



**TABLE OF CONTENTS**

**February 28, 2014 Volume 38, Issue 9**

**PROPOSED RULES**

COMMERCE COMMISSION, ILLINOIS

Service Quality and Customer Protection Applicable to Wireless  
Eligible Telecommunications Carriers

83 Ill. Adm. Code 736.....5441

Standards of Service and Customer Credits for Electing Providers

83 Ill. Adm. Code 737.....5475

REVENUE, DEPARTMENT OF

Income Tax

86 Ill. Adm. Code 100.....5503

**ADOPTED RULES**

POLLUTION CONTROL BOARD

Water Use Designations and Site-Specific Water Quality Standards

35 Ill. Adm. Code 303.....5517

PUBLIC HEALTH, DEPARTMENT OF

Physical Fitness Facility Medical Emergency Preparedness Code

77 Ill. Adm. Code 527.....5527

Control of Communicable Diseases Code

77 Ill. Adm. Code 690.....5533

STATE UNIVERSITIES RETIREMENT SYSTEM

Universities Retirement

80 Ill. Adm. Code 1600.....5659

**NOTICE OF PUBLIC HEARINGS ON PROPOSED RULES**

REVENUE, DEPARTMENT OF

Notice of Public Hearing on Proposed Rules

86 Ill. Adm. Code 220.....5676

**NOTICE OF MODIFICATION TO MEET THE OBJECTION TO AND  
SUSPENSION OF THE JOINT COMMITTEE ON ADMINISTRATIVE  
RULES**

HEALTHCARE AND FAMILY SERVICES, DEPARTMENT OF

Reimbursement for Nursing Costs for Geriatric Facilities

89 Ill. Adm. Code 147.....5679

**SECOND NOTICES RECEIVED**

JOINT COMMITTEE ON ADMINISTRATIVE RULES

Second Notices Received.....5681

## 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 2014

<b>Issue#</b>	<b>Rules Due Date</b>	<b>Date of Issue</b>
1	December 23, 2013	January 3, 2014
2	December 30, 2013	January 10, 2013
3	January 6, 2014	January 17, 2014
4	January 13, 2014	January 24, 2014
5	January 21, 2014	January 31, 2014
6	January 27, 2014	February 7, 2014
7	February 3, 2014	February 14, 2014
8	February 10, 2014	February 21, 2014
9	February 18, 2014	February 28, 2014
10	February 24, 2014	March 7, 2014
11	March 3, 2014	March 14, 2014
12	March 10, 2014	March 21, 2014
13	March 17, 2014	March 28, 2014
14	March 24, 2014	April 4, 2014
15	March 31, 2014	April 11, 2014
16	April 7, 2014	April 18, 2014
17	April 14, 2014	April 25, 2014
18	April 21, 2014	May 2, 2014

19	April 28, 2014	May 9, 2014
20	May 5, 2014	May 16, 2014
21	May 12, 2014	May 23, 2014
22	May 19, 2014	May 30, 2014
23	May 27, 2014	June 6, 2014
24	June 2, 2014	June 13, 2014
25	June 9, 2014	June 20, 2014
26	June 16, 2014	June 27, 2014
27	June 23, 2014	July 7, 2014
28	June 30, 2014	July 11, 2014
29	July 7, 2014	July 18, 2014
30	July 14, 2014	July 25, 2014
31	July 21, 2014	August 1, 2014
32	July 28, 2014	August 8, 2014
33	August 4, 2014	August 15, 2014
34	August 11, 2014	August 22, 2014
35	August 18, 2014	August 29, 2014
36	August 25, 2014	September 5, 2014
37	September 2, 2014	September 12, 2014
38	September 8, 2014	September 19, 2014
39	September 15, 2014	September 26, 2014
40	September 22, 2014	October 3, 2014
41	September 29, 2014	October 10, 2014
42	October 6, 2014	October 17, 2014
43	October 14, 2014	October 24, 2014
44	October 20, 2014	October 31, 2014
45	October 27, 2014	November 7, 2014
46	November 3, 2014	November 14, 2014
47	November 10, 2014	November 21, 2014
48	November 17, 2014	December 1, 2014
49	November 24, 2014	December 5, 2014
50	December 1, 2014	December 12, 2014
51	December 8, 2014	December 19, 2014
52	December 15, 2014	December 26, 2014

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Service Quality and Customer Protection Applicable to Wireless Eligible Telecommunications Carriers
- 2) Code Citation: 83 Ill. Adm. Code 736
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
736.100	Amend
736.105	Amend
736.115	Repeal
736.300	Repeal
736.305	Amend
736.310	Repeal
736.500	Amend
736.505	Repeal
736.510	Repeal
736.515	Repeal
736.520	Repeal
736.525	Repeal
736.530	Repeal
736.540	Repeal
736.550	Repeal
736.555	Amend
736.610	Repeal
736.620	Repeal
736.630	Repeal
736.640	Repeal
736.650	Repeal
736.660	Repeal
736.670	Repeal
736.680	Repeal
736.685	Repeal
736.690	Repeal
736.695	Repeal
736.700	Repeal
736.705	Repeal
736.710	Repeal
736.APPENDIX A	Repeal
736.APPENDIX B	Repeal

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- 4) Statutory Authority: Implementing Sections 13-101, 13-304, 13-305, and 13-712 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/13-101, 13-304, 13-305, 13-712, and 10-101]
- 5) A Complete Description of the Subjects and Issues Involved: PA 98-45, which took effect in June 2013, made a number of revisions to telecommunications provisions in the Public Utilities Act, including amendments to provisions concerning service quality. Part 736 contains service quality requirements for wireless carriers that are eligible telecommunications carriers (ETCs). ETCs are carriers that the Commission has determined are eligible to participate in federal low-income and other universal service programs. The service quality requirements currently found in Part 736 are comparable to those that were imposed upon wireline ETCs prior to the passage of PA 98-45 but now exceed the requirements imposed upon wireline ETCs following passage of that legislation. The revisions proposed in this rulemaking are intended to make the service quality requirements for wireless ETCs under Part 736 comparable to the service quality requirements that are now imposed by the Public Utilities Act on wireline ETCs.
- 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 Objective: The proposed rulemaking neither creates nor expands any State mandate on units of local government, school districts or community college districts.
- 12) Time, place and manner in which interested persons may comment on this proposed rulemaking:

