit ramp and the tourism attraction. The distance to a tourism attraction on a crossroad will be measured along the centerline of the crossroad from the end of the appropriate exit ramp to the center of the primary entrance to the tourism attraction. Where the tourism attraction is located along an intersecting road, the distance will be measured along the centerline of the crossroad to the centerline of the intersecting road and then measured along the centerline of the intersecting road to the center of the primary entrance to the tourism attraction. Where an entrance serves more than one tourism attraction, the driving distance using the properly marked driving aisles from the entrance to the parking space available for patrons nearest the tourism attraction will be added to the distance measured along the crossroad or intersecting road.

3) If a tourism attraction meets the criteria at more than one interchange on a given freeway, signing will be allowed only from the interchange providing the most direct and best route in each direction. In determining the most direct and best route, the Department will consider all relevant conditions, including the directness of the route, congestion of the route, speed of travel, length of travel, and ease of locating the tourism attraction.

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d) Tourism Attraction Signing Priorities

1) Where there may be more tourism attractions eligible for and desiring signing than the number of signs permitted on ~~a~~ specific tourism attraction panels, the following point criteria will be used in determining priority for signing. When two or more tourism attractions score identical points, the priority will be based on the distance to the interchange with a closer tourism attraction having priority over a farther tourism attraction. When the Department cannot determine which tourism attraction is closest to the appropriate exit ramp, priority for the available space will be determined by lottery, coin toss, or any other fair and impartial method determined by the Department. The affected tourism attraction will be allowed to witness such action. Because each exit at an interchange is treated separately, a tourism attraction may be eligible to sign from only one direction of travel along a freeway.

Annual Attendance:

Less than 50,000 persons	10 points
50,000 to 149,999 persons	20 points
150,000 to 249,999 persons	30 points
250,000 persons or more	35 points

Days/Hours of Operation:

Open a minimum of 100 hours per year	5 points
Open a minimum of 3 days per week, 7 hours per day for less than 6 months per year but for a total of more than 400 hours per year	10 points
Open a minimum of 5 days	20 points

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per week, 7 hours per day for more than 6 months of the year	
Open year-round, except major holidays, a minimum of 7 hours per day	30 points

Distance from interchange:
(Except Cook, DuPage and Lake Counties)

25.1 to 30 miles	5 points
20.1 to 25 miles	10 points
15.1 to 20 miles	15 points
10.1 to 15 miles	20 points
5.1 to 10 miles	23 points
5 miles or less	25 points

Distance from interchange:
(DuPage and Lake Counties Only)

9.1 to 10 miles	5 points
7.1 to 9.0 miles	10 points
5.1 to 7.0 miles	15 points
1.1 to 5.0 miles	20 points
1 mile or less	25 points

Distance from interchange:
(Cook County Only)

4.1 to 5 miles	10 points
3.1 to 4 miles	15 points
1.1 to 3.0 miles	20 points
1 mile or less	25 points

Marketing Plan:

Attractions not demonstrating any advertising efforts outside a 50 mile radius of the interchange	0 points
Attractions that advertise outside a 50 mile radius of the interchange on a limited basis with fewer than five advertisement placements per year	5 points
Attractions that advertise on a regular basis to markets outside a 50 mile radius of the interchange and/or conduct public relations efforts to generate visits from persons outside that area	10 points

2) An attraction will be guaranteed participation in the program for a minimum of three years from the date of installation of its tourism attraction signs provided it continues to meet the requirements of this Section and is not in arrears in its payments. Following the first three year period, signs for the attraction with the lowest priority on a panel may be removed at the beginning of the billing cycle in favor of another attraction with at least 30% higher priority based on subsection (d)(1) of this

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Section. This will only apply where the sign panel in question has the maximum number of attraction signs allowed in Section 543.600(a)(2).

3) When a tourism attraction closes temporarily due to remodeling, or due to an act of God, including, but not limited to, fire or flood, the tourism attraction shall notify the Department in writing of the closure. Notification shall be sent to the:

LOGO/Tourism Signing Coordinator
Illinois Department of Transportation
Bureau of Operations
2300 South Dirksen Parkway
Springfield, Illinois 62764

Following the closure, the tourism attraction signs will be removed and returned to the tourism attraction. If the tourism attraction remains closed after six months, the closure shall be considered as permanent and the space will be declared available. In any event, if the allowable closure period extends to the subsequent fiscal year, the annual rental fee for the tourism attraction must be paid for that year or the space will be declared available. If the tourism attraction does not notify the Department in writing of the closure and the Department becomes aware of the closure, the closure shall be considered permanent and the space will be declared available.

4) When a tourism attraction closes permanently, the tourism attraction will lose its signing priority and the space will be declared available. If the tourism attraction reopens and wishes to again take part in the program if a space is available, a new application must be submitted as specified in Section 543.600(a). If the tourism attraction is still eligible for signing under this program, priority will be evaluated among all other eligible tourism attractions desiring signing at the interchange in question.

e) Location of Tourism Attraction

1) Tourism Attraction on the Crossroad
Where a tourism attraction is on the crossroad, it must either be visible to the motorists from the crossroad, or have a sign on the tourism attraction

site, visible to the motorists from the crossroad, advising motorists of the appropriate entrance to the attraction.

2) Tourism Attraction not on the Crossroad

A) Where a tourism attraction is not on the crossroad, it must either be visible to the motorists from the crossroad or have a trailblazer sign or signs installed on the crossroad and the road or roads leading to the attraction advising motorists where to turn.

B) Where roads leading from the crossroad to the attraction are State highways, the Department will install trailblazer signs advising motorists where to turn.

C) Where roads leading from the crossroad to the attraction are under local agency jurisdiction, freeway signing will not be provided until legible trailblazer or other signs are installed by, or by permission of, the local agencies, with directional information advising motorists where to turn. It shall be the responsibility of the tourism attraction to arrange with the appropriate local agency for the installation of all signs on roads under the jurisdiction of the local agency.

f) No tourism attraction will be allowed more than one space on an individual tourism attraction panel.

g) Where an attraction is signed from a given freeway on an existing official sign, (see Section 543.200, Definitions, "Official Sign"), other than a business logo sign, it may not be signed on a tourism attraction sign on the same freeway unless it agrees that the Department can remove its name from the official highway sign.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

1) Heading of the Part: Covering All Kids Health Insurance Program

2) Code Citation: 89 Ill. Adm. Code 123

3)

Section Number:	Adopted Action:
123.280	New Section

4) Statutory Authority: The Covering All Kids Health Insurance Program Act [215 ILCS 170] and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Effective Date of Amendment: January 14, 2012

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 materials 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: January 14, 2011; 35 Ill. Reg. 683

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

11) Differences Between Proposal and Final Version: The following change has been made: deleted "for the purpose of determining eligibility for the Program under the Act [215 ILCS 170/20(a)(3)]" and added "*as provided by and subject to Section 5.5 of the Illinois Insurance Code* [215 ILCS 5/5.5]. [215 ILCS 170/20(a)]."

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 emergency rulemaking currently in effect? No

14) Are there any other amendments pending on this Part? Yes

Section Numbers:	Proposed Action:	Illinois Register Citation:
123.100	Amendment	35 Ill. Reg. 14244; August 26, 2011
123.200	Amendment	35 Ill. Reg. 14244; August 26, 2011
123.210	Amendment	35 Ill. Reg. 14244; August 26, 2011

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

123.240	Amendment	35 Ill. Reg. 14244; August 26, 2011
123.270	Amendment	35 Ill. Reg. 14244; August 26, 2011
123.320	Amendment	35 Ill. Reg. 14244; August 26, 2011
123.340	Amendment	35 Ill. Reg. 14244; August 26, 2011

15) Summary and Purpose of Rulemaking: The proposed rulemaking is necessary to implement rules that govern the exchange of health insurance information with entities that provide health insurance coverage to Illinois residents under the Covering All Kids Health Insurance Act [215 ILCS 170]. Currently, the Department cross matches with many third party liability carriers under the authority of Section 5.5 of the Insurance Act, [215 ILCS] for the purpose of coordination of benefits. There should be a minimal impact to insurance carriers; however, the implementation of cross matching may result in the denial of coverage or disenrollment from coverage under the All Kids Program for those individuals for whom third party insurance coverage is verified.

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

Jeanette Badrov
General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0002

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 123
COVERING ALL KIDS HEALTH INSURANCE PROGRAM

SUBPART A: GENERAL PROVISIONS

Section
123.100 General Description
123.110 Definitions

SUBPART B: GENERAL ELIGIBILITY AND ENROLLMENT

Section
123.200 Eligibility
123.210 Eligibility Exclusions and Terminations
123.220 Application Process
123.230 Determination of Monthly Countable Income
123.240 Eligibility Determination and Enrollment Process
123.250 Appeals
123.260 Annual Renewals
123.270 Adding Children to the Program and Changes in Participation
123.280 Insurance Information Exchange

SUBPART C: ALL KIDS PREMIUM LEVEL 2-8 HEALTH PLAN

Section
123.300 Covered Services
123.310 Service Exclusions
123.320 Co-payments and Cost Sharing
123.330 Premium Requirements
123.340 Non-payment of Premium
123.350 Provider Reimbursement

AUTHORITY: The Covering All Kids Health Insurance Program Act [215 ILCS 170] and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13].

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

SOURCE: Adopted by emergency rulemaking at 30 Ill. Reg. 10134, effective May 17, 2006, for a maximum of 150 days; adopted at 30 Ill. Reg. 16971, effective October 13, 2006; amended at 36 Ill. Reg. 1062, effective January 14, 2012.

SUBPART B: GENERAL ELIGIBILITY AND ENROLLMENT

Section 123.280 Insurance Information Exchange

An entity that provides health insurance coverage (as defined in Section 2 of the Comprehensive Health Insurance Plan Act [215 ILCS 105]*) to Illinois residents shall provide health insurance data match to the Department of Healthcare and Family Services as provided by and subject to Section 5.5 of the Illinois Insurance Code* [215 ILCS 5/5.5]. [215 ILCS 170/20(a)]. The data shall be consistent with all laws relating to the confidentiality or privacy of personal information or medical records, including provisions under the Federal Health Insurance Portability and Accountability Act (HIPPA).

(Source: Added at 36 Ill. Reg. 1062, effective January 14, 2012)

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Mobile Sources

2) Code Citation: 35 Ill. Adm. Code 240

3)

Section Numbers:	Adopted Action:
240.102	Amend
240.104	Amend
240.105	Amend
240.106	Amend
240.151	Amend
240.171	Amend
240.201	New
240.202	New
240.203	New

4) Statutory Authority: Section 13C-20 of the Vehicle Emissions Inspection Law of 2005 [625 ILCS 5/13C-20] and Sections 10, 27 and 28 of the Environmental Protection Act [415 ILCS 5/10, 27, 28]

5) Effective Date of Amendments: February 1, 2012

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 amendments, including any material incorporated by reference, are on file in the Board's Chicago office at the James R. Thompson Center, 100 W. Randolph Street, Suite 11-500, and are available there for public inspection.

9) Notice of Proposal Published in Illinois Register: October 28, 2011; 35 Ill. Reg. 17178.

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Differences between proposal and final version: Non-substantive, grammatical and stylistic changes.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements letter issued by JCAR? No agreements letter has been issued because this rulemaking is exempt from the rulemaking requirements of the Administrative Procedure

Act. However, nonsubstantive amendments proposed by JCAR by electronic mail dated November 3, 2011, have been adopted.

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

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

15) Summary and Purpose of Amendments: These amendments amend Part 240 to reflect an amendment (P.A. 97-0106) to the Vehicle Emissions Inspection Law of 2005 (VEIL of 2005) (625 ILCS 5/13C). P.A. 97-0106 amends the VEIL of 2005 by repealing the steady-state idle exhaust and evaporative system integrity emissions inspection tests. These inspection tests were substituted for the on-board diagnostic (OBD) test for heavy-duty vehicles not required to be equipped with OBD systems meeting federal OBD II specifications and certain vehicles that could not receive the OBD test due to their design or with known OBD communication or software problems. P.A. 97-0106 exempts pre-2007 heavy-duty vehicles with a gross vehicle weight rating (GVRW) between 8,501 and 14,000 pounds and any heavy-duty vehicles with a GVWR greater than 14,000 pounds from the requirements to be tested. These heavy-duty vehicles are not all required to be equipped with OBD systems meeting federal OBD II specifications. Also, P.A. 97-0106 adds a visual inspection test as a new substitute for the OBD test for vehicles that cannot receive the OBD test due to their design or with known OBD communication or software problems. P.A. 97-0106 makes other relatively minor changes and is effective February 1, 2012.

The amendments to Part 240 specify that the steady-state idle exhaust and evaporative system integrity inspection test standards are effective only through January 31, 2012. Also, the amendments add visual inspection test standards that are effective beginning February 1, 2012 and add a definition of "visual inspection test." Finally, the amendments make other minor changes consistent with the addition of the new visual inspection test standards.

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

Daniel Robertson
Illinois Pollution Control Board
100 W. Randolph Street, Suite 11-500
Chicago, IL 60601

312/814-6931

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

RobertsD@ipcb.state.il.us

Copies of the Board's opinions and orders may be requested from the Clerk of the Board at the address listed in #8 above or by calling 312/814-3620. Please refer to the docket number R12-12 in your request. The Board order is also available from the Board's Web site (www.ipcb.state.il.us).