Comments should be filed, within 45 days after the date of this issue of the *Illinois Register*, in Docket No. 14-0076 with:

Elizabeth Rolando, Chief Clerk

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

Illinois Commerce Commission  
527 East Capitol Avenue  
Springfield, IL 62701

217/782-7434

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: This rulemaking will affect any subject jurisdictional entities that are also small businesses as defined in the Illinois Administrative Procedure Act. This rulemaking will not affect any small municipalities or not-for-profit corporations.
  - B) Reporting, bookkeeping or other procedures required for compliance:  
Bookkeeping and filing procedures
  - C) Types of professional skills necessary for compliance: Managerial and accounting skills
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: The Commission did not anticipate the need for this rulemaking at that time.

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

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

TITLE 83: PUBLIC UTILITIES  
CHAPTER I: ILLINOIS COMMERCE COMMISSION  
SUBCHAPTER f: TELEPHONE UTILITIES

## PART 736

SERVICE QUALITY ~~REQUIREMENTS AND CUSTOMER PROTECTION~~ APPLICABLE  
TO WIRELESS ELIGIBLE TELECOMMUNICATIONS CARRIERS

## SUBPART A: GENERAL

## Section

736.100	Application of Part
736.105	Definitions
736.110	Waiver
736.115	Reporting <u>(Repealed)</u>
736.120	Enforcement

## SUBPART B: ENGINEERING

## Section

736.300	Construction and Maintenance of Plant and Equipment <u>(Repealed)</u>
736.305	Emergency Operation
736.310	Incorporation of National Codes and Standards <u>(Repealed)</u>

## SUBPART C: STANDARDS OF QUALITY OF SERVICE

## Section

736.500	Adequacy of Service
736.505	Answering Time <u>(Repealed)</u>
736.510	Interoffice Trunks <u>(Repealed)</u>
736.515	Dropped Calls and Signal Strength <u>(Repealed)</u>
736.520	Service Outages and Notification <u>(Repealed)</u>
736.525	Installation Requests – Failure to Provide Service <u>(Repealed)</u>
736.530	Trouble Reports <u>(Repealed)</u>
736.540	Directory Notification <u>(Repealed)</u>

## SUBPART D: OTHER WETC REQUIREMENTS

## Section

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

736.550	Obligation to Serve <u>(Repealed)</u>
736.555	<u>WETC Service Area Maps</u>
736.610	Customer Billing <u>(Repealed)</u>
736.620	Deferred Payment Agreements <u>(Repealed)</u>
736.630	Applicants for Service <u>(Repealed)</u>
736.640	Present Customers <u>(Repealed)</u>
736.650	Deposits <u>(Repealed)</u>
736.660	Discontinuance or Refusal of Service <u>(Repealed)</u>
736.670	Illness Provision <u>(Repealed)</u>
736.680	Payment for Service <u>(Repealed)</u>
736.685	Past Due Bills <u>(Repealed)</u>
736.690	Service Restoration Charge <u>(Repealed)</u>
736.695	Dispute Procedures <u>(Repealed)</u>
736.700	Commission Complaint Procedures <u>(Repealed)</u>
736.705	Second Language <u>(Repealed)</u>
736.710	Customer Information Booklet <u>(Repealed)</u>
736.APPENDIX A	Notice of Discontinuance of Service <u>(Repealed)</u>
736.APPENDIX B	Requirements to Avoid Shutoff of Service in the Event of Illness <u>(Repealed)</u>

AUTHORITY: Implementing Sections 13-101, 13-304, 13-305, and 13-712 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/13-101, 13-304, 13-305, 13-712, and 10-101].

SOURCE: Adopted at 32 Ill. Reg. 18935, effective December 1, 2008; amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL

**Section 736.100 Application of Part**

This Part shall apply to all wireless eligible telecommunication carriers ("WETCs") offering or providing either competitive or noncompetitive telecommunications services as defined in Sections 13-209 and 13-210 of the Public Utilities Act [220 ILCS 5/13-209, 13-210]. This Part shall only apply to the relationship between a serving WETC and its end user. This Part shall not apply to the relationship between a serving WETC that provides wholesale facilities or services to another serving WETC for provisioning of services to its retail end user customers. For WETCs that are designated as ETC providers for the sole purpose of receiving federal universal

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

service Lifeline support, this Part shall only apply to the Lifeline Supported Services of those WETCs.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.105 Definitions**

As used in this Part, the following terms shall have these definitions:

"Act" means the Public Utilities Act [220 ILCS 5].

~~"Answer time" means a measurement in seconds from the point the carrier's telephone system receives the call until the call is answered by the carrier's representative or voice response unit and ready to accept information. When the carrier uses a menu-driven system, the measurement begins once the menu-based system has transferred the customer into the carrier's telephone system until the call is answered by the carrier's representative.~~

~~"Assistance calls" means calls in which the operator provides assistance or instructions to the customer. Examples include rate quotes, credit requests, trouble reports, dial assistance, and dialing instructions.~~

~~"Business office" means those offices of the carrier where calls are answered and made. A business office typically employs representatives to assist customers for order entry and lookup on customers' orders and account records through the use of a computerized system.~~

~~"Busy hour" means the two consecutive half hours each day during which the greatest volume of traffic is handled.~~

"Commission" means the Illinois Commerce Commission.