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

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE B: AIR POLLUTION
CHAPTER I: POLLUTION CONTROL BOARD
SUBCHAPTER k: EMISSION STANDARDS AND LIMITATIONS FOR MOBILE SOURCES

PART 240
MOBILE SOURCES

SUBPART A: DEFINITIONS AND GENERAL PROVISIONS

SUBPART B: EMISSIONS

SUBPART C: SMOKE OPACITY STANDARDS AND TEST PROCEDURES FOR DIESEL-POWERED HEAVY DUTY VEHICLES

SUBPART D: STEADY-STATE IDLE MODE TEST EMISSION STANDARDS

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

240.202 Visual Inspection Test Standards
240.203 Compliance Determination

240.APPENDIX A Rule into Section Table
240.APPENDIX B Section into Rule Table
240.TABLE A Vehicle Exhaust Emission Start-Up Standards (Repealed)
240.TABLE B Vehicle Exhaust Emission Final Standards (Repealed)
240.TABLE C Vehicle Exhaust Emission Fast-Pass Standards (Repealed)

AUTHORITY: Implementing Sections 9 and 10 and authorized by Sections 27 and 28 of the Environmental Protection Act [415 ILCS 5/9, 10, 27, and 28] and Section 13C-20 of the Vehicle Emissions Inspection Law of 2005 [625 ILCS 5/13C-20.

SOURCE: Adopted as Chapter 2: Air Pollution, Part VII: Mobile Sources, filed and effective April 14, 1972; codified at 7 Ill. Reg. 13628; amended in R85-25, at 10 Ill. Reg. 11277, effective June 16, 1986; amended in R90-20 at 16 Ill. Reg. 6184, effective April 7, 1992; amended in R94-20 at 18 Ill. Reg. 18013, effective December 12, 1994; amended in R94-19 at 18 Ill. Reg. 18228, effective December 20, 1994; amended in R98-24 at 22 Ill. Reg. 13723, effective July 13, 1998; expedited correction at 22 Ill. Reg. 21120, effective July 13, 1998; amended in R01-12 at 24 Ill. Reg. 19188, effective December 18, 2000; amended in R01-8 at 25 Ill. Reg. 3680, effective February 26, 2001; amended in R02-8 at 25 Ill. Reg. 16379, effective December 18, 2001; amended in R11-19 at 35 Ill. Reg. 5552, effective March 18, 2011; amended in R12-12 at 36 Ill. Reg. 1066, effective February 1, 2012.

~~BOARD NOTE: This Part implements the Environmental Protection Act as of July 1, 1994.~~

SUBPART A: DEFINITIONS AND GENERAL PROVISIONS

Section 240.102 Definitions

All terms that appear in this Part have the definitions specified in this Section, the Vehicle Emissions Inspection Law of 2005 [625 ILCS 5/13C], and 35 Ill. Adm. Code 201 and 211. When conflicting definitions occur between this Section and 35 Ill. Adm. Code 201 or 211, the definitions of this Section apply in this Part.

"Agency" means the Illinois Environmental Protection Agency.

"Diesel engine" means all types of internal-combustion engines in which air is compressed to a temperature sufficiently high to ignite fuel injected directly into

the cylinder area.

"Diesel locomotive" means a diesel engine vehicle designed to move cars on a railway.

"Evaporative system integrity test" means a test of a vehicle's evaporative system. The test shall either consist of a leak check of a vehicle's fuel cap with a fuel cap pressure decay tester (fuel cap pressure decay test), a fuel cap leak flow tester (fuel cap leak flow test), or a visual functional check, as applicable.

"Fuel cap" means a device used to seal a vehicle's fuel inlet.

"Fuel cap leak flow test" means a test which may be performed in accordance with this Part on a vehicle's fuel cap using a fuel cap leak flow tester to determine whether the vehicle complies with the evaporative system emission standards of this Part.

"Fuel cap leak flow tester" means a device used to determine the leak flow integrity of a vehicle's fuel cap by comparing the measured leak flow of the fuel cap with an established fuel cap leak flow standard.

"Fuel cap pressure decay test" means the test performed in accordance with this Part on a vehicle's fuel cap using a fuel cap pressure decay tester to determine whether the vehicle complies with the evaporative system emission standards of this Part.

"Fuel cap pressure decay tester" means a device used to determine the pressure decay integrity of a vehicle's fuel cap by monitoring the pressure behind the fuel cap for a ten second period and comparing the measured pressure decay of the fuel cap to an established fuel cap pressure decay standard.

"Fuel cap visual functional test" means the test performed in accordance with this Part on a vehicle's fuel cap using visual analysis to determine whether the vehicle complies with the evaporative system emission standards of this Part.

"Gross vehicle weight rating" or ("GVWR)" means the value specified by the manufacturer as the maximum design loaded weight of a single vehicle.

"Heavy duty vehicle" means any motor vehicle rated at more than 8500 pounds

GVWR or that has a vehicle curb weight of more than 6000 pounds or that has a basic vehicle frontal area in excess of 45 square feet.

"High idle" means a vehicle operating condition with engine disconnected from an external load (placed in either neutral or park) and operating at speed of 2500 ±300 RPM.

"Idle mode" means that portion of a vehicle emission test procedure conducted with the engine disconnected from an external load and operating at minimum throttle.

"Initial idle mode" means the first of up to two idle mode sampling periods during a steady-state idle mode test, during which exhaust emission measurements are made with the vehicle in "as-received" condition.

"Light duty truck 1" means a motor vehicle rated at 6000 pounds maximum GVWR or less and which has a vehicle frontal area of 45 square feet or less, and which is designed primarily for purposes of transportation of property or is a derivation of such a vehicle, or is designed primarily for transportation of persons and has a capacity of more than 12 persons, or is available with special features enabling off-street or off-highway operation and use.

"Light duty truck 2" means a motor vehicle rated between 6001 and 8500 pounds maximum GVWR and which has a vehicle frontal area of 45 square feet or less, and which is designed primarily for purposes of transportation of property or is a derivation of such a vehicle, or is designed primarily for transportation of persons and has a capacity of more than 12 persons, or is available with special features enabling off-street or off-highway operation and use.

"Light duty vehicle" means a passenger car or passenger car derivative capable of seating 12 passengers or fewer.

"Measured values" means five-second running averages of exhaust emission concentrations sampled at a minimum rate of twice per second.

"Model year" means the year of manufacture of a motor vehicle based upon the annual production period as designated by the manufacturer and indicated on the title and registration of the vehicle. If the manufacturer does not designate a production period for the vehicle, then "model year" means the calendar year of

manufacture.

"Motor vehicle", as used in this Part, shall have the same meaning as in Section 1-146 of the Illinois Vehicle Code [625 ILCS 5/1-146].

"Opacity" means the percentage of light transmitted from a source that is prevented from reaching a light detector.

"Preconditioning mode" means a period of steady-state high-idle operation conducted to ensure that the engine and emissions control system components are operating at normal operating temperatures, thus minimizing false failures caused by improper or insufficient warm-up.

"Second-chance idle mode" means the second of two idle mode sampling periods during a steady-state idle mode test, preceded by a preconditioning mode and utilized as a second chance to pass idle exhaust emission standards immediately following an initial idle mode failure.

"Snap-acceleration test" means a test to measure exhaust smoke opacity from heavy-duty diesel powered vehicles in accordance with the SAE J1667 procedure, incorporated by reference at Section 240.107 of this Subpart.

"Steady-state idle test" means a vehicle emission test procedure consisting of an initial idle mode measurement of exhaust emissions followed, if necessary, by a loaded or high idle preconditioning mode and a second-chance idle mode.

"Vehicle curb weight" means the actual vehicle weight plus standard equipment and a full fuel tank.

"Visual inspection test" means a visual examination of a vehicle's malfunction indicator lamp (MIL) consisting of verifying the status of the MIL in the key-on/engine off position followed by verifying the status of the MIL in the key-on/engine on position to determine the status of the MIL and existence of an emission related malfunction with the vehicle.

(Source: Amended at 36 Ill. Reg. 1066, effective February 1, 2012)

Section 240.104 Inspection

a) All motor vehicles subject to inspection pursuant to Section 13C-15 of the Vehicle Emissions Inspection Law of 2005 [625 ILCS 5/13C-15] shall comply with applicable vehicle emission standards contained in Sections 240.152, 240.172, 240.182, ~~and~~ 240.192, and 240.202 of this Part.

b) All diesel-powered vehicles subject to inspection pursuant to Section 13-109.1 of the Illinois Vehicle Code [625 ILCS 5/13-109.1] must comply with applicable smoke opacity standards set forth in Section 240.141(a) of this Part.

(Source: Amended at 36 Ill. Reg. 1066, effective February 1, 2012)

Section 240.105 Penalties

a) Any violations of Section~~Sections~~ 240.103, 240.121, 240.122, or 240.123 of this Part shall be subject to the penalties as set forth in Section 42 of the Act [415 ILCS 5/42].

b) Any violations of Section~~Sections~~ 240.104(b), 240.152, 240.172, 240.182, ~~or~~ 240.192, or 240.202 of this Part, as applicable, shall be subject to the penalties as set forth in Sections 13C-55 and 13C-60 of the Vehicle Emissions Inspection Law [625 ILCS 5/13C-55 and 13C-60].

c) Any violation of Section 240.141(a) of this Part will be subject to penalties as set forth in Section 13-109.1 of the Illinois Vehicle Code [625 ILCS 5/13-109.1].

(Source: Amended at 36 Ill. Reg. 1066, effective February 1, 2012)

Section 240.106 Determination of Violation

a) Any violations of Sections 240.103, 240.121, 240.122, or 240.123 of this Part shall be determined by visual observation or by a test procedure employing an opacity measurement system as qualified by 35 Ill. Adm. Code 201, Subpart J.

b) Any violations of Sections 240.152, 240.172, 240.182, ~~or~~ 240.192, or 240.202 of this Part, as applicable, shall be determined in accordance with test procedures adopted by the Agency in 35 Ill. Adm. Code 276.

c) Any violation of Section 240.141(a) of this Part will be determined in accordance with test procedures set forth in Section 240.141(b) of this Part.

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 36 Ill. Reg. 1066, effective February 1, 2012)

SUBPART D: STEADY-STATE IDLE MODE TEST EMISSION STANDARDS

Section 240.151 Applicability

This Subpart is effective through January 31, 2012. The standards of this Subpart apply to those vehicles identified in subsection 13C-25(d) of the Vehicle Emissions Inspection Law of 2005.

(Source: Amended at 36 Ill. Reg. 1066, effective February 1, 2012)

SUBPART F: EVAPORATIVE TEST STANDARDS

Section 240.171 Applicability

This Subpart is effective through January 31, 2012. The standards of this Subpart apply to those vehicles identified in subsection 13C-25(d) of the Vehicle Emissions Inspection Law of 2005.

(Source: Amended at 36 Ill. Reg. 1066, effective February 1, 2012)

SUBPART I: VISUAL INSPECTION TEST STANDARDS

Section 240.201 Applicability

This Subpart is applicable beginning February 1, 2012. The standards of this Subpart apply to those vehicles tested pursuant to Section 13C-25(h) of the Vehicle Emissions Inspection Law of 2005.

(Source: Added at 36 Ill. Reg. 1066, effective February 1, 2012)

Section 240.202 Visual Inspection Test Standards

Vehicles subject to visual inspection testing shall fail the visual inspection test if the MIL does not illuminate in the key-on/engine off position or continuously illuminates in the key-on/engine on position.

(Source: Added at 36 Ill. Reg. 1066, effective February 1, 2012)

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Section 240.203 Compliance Determination

Compliance shall be determined based upon a visual examination of the MIL using the visual inspection test procedures adopted by the Agency in 35 Ill. Adm. Code 276.

(Source: Added at 36 Ill. Reg. 1066, effective February 1, 2012)

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION
TO PEREMPTORY RULEMAKING

DEPARTMENT OF AGRICULTURE

Heading of the Part: Meat and Poultry Inspection Act

Code Citation: 8 Ill. Adm. Code 125

Section Numbers: 125.260 125.380

Date Originally Published in the Illinois Register: 12/2/11
35 Ill. Reg. 19553

At its meeting on January 10, 2012, the Joint Committee on Administrative Rules objected to the Department of Agriculture's use of peremptory rulemaking to amend its rules titled Meat and Poultry Inspection Act (8 Ill. Adm. Code 125; 35 Ill. Reg. 19553). The underlying federal regulation was adopted on 12/29/10, which gave DOA more than adequate time to adopt this change through general rulemaking under Section 5-40 of the Illinois Administrative Procedure Act. Section 5-50 of the IAPA limits use of peremptory rulemaking to conditions that preclude the agency from using general rulemaking under Section 5-40.