"Customer" means any person, building owner, firm, partnership, corporation, municipality, cooperative, organization, governmental agency, etc., provided with WETC telecommunications services as defined in Section 13-204 of the Act [220 ILCS 5/13-204]. "Customer" may also be referred to as "end user."

~~"Customer premises equipment" or "CPE" means the equipment utilized by the customer to gain access to the wireless carrier's network—see "Handset."~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

~~"Dropped calls" means a wireless mobile phone call that is terminated unexpectedly and in the absence of disconnection initiated by either party to the call.~~

~~"Emergency situation" means a single event that causes an interruption of service or installations affecting end users of a WETC. The emergency situation shall begin with the first end user whose service is interrupted by the single event, and shall end with the restoration or installation of the service of all affected end users. The term single event shall include:~~

~~a declaration made by the applicable State or federal governmental agency that the area served by the WETC is either a State or federal disaster area;  
or~~

~~an act of third parties, including acts of terrorism, vandalism, riot, civil unrest, or war, or acts of parties that are not agents, employees or contractors of the WETC; or~~

~~a severe storm, tornado, earthquake, flood or fire, including any severe storm, tornado, earthquake, flood or fire that prevents the WETC from restoring service due to impassable roads, downed power lines, or the closing off of affected areas by public safety officials.~~

~~The term "emergency situation" shall not include:~~

~~a single event caused by high temperature conditions alone; or~~

~~a single event caused, or exacerbated in scope and duration, by acts or omissions of the WETC, its agents, employees or contractors or by the condition of facilities, equipment, or premises owned or operated by the WETC; or~~

~~any service interruption that occur during a single event listed in this definition, but are not caused by those single events; or~~

~~a single event that the WETC could have reasonably foreseen and taken precaution to prevent; provided, however, that in no event shall a WETC~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

~~be required to undertake precautions that are technically infeasible or economically prohibitive.~~

~~This Part shall be construed as being content neutral as to whether a strike or other work stoppage is an "emergency situation". In the event of a strike or other work stoppage, the WETC's obligations to provide remedies for failure to comply with this Part shall, in the absence of a decision by a court of competent jurisdiction, be determined by the Commission on a case-by-case basis based upon the individual factual circumstances of each strike or other work stoppage. In making such a determination, and notwithstanding the definition of "emergency situation" above, the Commission shall not presume that a strike or other work stoppage is an act of an employee or of the WETC.~~

"End user" means any person, building owner, firm, partnership, corporation, municipality, cooperative, organization, governmental agency, etc., provided with WETC regulated telecommunications service for consumption, not for resale, as defined in Section 13-204 of the Act [220 ILCS 5/13-204]. "End user" may also be referred to as "customer."

~~"Handset" means the device employed by the end user to originate, route or terminate regulated telecommunications service over the WETC network. For the purposes of this Part, handsets are considered to be the equivalent of customer premises equipment ("CPE"), beyond the regulatory authority of the Commission, and subject to the terms and conditions of a contract or warranty between the manufacturer, WETC, and end user.~~

~~"Information call" means a call in which a customer will be connected to an information bureau by dialing the proper service code or number and will be given the directory number of the customer whom he desires to call, provided that the customer's number to be called is or will be published or listed in the information records. An "information call" is also referred to as directory assistance.~~

~~"Lifeline" means the retail local service offering defined and established at 47 CFR 54.401 as of February 6, 2013. This incorporation does not include any later amendments or editions.~~

"Map" means a drawing showing a geographical area in which a WETC furnishes regulated telecommunications services.

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

"Regulated telecommunications service" means the ability to transmit and receive voice service over the WETC's network at the end user's residence or business location, as identified by the billing or designated address of the account. Regulated telecommunications service refers to Commission regulation, and does not include WETC network performance in other service territories (e.g., roaming) or from other cellular towers at locations away from the billing or designated address.

~~"Repair office" means an office to handle customers' reported telephone facility problems. Customers may call to request trouble verification tests, initiate trouble reports and obtain information on the status of open trouble reports.~~

~~"Reporting entity" means a unit established by the WETC for the purpose of administering the customer service operations established by this Part.~~

~~"Signal strength" means the measure of how strongly a transmitted signal is being received, measured or predicted, at a reference point that is a significant distance from the transmitting antenna, measured in dB-microvolts per metre (dB $\mu$ V/m).~~

~~"Traffic" means call volume based on number and duration of messages.~~

~~"Trouble report" means any verbal or written report relating to difficulty or dissatisfaction with the operation of regulated telecommunications services to the WETC regarding the operation of the network affecting their regulated telecommunication service, including both service affecting conditions or out of service conditions. One report shall be counted for a verbal or written report received. When several items are reported by one customer at the same time, and the group of troubles so reported is clearly related to a common cause, they are counted as one report.~~

"Wireless Eligible Telecommunications Carrier" or "WETC" means a wireless telecommunications carrier that has been designated by the Commission as eligible to receive federal universal service funds.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.115 Reporting (Repealed)**

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- a) ~~All reports required to be submitted to the Chief Engineer, Telecommunications Division of the Commission under this Part 736 shall be verified by an authorized agent of the reporting carrier.~~
- b) ~~Each WETC shall provide annually on July 1 to the Chief Engineer, Telecommunications Division of the Commission a service quality and consumer protection report, consisting of information relative to the following Sections: Section 736.505(a), Operator Answer Time; Section 736.505(b), Business and Repair Answer Time; Section 736.515, Dropped Calls and Signal Strength; Section 736.520, Service Outages; Section 736.525, Installation Requests = Failure to Provide Service; and Section 736.530, Trouble Reports.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART B: ENGINEERING

**Section 736.300 Construction and Maintenance of Plant and Equipment (Repealed)**

~~The WETCs outside plant shall be designed, constructed, maintained, and operated in accordance with the provisions of 83 Ill. Adm. Code 305 and 83 Ill. Adm. Code 265.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.305 Emergency Operation**