The IAPA requires the agency to respond within 90 days after receipt of the Statement of Objection. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO AND
FILING PROHIBITION OF PROPOSED RULEMAKING

SECRETARY OF STATE

Heading of the Part: Procedures and Standards

Code Citation: 92 Ill. Adm. Code 1001

Section Numbers: Section 1001.444(j)(2), (3) and (4)

Date Originally Published in the Illinois Register: 9/9/11
35 Ill. Reg. 14916

At its meeting on January 10, 2012, the Joint Committee on Administrative Rules voted to object to Section 1001.444(j)(2), (3) and (4) of above proposed rulemaking and prohibit the filing of these subsections with the Secretary of State. The Joint Committee objected to and prohibited the filing of Section 1001.444(j)(2), (3) and (4) of the Secretary of State's rulemaking titled Procedures and Standards (92 IAC 1001; 35 Ill. Reg. 14916) because the language needs reconsideration. The Committee found that the adoption of this rulemaking would constitute a serious threat to the public interest, safety or welfare.

The proposed rulemaking may not be filed with the Secretary of State or enforced by the Secretary of State for any reason following receipt of this certification and statement by the Secretary of State for as long as the Filing Prohibition remains in effect.

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 January 10, 2011 through January 17, 2012 and have been scheduled for review by the Committee at its February 7, 2012 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
2/23/12	Department of Financial and Professional Regulation, Genetic Counselor Licensing Act (68 Ill. Adm. Code 1251)	11/18/11 35 Ill. Reg. 18986	2/7/12
2/25/12	State Universities Retirement System, Universities Retirement (80 Ill. Adm. Code 1600)	11/14/11 35 Ill. Reg. 18589	2/7/12
2/25/12	Department of Public Health, Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)	6/24/11 35 Ill. Reg. 9927	2/7/12
2/26/12	Department of Natural Resources, Illinois Resident Armed Forces Fee Exemptions (17 Ill. Adm. Code 2510)	11/18/11 35 Ill. Reg. 19055	2/7/12

DEPARTMENT OF THE LOTTERY

NOTICE OF PUBLIC INFORMATION

Pursuant to the provisions of 20 ILCS 1605/7.1, the Illinois Department of the Lottery shall publish each January in the Illinois Register a list of all game-specific rules, play instructions, directives, operations manuals, brochures, or other game-specific publications issued by the Lottery during the previous year. Following is the list of game-specific materials published by the Lottery during calendar year 2011.

Standard Instant Game Rules
Instant Game #796 - Wheel of Fortune - 2nd chance promotion rules
Instant Game #812 - $2,000,000 Cash Spectacular - 2nd chance promotion rules
Instant Game #818 - Merry Millionaire - 2nd chance promotion rules
Instant Game #775 - It's Double Time Register-to-Win promotion instructions (web only)
Instant Game #786 - Ticket for the Cure Register-to-Win promotion instructions (web only)
On-Line Game Rules
Mega Millions Game Rules
Powerball Game Rules
Millionaire Raffle Game Rules effective February 16, 2011 – March 17, 2011
Mega Millions, Lotto and Little Lotto Subscription flyers
Powerball/Power Play flyer
Unclaimed Instant Game Prize List (published on illinoislottery.com)
Unclaimed Online Game Prizes (published on illinoislottery.com)
2011 Winning Numbers Lists (Pick 3, Pick 4, Little Lotto, Lotto, Mega Millions, Powerball, Millionaire Raffle)
2011 Winning Numbers in Order Drawn (Little Lotto, Lotto, Mega Millions, Powerball)
Lottery Financial History, Sales by Game/Where Your Dollar Goes
“How To” Guide to Playing the Illinois Lottery (Mega Millions, Powerball, Lotto, Little Lotto, Pick 3/ 4 and Instants)
Chances of Winning Lotto, Little Lotto, Mega Millions, Powerball
Mega Millions, Lotto and Little Lotto Subscription Forms
Record North American Jackpots
Top Big Game/Mega Millions Jackpots
Top Lotto Jackpots
Top Illinois Jackpots
Lottery Retailer Newsletters
FY10 Lottery Annual Report (published on illinoislottery.com)

DEPARTMENT OF THE LOTTERY

NOTICE OF PUBLIC INFORMATION

Copies of the foregoing may be obtained by submitting a written request to:

Freedom of Information Officer
Illinois Department of Revenue
101 West Jefferson, MC 6-595
Springfield, Illinois 62702

PROCLAMATIONS

2011-419
Universal Hour of Peace

WHEREAS, the United States of America has historically been a melting pot where people of all nationalities, religious faiths and cultures come together as one; and,

WHEREAS, the strength of our great state of Illinois rests in the cooperative community of its citizens; and,

WHEREAS, our only hope of establishing peace among diverse peoples is through recognizing our connectedness, our capacity for peacemaking and peacekeeping at home and abroad; and,

WHEREAS, the first day of a New Year typically denotes hopeful expectation and positive resolve in the hearts and minds of our citizens; and,

WHEREAS, the School of Metaphysics, a worldwide organization founded in our country to promote peace, understanding and goodwill by teaching people that living peaceably begins by thinking peaceably, has called for the observance of a Universal Hour of Peace over the midnight hour December 31, 2011 – January 1, 2012; and

WHEREAS, the Universal Hour of Peace is used as a means to spread the message of world peace and its vital importance to the future of the human race; and,

WHEREAS, the goal of the observance of the Universal Hour of Peace is to contribute to the peace-making process by encouraging all individuals to harness their abilities and actively participate in creating a more peaceful world:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim December 31, 2011 at 11:30 p.m. to January 1, 2012 at 12:30 a.m. as the **UNIVERSAL HOUR OF PEACE** in Illinois, and encourage all citizens to do their part to build a more peaceful state, a more peaceful county, and a more peaceful world.

Issued by the Governor December 29, 2011
Filed by the Secretary of State January 17, 2012

2012-1
Officer Clifton Lewis

WHEREAS, all citizens owe a tremendous debt of gratitude to the dedicated men and women of law enforcement who selflessly serve to protect our lives and keep our families and communities safe; and,

WHEREAS, every day, the men and women who work in law enforcement face great risks and, in many cases, put their safety on the line to perform their duties; and,

WHEREAS, on the evening of December 29, 2011 one of these dedicated public servants, Officer Clifton Lewis of the Chicago Police Department, was suddenly taken from us at the age of 41; and,

WHEREAS, throughout his 8 year career as a proud member and officer of the Chicago Police Department, Officer Lewis represented the City of Chicago and the State of Illinois admirably; and,

WHEREAS, although Officer Lewis is no longer with us, he will always be remembered for the countless lives that were impacted by his public service; and,

WHEREAS, on Thursday, January 5, 2012, a funeral service will be held for Officer Lewis;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby order all persons or entities governed by the Illinois Flag Display Act to fly their flags immediately until sunset on January 5, 2012 in honor and remembrance of Officer Lewis, whose selfless service and sacrifice is an inspiration.

Issued by the Governor January 3, 2012
Filed by the Secretary of State January 17, 2012

2012-2
Congenital Heart Defect Awareness Week

WHEREAS, Congenital Heart Defects are the most frequently occurring birth defect and the leading cause of birth defect related deaths worldwide; and,

WHEREAS, over a million families across America are facing the challenges and hardships of raising children with Congenital Heart Defects; and,

WHEREAS, every year 40,000 babies are born in the United States with Congenital Heart Defects; and,

WHEREAS, some Congenital Heart Defects are not diagnosed until months or years after birth; and,

WHEREAS, undiagnosed Congenital Heart conditions cause many cases of sudden cardiac death in young athletes; and,

WHEREAS, despite these statistics, newborns and young athletes are not routinely screened for Congenital Heart Defects; and,

WHEREAS, there is a need for increased funding for Congenital Heart Defect research and support; and,

WHEREAS, the observance of Congenital Heart Defect Awareness Week provides an opportunity for families whose lives have been affected to celebrate life and to remember loved ones lost, to honor dedicated health professionals, and to meet others and know they are not alone; and,

WHEREAS, the establishment of Congenital Heart Defect Awareness Week will also provide the opportunity to share experience and information with the public and the media, in order to raise public awareness about Congenital Heart Defects:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim February 7-14, 2012 as **CONGENITAL HEART DEFECT AWARENESS WEEK** in Illinois, in order to increase awareness of Congenital Heart Defects that affect thousands of babies in Illinois each year.

Issued by the Governor January 3, 2012
Filed by the Secretary of State January 17, 2012

2012-3
The Chicago Community Trust Day

WHEREAS, civic leadership and social responsibility are vehicles that help drive society's progress in the arts, economic development, innovation, cultural vitality and sustainability, thereby improving the quality of life for all people; and,

WHEREAS, the global city of Chicago is home to world renowned artists, musicians and chefs, international headquarters of business, and one of the most diverse populations in the world; and,

WHEREAS, The Chicago Community Trust is a nonprofit organization whose mission is to lead and inspire philanthropic efforts that measurably improve the quality of life and prosperity for the greater Chicago region by connecting the generosity of donors with community needs; and,

PROCLAMATIONS

WHEREAS, The Chicago Community Trust is committed to maximizing their community and donor impact through strategic grant making and bold leadership, accelerating their asset growth by attracting new donors and creating a closer relationship with existing donors and delivering operational excellence to donors, grant recipients and staff members; and,

WHEREAS, in this difficult economic climate, The Chicago Community Trust has successfully continued to bring together Chicago's business, civic, nonprofit and social leaders in order to advance opportunities for human and economic development, secure conditions for healthy, safe, just and caring communities, promote civic and cultural vitality and transform the region through sustainable development; and;

WHEREAS, in 2011, The Chicago Community Trust together with their donors granted more than $100 million to nonprofit organizations; and;

WHEREAS, The Chicago Community Trust's core values of integrity, stewardship and service, diversity and inclusion, collaboration and innovation are values that we should all strive to live by so that we may all enjoy a culturally vibrant and prosperous community for many years to come; and,

WHEREAS, Illinois has a strong tradition of leadership in the arts and an established record of accomplishment in musical achievement and performance; and,

WHEREAS, on December 13, 2011, The Chicago Community trust will celebrate their 96th anniversary with a special ceremony and musical concert at the Harris Theatre for Music and Dance, featuring a performance from Grammy-award winning cellist Yo-Yo Ma, as well as musical groups from around the region;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim December 13, 2011 as **THE CHICAGO COMMUNITY TRUST DAY** in Illinois, in recognition of this organizations' efforts in nurturing and supporting the contributions of their donors, the dedication of their volunteers, and the vision of the people of the City of Chicago.
Issued by the Governor January 4, 2012
Filed by the Secretary of State January 17, 2012

2012-4
Medical Assistants Week

WHEREAS, the health and well-being of all citizens depends upon the hard work of individuals with educated minds and skilled hands; and

WHEREAS, today, doctors in Illinois are under mounting pressure. Due to increasing medical liability insurance rates, many doctors have been forced to leave our state; and,

WHEREAS, in 2005, the Illinois General Assembly passed legislation that amends medical liability insurance rates and regulation, which will keep and attract more doctors to the State of Illinois; and,

WHEREAS, medical assistants are helping doctors in Illinois cover the vacuum of medical services left behind by the departure of their colleagues; and,

WHEREAS, doctors are seeing three to four times the number of patients they would normally see because of the loss of their peers, and medical assistants provide the necessary support needed to keep their offices functioning and running smoothly; and,

WHEREAS, patients are also receiving better care and treatment thanks to medical assistants, who improve their knowledge and skills through educational programs offered by professional organizations such as the Illinois Society of Medical Assistants;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois do hereby proclaim October 15-19, 2012 as **MEDICAL ASSISTANTS WEEK** in Illinois, in recognition of medical assistants for their commitment and dedication to the medical profession and to the well-being of patients, especially during this trying time for both patients and doctors.

Issued by the Governor January 4, 2012
Filed by the Secretary of State January 17, 2012

2012-5
Campus Fire Safety Month

WHEREAS, fire education and prevention is vital to ensuring the safety of Americans and Illinoisans; and,

WHEREAS, college students living on their own for the first time are particularly susceptible to the danger posed by fires; and,

WHEREAS, most fires can be avoided by practicing some simple commonsense behaviors and routines, such as: checking and turning off the oven and stove before going to sleep or leaving home, not overloading electrical circuits, safely stowing all dangerous and hazardous materials, keeping any electrical devices clear of water, checking and maintaining alarm and sprinkler systems, and noting the location of fire extinguishers to use in the event of an emergency; and,

PROCLAMATIONS

WHERAS, education significantly helps minimize the risk of fire by raising awareness of those behaviors and routines, but many students do not receive effective fire safety education during their college career when they are generally most at risk;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim September 2012 as **CAMPUS FIRE SAFETY MONTH** in Illinois, and encourage educators to provide educational programs on the dangers and prevention of fire as students begin and return to college.

Issued by the Governor January 4, 2012
Filed by the Secretary of State January 17, 2012

2012-6
School Social Work Week

WHEREAS, every day, millions of parents entrust the education of their children to thousands of classroom teachers at hundreds of schools all across the state; and,

WHEREAS, teachers who educate our children have always contended with the personal and family problems that accompany children, and now have to compete with technology such as cell phones, computers, and television; and,

WHEREAS, it is more difficult to engage children in the classroom today than ever before, increasing the role that school social workers play in the lives of these students; and,

WHEREAS, school social workers have the critically important job of helping classroom teachers provide the best education possible. They do this by offering a number of services to children such as academic assistance, conflict resolution, crisis intervention, group counseling, and coordination of school and community health resources; and,

WHEREAS, school social workers also serve as a link between schools and parents when classroom teachers have not been able to reach them through normal channels. In all, there are more than 1,500 school social workers in Illinois; and,

WHEREAS, for the past 26 years, the Governor of the State of Illinois has proclaimed a week in March to commend and honor school social workers in our state. During this week the Illinois Association of School Social Workers and other organizations will hold events to make people aware of the work done by school social workers;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim March 4-10, 2012 as **SCHOOL SOCIAL WORK WEEK** in Illinois, in recognition of school social workers

for their essential and vital support of classroom teachers and their commitment and dedication to the well-being of our state's children.