- a) Each WETC shall make provisions to meet emergencies resulting from failures of commercial or power service, sudden and prolonged increases in traffic, illness of personnel, fire, storm, or other natural disasters. Each WETC shall inform employees as to procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of regulated telecommunications service.
- b) Each WETC shall maintain a reasonable amount of back-up power to ensure functionality without an external power source, be able to reroute traffic around damaged facilities, and be capable of managing traffic spikes resulting from emergency situations.~~deploy backup battery power and permanent generators at all mobile telephone switching offices (MTSOs), and sufficient backup power at each cellular tower to permit a portable generator to be timely deployed in extended power outages. MTSO batteries shall be maintained in accordance with~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

~~Institute of Electrical and Electronic Engineers (IEEE) standards as adopted in Section 736.310(b), and records verifying such maintenance shall be kept on site.~~

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.310 Incorporation of National Codes and Standards (Repealed)**

- a) ~~The Commission adopts as its rules the following portions of the NESC (1997 edition, approved June 6, 1996, published by the Institute of Electric and Electronic Engineers, Inc., 345 East 47<sup>th</sup> Street, New York, New York 10017):~~
- ~~1) Section 2 (Definitions of Special Terms).~~
  - ~~2) Section 9 (Grounding Methods of Electric Supply and Communications Facilities).~~
- b) ~~The Commission adopts as its rules the following publications of the IEEE:~~
- ~~1) IEEE Std 1188-1996 (August 20, 1996), Institute of Electrical and Electronics Engineers, Inc. (IEEE), 3 Park Avenue, New York NY 10016-5997, Recommended Practice for Maintenance, Testing, and Replacement of Valve-Regulated Lead-Acid (VRLA) Batteries for Stationary Applications.~~
  - ~~2) IEEE Std 450-1995 (May 31, 1995), Institute of Electrical and Electronics Engineers, Inc. (IEEE), 3 Park Avenue, New York NY 10016-5997, Recommended Practice for Maintenance, Testing and Replacement of Lead Acid Batteries for Stationary Applications.~~
- e) ~~These incorporations do not include any later amendments or editions.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART C: STANDARDS OF QUALITY OF SERVICE

**Section 736.500 Adequacy of Service**

Each WETC ~~shall~~will comply with the ~~applicable~~ service quality and consumer protection provisions contained in the Wireless Association<sup>®</sup> (CTIA) Consumer Code for Wireless Service

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

~~(CTIA Code) Cellular Telecommunications and Internet Association's (CTIA) Consumer Code for Wireless Service, except that compliance with Section Nine of that Code is not required by this Part.~~ The Commission adopts the version in effect on ~~September 10, 2013~~ January 25, 2007. The CTIA Code may be viewed on the Commission's web site at: <http://www.icc.illinois.gov>.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.505 Answering Time (Repealed)****a) ~~Operator Offices~~**

- ~~1) Operator offices shall be staffed so that the average answer time, calculated on a monthly basis, shall not exceed ten seconds for the following types of calls:
  - ~~A) toll and assistance; and~~
  - ~~B) information.~~~~
- ~~2) Whenever the average answer time for either toll and assistance calls and/or information calls, calculated on a monthly basis, exceeds ten seconds, the WETC shall take corrective action and report such action to the Commission within 15 business days after the end of the month in which the violation occurred.~~

**b) ~~Business and Repair Offices~~**

- ~~1) Business offices (during normal business hours) and repair offices shall be staffed so that the average answer time, calculated on a monthly basis, shall not exceed 60 seconds. In the case where a menu driven, automated, or interactive system is utilized to answer any such call, such system shall provide within the first menu of options, the option of transferring to a live attendant. This requirement shall apply separately to business offices and repair offices, if they are maintained separately.~~
- ~~2) Whenever the average answer time for either business offices or repair offices (if maintained separately), calculated on a monthly basis, exceeds 60 seconds, the WETC shall take corrective action and report such action to the~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

~~Commission within 15 business days after the end of the month in which the violation occurred.~~

- 3) ~~WETCs shall maintain records of answer time performance at their business offices and repair offices. At a minimum, these records shall contain the following information collected on a monthly basis:~~
- ~~A) Total number of calls received;~~
  - ~~B) Total number of calls answered; and~~
  - ~~C) Average answer time.~~
- e) ~~For purposes of this Section, "average answer time" shall be calculated by dividing the total number of call waiting seconds by the total number of reported monthly calls answered.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.510 Interoffice Trunks (Repealed)**

- a) ~~WETC facilities shall be engineered so that at least 98% of calls shall not encounter an All Trunks Busy (ATB) condition and at least 98% of properly dialed calls, during the busy hour, shall receive ringing signal or station busy tone on the first attempt. When the completion rate falls below 98% for three consecutive months, corrective action shall be initiated and such action reported to the Commission.~~
- b) ~~For purposes of subsection (a), the information required to be reported shall be calculated by capturing total call attempts and calls that do not encounter an ATB condition that are going through trunk groups controlled by the reporting entity during the busy hour. Calls that do not encounter an ATB condition should be divided by Total Trunk Attempts to derive the percent of calls completed without encountering an ATB.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.515 Dropped Calls and Signal Strength (Repealed)**

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

~~In their annual filing to the Chief Engineer, Telecommunications Division of the Commission, WETCs will provide information regarding both dropped calls and signal strength. This information should support a conclusion that planned development areas are experiencing operational problems, and that additional investment from the universal service fund will provide tangible benefit to end users.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.520 Service Outages and Notification (Repealed)**