Issued by the Governor January 4, 2012
Filed by the Secretary of State January 17, 2012

2012-7
AMBUCS Appreciation Month

WHEREAS, AMBUCS is a National Organization comprised of local civic clubs located throughout the United States dedicated to creating mobility and independence for people with disabilities, by performing community service, providing AmTryke therapeutic tricycles for children with disabilities and providing scholarships for therapists; and,

WHEREAS, there are thirteen AMBUCS Chapters located in the great State of Illinois and devoted to the Mission of National AMBUCS, namely: Cornbelt Bloomington AMBUCS; Champaign-Urbana AMBUCS; Danville AMBUCS; Decatur AMBUCS; Lincolnland Decatur AMBUCS; Jacksonville AMBUCS; Pekin AMBUCS; Rockford AMBUCS; Springfield AMBUCS; Sullivan AMBUCS; Rock River AMBUCS;Greater Champaign County AMBUCS and Chicago AMBUCS; and,

WHEREAS, the number of AMBUCS actively involved in their local and National AMBUCS Chapters in the great State of Illinois totals 600, with the largest AMBUCS Chapter in the entire National AMBUCS network being the Springfield AMBUCS Chapter, with 200 members and friends; and,

WHEREAS, AMBUCS Chapters and Ambuc individuals throughout the great State of Illinois annually and freely contribute thousands of hours of community service and hundreds of thousands of dollars of monetary gifts to providing AmTrykes to disabled children, endowing scholarships for therapy students, building ramps for disabled persons, and countless other deserving local and national projects;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim February 2012 as **AMBUCS APPRECIATION MONTH** in Illinois, in recognition of the fine accomplishments, unequaled charitable giving, and selfless contributions of the individual Ambucs and AMBUCS Chapters throughout the Land of Lincoln.

Issued by the Governor January 6, 2012
Filed by the Secretary of State January 17, 2012

2012-8

PROCLAMATIONS

Men's Health Week

WHEREAS, despite advances in medical technology and research, men continue to live an average of five years less than women, with African-American men having the lowest life expectancy; and,

WHEREAS, recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters, and sisters, men's health is truly a family issue; and,

WHEREAS, educating the public and health care providers about the importance of a healthy lifestyle and early detection of male health problems will help to reduce rates of mortality from disease, improve overall health, and save health care dollars; and,

WHEREAS, men who are educated about the value of preventative health will be more likely to participate in health screenings; and,

WHEREAS, the Men's Health Network collaborated with Congress to develop National Men's Health Week - the week leading up to and including Father's Day - as a special campaign to help educate men and their families about the importance of positive health attitudes and preventative health practices; and,

WHEREAS, Men's Health Week will raise awareness of a broad range of men's health issues, including heart disease, diabetes, prostate, testicular and colon cancer; and,

WHEREAS, all of the citizens of this state are encouraged to recognize the importance of a healthy lifestyle, regular exercise and medical check-ups;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 11-17, 2012 as **MEN'S HEALTH WEEK** in Illinois, and encourage all citizens to pursue preventative health practices and early detection efforts.

Issued by the Governor January 6, 2012
Filed by the Secretary of State January 17, 2012

2012-9
African American History Month

WHEREAS, Dr. Carter G. Woodson founded the Association for the Study of Afro-American Life and History (ASALH) in 1915. Eleven years later, in 1926, Dr. Woodson created Negro

History Week to celebrate the many contributions of African Americans to American culture and customs; and,

WHEREAS, Dr. Woodson designated the second week of February as Negro History Week to coincide with the birthdays of Abraham Lincoln and Frederick Douglass and in honor of their considerable impact on African American history; and,

WHEREAS, in 1976, the Association for the Study of Afro-American Life and History expanded Negro History Week to Black History Month during the entire month of February, making their primary objectives the collection, study, promotion, and dissemination of historical materials relating to African Americans; and,

WHEREAS, there have been several milestone events in African American history during February, including: passage of the 15th Amendment in 1870, which granted African Americans the right to vote; the inauguration of the first African American Senator, Hiram Revels, also in 1870; and the founding of the National Association for the Advancement of Colored People in 1909; and,

WHEREAS, throughout African American History Month, organizations across the country celebrate African American history with seminars, plays, concerts, art shows, films, dance performances, family workshops, and other expressions of creativity and pride. Here in Illinois, we are proud to join in these spirited commemorations;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim February 2012 as **AFRICAN AMERICAN HISTORY MONTH** in Illinois, and encourage all citizens to learn about the wonderful contributions that African Americans have made to our state, and to the nation as a whole.

Issued by the Governor January 9, 2012
Filed by the Secretary of State January 17, 2012

2012-10
African National Congress Day

WHEREAS, the African National Congress (A.N.C) is a liberation movement formed in 1912 to unite the African people and lead the movement for social, political and economic equality in South Africa; and,

WHEREAS, for ten decades, the (A.N.C) has fought against racism and oppression, organized mass resistance and mobilized the international community to combat the oppressive apartheid regime of South Africa; and,

WHEREAS, the (A.N.C) achieved its decisive democratic breakthrough in the 1994 elections, where it was mandated to negotiate a new democratic constitution for South Africa. This new constitution was adopted in 1996. The (A.N.C) was later re-elected in 1999 to national and provincial government; and,

WHEREAS, as an African event, the Centennial celebration of the (A.N.C) is an inspiration for most of Africa's liberation movements. From a South African perspective, it stands alone in marking the continent's oldest liberation movement demonstrating the unity shared among people of black and white South African descent towards the transformation of a country. As an International-World event, the (A.N.C's)centennial is above all a simple celebration of international friendships formed and tied in human bonds of global solidarity; and,

WHEREAS, let us be reminded in our celebration of the values, traditions and principles that have shaped the (A.N.C) movement. Through our common humanity we are called upon to ensure that the memory, legacy and heritage of the (A.N.C) is passed on to younger generations, thereby engraving its future prosperity in the multicultural promises of our tomorrow;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim January 8, 2012, **AFRICAN NATIONAL CONGRESS DAY** in celebration of South African history and its positive impact on both Africa's continental history and world history.