- a) ~~All WETCs shall notify the Commission that they have experienced, on any facilities that they own, operate, lease or otherwise utilize, an outage of at least 30 minutes duration:~~
- ~~1) Of a Mobile Switching Center (MSC);~~
  - ~~2) That potentially affects at least 900,000 user minutes of telephony;~~
  - ~~3) That affects at least 1,350 DS3 minutes;~~
  - ~~4) That potentially affects any special offices and facilities; or~~
  - ~~5) That potentially affects a 9-1-1 special facility, in which case they also shall notify, as soon as possible by telephone or other electronic means, any official who has been designated by the management of the affected 9-1-1 facility as the provider's contact person for communications outages at that facility, and they shall convey to that person all available information that may be useful to the management of the affected facility in mitigating the effects of the outage on callers to that facility.~~
- b) ~~Each WETC shall notify the Commission of any such service interruption. The notification shall be made via telephone call to (217)558-6166 and shall consist of the following information:~~
- ~~1) Affected Area Code/Prefix;~~
  - ~~2) Company name;~~
  - ~~3) Cause of interruption;~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- ~~4) Outage date and time;~~
  - ~~5) Restoration date and time;~~
  - ~~6) Effect on 9-1-1 service; and~~
  - ~~7) Name and number of person reporting the service interruption.~~
- e) ~~A follow-up written report shall be provided to the Chief Engineer of the Telecommunications Division within 30 days after the service interruption, either via U.S. Postal Service, facsimile, or e-mail.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.525 Installation Requests – Failure to Provide Service (Repealed)**

~~WETCs shall annually report failures to provide service. The report shall include detailed information on the number of requests for service from applicants within its designated service areas that were unfulfilled for the reporting period. The WETC shall also describe its attempts to provide service to those applicants, and any investment plans that may mitigate the problem in the future.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.530 Trouble Reports (Repealed)**

- ~~a) WETC's shall annually compile and report trouble reports. The report shall provide separate totals for the number of complaints that the WETC's customers made to the FCC, as well as to its own network repair centers. The report shall also generally describe the nature of the complaints and outcome of the carrier's efforts to resolve the complaints. Trouble reports related to customer problems with handsets are not to be included in the calculation of WETC trouble reports.~~
- ~~b) For purposes of maintaining records or reporting information relating to the requirement set forth in subsection (a), the information required to be so maintained or reported shall be calculated by dividing the number of customer-initiated network trouble reports in any given month that are cleared to network dispositions, less~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

~~handset troubles, or emergency situations, by the total number of access lines in service. The rate shall be reported on a per 1000 access line basis.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.540 Directory Notification (Repealed)**

~~WETCs shall, prior to entering into a contract with a customer, or prior to the conclusion of any applicable trial period, provide a written disclosure to the customer explaining that it will not provide a telephone directory to the customer, and that the customer's telephone number will not be published in any telephone directory. Such disclosure and acknowledgment shall be made in a type face of 10 point or larger, and shall be otherwise clear and conspicuous.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART D: OTHER WETC REQUIREMENTS

**Section 736.550 Obligation to Serve (Repealed)**

~~A WETC shall offer the nine services and functions that are supported by federal universal service support mechanisms, identified in the FCC's rules at 47 CFR 54.101(a) as of October 1, 2006, using either its own facilities or a combination of its own facilities and resale of another carrier's services (including the services offered by another eligible telecommunications carrier), upon a reasonable request for such service. The incorporation of federal rules in this Section does not include any later amendments or editions.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 730.555 WETC Service Area Maps**

- a) Each WETC shall ~~have on~~ file with the Commission a list of exchanges for which it is granted ETC status. This list shall identify any incumbent local exchange carrier operating in each exchange listed a map of its designated ETC service area. If a WETC's Commission-defined ETC service area includes a portion of an exchange, but less than the entire exchange, then that exchange shall be included on the exchange list and shall be identified as being served "in part".

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- b) ~~Each WETC shall file with the Commission a map of its designated ETC service area, in accordance with the WETC's ETC designation. A map filed after the effective date of this Part shall be in accordance with the WETC's ETC designation.~~
- c) ~~Each map shall show the boundary lines of the area the WETC's WETC Commission designated ETC service area holds itself out to serve. Boundary lines shall be located by appropriate measurement to an identifiable location if that portion of the boundary line is not otherwise located on section lines, waterways, railroads, or roads. ETC service area boundaries shall be identified according to labeled rate exchange areas (exchanges) for all exchanges included in their entirety within the ETC service area. Any exchange served only in part shall have the ETC service area boundary displayed by section lines, waterways, railroads or roads for any portion of that boundary located on section lines, waterways, railroads or roads. Any portion of the boundary line not located on section lines, waterways, railroads or roads shall be displayed by appropriate measurement to an identifiable location.~~
- d) The name of the WETC filing the map shall be placed at the top left corner ~~side of the top~~ of the map, and ~~the name of the exchange followed by~~ the words "(Name of carrier) ETC Service Area Boundary Map" shall be placed at the right ~~side of the top~~ corner of the map. The first filing of a map shall ~~display~~ be designated by the word "Original" ~~immediately placed just~~ below the words "(Name of carrier) ETC Service Area Boundary Map". If the map is subsequently refiled, the words "First Revision" ~~Revisions~~ shall ~~replace~~ be substituted for the word "Original", and on each subsequent refiled the next higher number shall ~~replace~~ be substituted for the number preceding the word "Revision" on the ~~previous~~ last map filed. The docket number and the date of the order granting ETC Status shall also appear at the right ~~side near the top~~ corner of the map.
- e) Each WETC shall maintain and make available for public inspection a map of its ETC service area consistent with all requirements of this Part.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.610 Customer Billing (Repealed)**

- a) ~~A WETC shall issue bills to customers on a monthly basis. Bills shall be itemized as set forth in subsection (b) of this Section.~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- b) ~~Itemization of charges~~
- 1) ~~All bills shall contain an itemization of charges. Itemization of every monthly billing shall include, but not be limited to:~~
- A) ~~the phone number of the appropriate WETC business office;~~
- B) ~~the due date of the bill; and~~
- C) ~~the separate listing of the following:~~
- i) ~~federal, state and local taxes, and~~
- ii) ~~federal universal service charges.~~
- 2) ~~Upon request, a WETC shall provide its customers with an itemization of service and equipment charges once every calendar year free of charge. This itemization shall also include the phone number of the local WETC business office that the customer may contact to receive further information concerning the service and equipment charges listed on such itemization.~~
- c) ~~Customer bills sent through the United State mail shall be in envelopes and shall include return envelopes for payment of customer bills, unless the customer has elected to pay the bill electronically.~~
- d) ~~Unbilled Service~~
- 1) ~~Bills for service supplied by a WETC must be rendered within one year of the date such service was supplied. No customer shall be liable for any amount of unbilled service after one year. A WETC is not restricted to this one year limitation on unbilled service if a WETC has reason to believe that the customer used a device or scheme to obtain service without payment and where the WETC has so notified the customer prior to disconnection.~~
- 2) ~~When delinquency occurs following the issuance of a bill for previously unbilled service, except when the customer has avoided payment as~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

~~described in subsection (d)(1), a WETC shall review the bill with the customer, and shall offer to accept payments toward the liquidation of the amount of unbilled service over a period mutually agreed to by the WETC and customer. This period of time shall be at least as long as the period over which the unbilled or underbilled service was provided.~~

## e) Refunds

- 1) ~~In the event that a customer pays a bill as submitted by a WETC and that billing is later found to be incorrect due to an error either in charging more than the published rate, in measuring the quantity or volume of service provided, or in charging for the incorrect class of service, the WETC shall refund the overcharge from the date of overpayment by the customer.~~
- 2) ~~The refund shall be accomplished by a credit on a subsequent bill for the WETC's service, or by check if the account is final.~~
- 3) ~~Interest on any refund shall be at the rate set by the Commission pursuant to 83 Ill. Adm. Code 735.120.~~

- f) ~~If the WETC offers electronic billing, customers may elect to have their bills sent electronically. Such bills shall be transmitted with instructions for payment. Information sent electronically shall be deemed to satisfy any requirement in this Part that such information be printed or written on a customer bill. Bills rendered in accordance with this Section may be paid electronically, provided that nothing in this Section shall be construed to prevent a WETC from accepting payment electronically or by the use of a customer preferred financially accredited credit or debit methodology.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.620 Deferred Payment Agreements (Repealed)**

- a) ~~Customers who are indebted to a WETC for past due service shall have the opportunity to make arrangements with the WETC to retire the delinquent amount by periodic payments referred to hereinafter as a Deferred Payment Agreement. All applicants for service and customers who have failed to make payment under a DPA during the past 12 months, who are indebted to a WETC for past due service, may have the opportunity, at the discretion of the WETC, to make~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

~~arrangements to retire the debt by periodic payments referred to hereinafter as a Deferred Payment Agreement.~~

- b) ~~The terms and conditions of a Deferred Payment Agreement shall be determined by a WETC after consideration of the following:~~
- ~~1) size of the past due account;~~
  - ~~2) customer's or applicant's ability to pay;~~
  - ~~3) customer's or applicant's payment history;~~
  - ~~4) reasons for the delinquency; and~~
  - ~~5) any other relevant factors relating to the circumstances of the customer's or applicant's service.~~
- e) ~~The WETC shall allow the customer or applicant a minimum of four months from the date of the agreement in which to complete payment pursuant to a Deferred Payment Agreement.~~
- d) ~~A Deferred Payment Agreement shall be in writing, with a copy provided to the applicant or customer, and shall conform to the following requirements:~~
- ~~1) the applicant or customer shall be required to pay all future bills for the WETC's service by the due date; and~~
  - ~~2) the applicant or customer shall retire the delinquent amount according to the terms of the Deferred Payment Agreement.~~
- e) ~~If an applicant or customer shall default upon any payment due under the Deferred Payment Agreement, all amounts owed pursuant to the agreement become payable immediately and a WETC shall have the right to discontinue service, pursuant to proper notice.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.630 Applicants for Service (Repealed)**

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- a) ~~In addition to the disclosures required in the CTIA Consumer Code for Wireless Service, incorporated into these rules in Section 736.500 above, each WETC shall disclose in collateral or other disclosures at point of sale, or conclusion of any applicable trial period, all of the services and service plans it offers customers in its ETC area, including the rates and terms and conditions of those services and service plans.~~
- b) ~~As a part of the first bill rendered for service to a new customer, a WETC shall provide the customer with a listing of all services and telephone equipment which shall be provided to that customer, with an itemization of any applicable monthly charges. If the customer notifies the WETC within 20 days after receiving his/her first bill that the customer does not desire to receive certain services or equipment, the WETC will delete such services or equipment from the customer's account. The customer shall be responsible for all monthly usage and installation charges incurred for the use of such service and equipment.~~
- c) ~~A WETC shall establish a written procedure governing requirements for establishment of credit, available upon request.~~
- d) ~~Credit Information~~
- 1) ~~If an applicant for service is unable to provide satisfactory credit information, the WETC shall offer to provide prepaid service or offer to provide service upon the payment of a deposit, pursuant to Section 736.650.~~
- 2) ~~If the verification of credit provides unsatisfactory credit information, the applicant will be informed of the reason or reasons, and if the applicant so requests, the WETC shall provide these reasons in writing to the applicant. Thereafter, the WETC may refuse to provide or continue service until the customer provides a deposit pursuant to Section 736.650. Alternatively, the WETC may offer prepaid service options~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.640 Present Customers (Repealed)**

- a) ~~A WETC may request that the customer pre-pay for service or may request a deposit, pursuant to Section 736.650, from any customer during any 12 months~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

~~that a customer receives service if the customer, during that period, pays late four times or has service discontinued for nonpayment two times.~~

- b) ~~A WETC requesting that the customer pre-pay for service or requesting a deposit for any of the reasons stated in this Section shall make such request within 45 days after the occurrence of the event giving rise to the request.~~
- e) ~~A present customer whose service is terminated for nonpayment becomes an applicant for service and will be subject to the provisions of Section 736.630 for purposes of establishing service.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.650 Deposits (Repealed)**