Issued by the Governor January 9, 2012
Filed by the Secretary of State January 17, 2012

2012-11
Gerald J. Roper Day

WHEREAS, it is the civic duty of all people within a community to conserve and protect our natural resources by practicing environmentally responsible behavior, so that those resources will be available for future generations; and,

WHEREAS, in large urban areas where there are dense population centers, heavy traffic and infrastructure obstacles such as expressways and large buildings, creating beautiful and sustainable landscapes can be especially challenging; and,

WHEREAS, today, the State of Illinois has the opportunity to celebrate Chicago as a global leader in sustainability as well as a beautiful place to visit, and recognize the contributions of one person who has led the effort to make this possible; and

PROCLAMATIONS

WHEREAS, Chicago Gateway Green is dedicated to greening and beautifying Chicago's expressways, gateways and neighborhoods; and,

WHEREAS, in 1984, Mr. Gerald J. Roper was hired by the Chicago Convention and Visitors Bureau to help promote McCormick Place, on account of his success in marketing McCormick Place he was promoted to Executive Vice President and Managing Director of the Chicago Convention and Visitors Bureau in 1985; and

WHEREAS, in 1986, Mr. Gerald J. Roper became a founding member of Chicago Gateway Green Committee that was founded by the late Donald J. DePorter, and under the Chairmanship of Gerald J. Roper, they planted 57,000 shrubs, 53,000 perennials, 2,050 trees and removed over one million pounds of refuse from Chicago's expressways; and,

WHEREAS, on November 5, 1993, Mr. Gerald J. Roper became President and C.E.O. of the Chicagoland Chamber of Commerce; and

WHEREAS, Gerald J. Roper, as President and Chief Executive Officer of the Chicagoland Chamber of Commerce, he formed the Chicagoland Entrepreneurial Center, the Bridge Program that creates mutually beneficial partnerships between emerging companies and established firms, and established the Illinois Innovation Accelerator fund to increase access to venture capital; and,

WHEREAS, Gerald J. Roper, in addition to his Chamber of Commerce duties, also serves his community in a number of positions including Chairman of the President's Advisory Council for Harold Washington College, board member of Chicago Sister Cities International, board member of the American Chamber of Commerce Executives, board member of WorldChicago, board member of the Chicago Convention and Tourism Bureau and Executive Committeeman on the Chicago Council on Foreign Relations; and,

WHEREAS, the beauty created through Gerald J. Roper's efforts can be seen throughout the Chicago land area and serve as a symbol of Chicago's commitment to sustainable practices and environmentally responsible practices; and,

WHEREAS, Gerald J. Roper is a force of nature and true public servant because he gives much of his time to promote Chicago and Illinois to ensure this is the best place to do business in the USA; and

WHEREAS, Gerald J. Roper's contributions to the quality of life for residents across the Land of Lincoln will be recognized on January 25, 2012 at a dedication ceremony for the Kennedy/Edens Junction, to be named "Gerald J. Roper Gateway";

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim January 25, 2012 as **GERALD J. ROPER DAY** in grateful appreciation of Mr. Roper's contributions to our community, and on behalf of all residents who enjoy a better quality of life because of his efforts.

Issued by the Governor January 10, 2012
Filed by the Secretary of State January 17, 2012

2012-12
SPC Christopher Patterson

WHEREAS, on Friday, January 6, Army National Guard SPC Christopher Patterson of Aurora, Illinois died at age 20 while serving in support of Operation Enduring Freedom; and,

WHEREAS, SPC Patterson was assigned to the 713th Engineer Company, 81st Troop Command, Army National Guard headquartered in Valparaiso Indiana; and,

WHEREAS, SPC Patterson was a talented musician and friend to many at West Aurora Community High School; and,

WHEREAS, SPC Patterson graduated from West Aurora Community High School in 2009 and enrolled at Valparaiso University in Indiana; and,

WHEREAS, SPC Patterson joined the National Huard while attending Valparaiso University in Indiana studying music education and was a member of a professional music fraternity Phi Mu Alpha; and,

WHEREAS, SPC Patterson bravely volunteered to join his unit overseas even though he had the option to stay behind; and,

WHEREAS, SPC Patterson and three other servicemen were clearing combat routes for convoys to pass when an improvised explosive device detonated; and,

WHEREAS, a funeral will be held on January 21, 2012 for SPC Patterson, who is survived by his parents and two brothers;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby order all persons or entities governed by the Illinois Flag Display Act to fly their flags at half-staff from sunrise on January 19, 2012 until sunset on January 21, 2012 in honor and remembrance of SPC Christopher Patterson, whose selfless service and sacrifice is an inspiration.

PROCLAMATIONS

Issued by the Governor January 12, 2012
Filed by the Secretary of State January 17, 2012

2012-13
Combat-Related Brian Injury and Post-Traumatic Stress Disorder Awareness Day

WHEREAS, the last convoy of U.S troops may have left Iraq, but for thousands of veterans who suffer from post traumatic stress disorder (PTSD), an anxiety disorder resulting from traumatic events such as war, the memories may never disappear; and,

WHEREAS, since the Iraq and Afghanistan wars began nearly a decade ago, the U.S. Veterans Administration has treated more than 212,000 combat veterans for (PTSD). In Illinois alone, more than 13,490 Iraq-era veterans have suffered a disability, out of which 2,200 are (PTSD) cases and, with some barely in their 20's; and,

WHEREAS, (PTSD) occurring among soldiers deployed to Iraq and Afghanistan are strongly associated with physical health problems and brain injuries. Although some veterans may be treated for their physical and mental injuries, the majority of those with (PTSD) will continue to suffer silently; and,

WHEREAS, as concerns emerged about the possible long-term effects of combat-related brain injuries, Congress created the Defense and Veterans Brain Injury Center (DVBIC) in 1992 during the Persian Gulf War to integrate specialized traumatic brain injury (TBI) care, research and education across military and veteran medical care systems; and,

WHEREAS, the mission of the Defense and Veterans Brain Injury Center (DBVIC) is to serve warriors, their families, and veterans with (PTSD) and TBIs through state-of-the-art clinical care, innovative research initiatives, and educational programs; and,

WHEREAS, several efforts are already underway in Illinois to address this serious problem. The Illinois Warrior Assistance Program is an example of such efforts. Separate from the U.S. Armed Forces and the U.S Department of Veterans Affairs, this program serves as a free and confidential resource for returning Illinois veterans as they transition back to daily life; helping servicemembers and their families deal with the emotional challenges of (PTSD) and (TBI) symptoms;

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim March 19, 2012 as **COMBAT-RELATED BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER AWARENESS DAY** in Illinois, and encourage all citizens to honor those veterans who have courageously served their country by promoting public awareness and understanding.
Issued by the Governor January 13, 2012

PROCLAMATIONS

Filed by the Secretary of State January 17, 2012

ILLINOIS ADMINISTRATIVE CODE
Issue Index - With Effective Dates

Rules acted upon in Volume 36, Issue 4 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

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