~~Conditions under which a WETC may request a deposit from applicants for service are set out in Section 736.630.~~

- a) ~~Nothing in this Section shall prevent a WETC from offering pre-paid service options in lieu of requesting a deposit in order to provide service.~~
- b) ~~The WETC shall establish a written procedure governing the methods by which deposits shall be calculated, available upon request. The amount of the deposit may be adjusted at the request of the customer, applicant or WETC at any time when the character or degree of use of the service materially changes or when it is clearly established that the character or degree of use of the service will materially change in the immediate future. The written procedure governing the methods by which deposits shall be calculated shall be based on objective criteria and the amount of deposits requested shall be reasonably related to the expected obligation of the customer for the service options available. The estimated deposit for an applicant may take into consideration past billing history for service of another company if service was provided within the State of Illinois and within 6 months after the application.~~
- e) ~~A WETC may request that the requested deposit from any customer be paid before service is activated.~~
- d) ~~Refund of Deposits~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- 1) ~~Deposits plus interest shall be automatically refunded after being held for 12 months, so long as:~~
  - A) ~~the customer has paid any past due bill for service owed to the same WETC;~~
  - B) ~~service has not been discontinued for nonpayment;~~
  - C) ~~the customer has not paid late four times; or~~
  - D) ~~the WETC has not provided evidence that the customer used a device or scheme to obtain service without payment.~~
- 2) ~~If the WETC does not return a customer's deposit after 12 months, the WETC shall provide the customer with the reasons the deposit is being retained, if the customer so requests.~~
  - e) ~~Deposits plus interest shall be refunded when service has been terminated for more than 30 days, less the amount of any unpaid bills for that service. When a deposit plus interest is applied to the liquidation of unpaid bills, the WETC shall provide the customer with a statement showing the amount of the unpaid bill(s) liquidated by the deposit plus interest, and the balance remaining due either to the customer or to the WETC.~~
  - f) ~~All deposit refunds shall be by separate check and not by credit to the customer's account unless the deposit is used to pay the customer's final bill. No refund of less than \$1 need be issued. When refunds are not deliverable, records shall be maintained to show a WETC's efforts toward locating the applicant or customer, and delivering the refund.~~
  - g) ~~At the option of the WETC, a deposit plus interest may be refunded, in whole or in part, at any time earlier than the times prescribed in this Section.~~
  - h) ~~The rate of interest on deposits shall be the rate set by the Commission pursuant to 83 Ill. Adm. Code 735.120.~~
  - i) ~~At the request of a customer, the WETC shall compute the accrued interest upon the deposit and pay such amount to the customer. The WETC need not make~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

~~such payment more often than once in a 12-month period, nor sooner than 12 months after receipt of a deposit.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.660 Discontinuance or Refusal of Service (Repealed)**

- a) ~~The WETC may discontinue or refuse service for any of the following reasons listed in this subsection:~~
- ~~1) Failure to make or increase a deposit pursuant to Sections 736.630, 736.640, and 736.650;~~
  - ~~2) Failure to pay a past due bill owed to the WETC;~~
  - ~~3) Failure to make payment in accordance with the terms of a deferred payment agreement;~~
  - ~~4) When a WETC has reason to believe that a customer has used a device or scheme to obtain service without payment and where the WETC has so notified the customer prior to disconnection;~~
  - ~~5) Violation of or noncompliance with a Commission order;~~
  - ~~6) Violation of or noncompliance with any rules of the WETC for which the WETC is authorized to discontinue service for violation or noncompliance on the part of the customer or user;~~
  - ~~7) Violation of or noncompliance with municipal ordinances and/or other laws pertaining to service; or~~
  - ~~8) The customer's use of equipment adversely affects the WETC's service to others. This disconnection may be done without notice to the customer or user.~~
- b) ~~Discontinuance procedures~~
- ~~1) The WETC may discontinue service to a customer for nonpayment only after it has mailed or delivered by other means a written notice of~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- ~~discontinuance, substantially in the form of Appendix A. Service shall not be discontinued until at least five days after delivery of this notice or eight days after the date on a mailed notice. The notice of discontinuance shall be delivered separately from any other written matter or bill.~~
- 2) ~~Notice of discontinuance shall not be mailed before the third business day following the due date shown on the bill.~~
- 3) ~~Notwithstanding anything else in this Section, the WETC may immediately discontinue service to a customer when, upon investigation, it has reason to believe that a customer has used a device or scheme to obtain service without payment and the WETC has notified the customer prior to disconnection.~~
- e) ~~The notice shall remain in effect for 20 days after the date of discontinuance shown on the notice. The WETC shall not discontinue service beyond the 20-day period until at least five days after delivery of a new written notice of discontinuance or eight days after the date of a mailed notice. This provision shall not apply with respect to discontinuance pursuant to subsection (a)(4).~~
- d) ~~In addition to the written notice, the WETC shall attempt to advise the customer when service is scheduled for discontinuance. The WETC shall not deliver more than two consecutive notices of discontinuance for past due bill without engaging in collection activity with the customer.~~
- e) ~~Timing of the discontinuance~~
- 1) ~~Services may be discontinued only during hours when a WETC has personnel on duty who are able to restore service within three hours after receipt of payment, at any standard restoration charge.~~
- 2) ~~Each WETC shall have personnel authorized to reconnect service available until at least 5 p.m. on business days if the conditions cited as grounds for discontinuance are corrected and any restoration charge is paid.~~
- f) ~~Service shall not be discontinued, and shall be restored if discontinued, where a present customer who is indebted to the WETC enters into a payment arrangement pursuant to Section 736.620, and complies with its terms.~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- ~~g) Service shall not be discontinued, and shall be restored if discontinued, for any reason that is the subject of a dispute or complaint pursuant to Section 736.670 and/or 736.680 while the dispute or complaint is pending and the complainant has complied with the provisions of these Sections.~~
- ~~h) Service shall not be discontinued for an amount due the WETC that has not been included in a discontinuance notice.~~
- ~~i) Nothing in this Section shall be construed to prevent immediate discontinuance of service without notice or the refusal of service for reasons of public safety or health.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.670 Illness Provision (Repealed)**

- a) **Certificate of Illness**
  - ~~1) A WETC shall postpone discontinuance of telephone service to a customer for 30 days after the date of certification by a licensed physician that discontinuance of service will aggravate an existing medical emergency or create a medical emergency for the customer or a permanent resident in the customer's household.~~
  - ~~2) Initial certification shall prohibit discontinuance of service for 30 days. Certification may be renewed by the customer for one additional 30-day period by providing another certificate to the WETC. Failure to renew the certificate shall entitle the WETC to initiate discontinuance procedures.~~
  - ~~3) Initial certification by the certifying physician may be by telephone if written certification is forwarded within five days.~~
- b) ~~This certificate of medical emergency must be in writing on stationery that clearly sets forth the name of the doctor, hospital or medical clinic. The certificate shall show the name of the person whose illness would be aggravated, the nature of the medical emergency, and the name, title and signature of the licensed physician certifying the medical emergency.~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- ~~e) Within the first 30 days, the customer must enter into a Deferred Payment Agreement for the retirement of the unpaid balance of the account and keep the current account paid during the period that the unpaid balance is to be retired.~~
- ~~d) In the event service is discontinued within 10 days prior to certification of illness by or for a qualifying resident, service shall be restored to that residence if a proper certification is thereafter made in accordance with the provisions of this Section.~~
- ~~e) Notice of discontinuance of service sent to residential customers shall include a notice substantially in the form of Appendix B.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.680 Payment for Service (Repealed)**

- ~~a) Payment to the WETC shall be made by the due date shown on the monthly bill and shall be by check, draft or other negotiable instrument denominated in U.S. dollars acceptable to the WETC or in United States currency, provided that nothing in this Section shall be construed to prevent a WETC from accepting payment electronically or by the use of a customer preferred financially accredited credit or debit methodology.~~
- ~~b) If the customer remits to the WETC on more than one occasion during a 12 month period a check, draft or other instrument that is dishonored, the WETC may refuse acceptance of further checks and place the customer on a "cash" basis. Under a "cash" basis, the WETC may refuse acceptance of anything as payment other than United States currency, U.S. Postal Service money orders, or an instrument denominated in U.S. dollars and guaranteed by or issued by a third party acceptable to the WETC. The WETC shall advise the customer in writing of the restriction and of the various options available in paying by "cash". The WETC may also offer prepaid service options.~~
- ~~e) Receipt of a subsequently dishonored negotiable instrument in response to a notice of discontinuance shall not constitute payment of a customer's account and no WETC shall be required to issue additional notice prior to discontinuance. However, three business days must be allowed for redemption of such instrument.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

**Section 736.685 Past Due Bills (Repealed)**

- a) ~~The due date printed on the monthly bill shall not be less than 21 days after the date on the bill, if mailed, or the date of delivery as shown on the bill if delivered by other means.~~
- b) ~~Payment made in person at the WETC's office or authorized agent shall be deemed received the date payment is made.~~
- c) ~~Payment made in the WETC's night depository, if any, shall be deemed received on the next full business date.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.690 Service Restoration Charge (Repealed)**

- a) ~~When service has been discontinued pursuant to Section 736.660, the WETC may charge and collect a restoration charge, if any, set forth in its terms and conditions of service contained in the contract between the WETC and the customer.~~
- b) ~~When service has been discontinued for nonpayment and payment has not been received or satisfactory payment arrangements have not been made for a period of ten calendar days, the WETC may consider the service terminated. Restoration may be considered as a new activation if payment has not been received within ten days, at the WETC's option.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.695 Dispute Procedures (Repealed)**

- a) ~~The WETC shall make available at each of its offices where it transacts business with the public a customer service representative authorized to hear any dispute by an applicant, customer or user. Such personnel shall consider the complainant's allegations and shall explain the complainant's account and the WETC's assertions in connection therewith. Such personnel shall be authorized to act on behalf of the WETC in resolving the complaint and shall be available during all business hours for this duty.~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- b) ~~The WETC shall direct its personnel engaged in personal contact with an applicant, customer, or user in the WETC service area seeking dispute resolution under the provisions of this Part to inform the person of his/her right to have the problem considered and acted upon by supervisory personnel of the WETC when any dispute cannot be resolved. The WETC shall further direct supervisory personnel to inform the applicant, complainant, or user who expresses non-acceptance of the decision of the supervisory personnel of his/her right to have the problem, if arising under this Part, reviewed by the Commission and shall furnish them with the telephone number and address of the Consumer Services Division of the Illinois Commerce Commission.~~
- e) ~~When a customer disputes a particular bill, the WETC shall not discontinue service for nonpayment so long as the customer:~~
- ~~1) pays the undisputed portion of the bill;~~
  - ~~2) pays all future periodic bills by the due date; and~~
  - ~~3) enters into discussions with the WETC to settle the dispute with dispatch.~~
- d) ~~No late payment charge shall be charged on any disputed bill paid within 14 days after resolution of the dispute if the complaint was filed before the bill became past due.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.700 Commission Complaint Procedures (Repealed)**

- a) ~~Before the Commission will allow the filing of a formal complaint by a WETC applicant, customer, user or WETC an informal complaint shall be filed with the Commission's Consumer Services Division.~~
- b) ~~The informal complaint:~~
- ~~1) should be in writing but may be initiated by telephone or in person at the offices of the Commission; and~~
  - ~~2) shall provide the following information to the Commission:~~

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- A) ~~the name, address and telephone number of the applicant, customer, or user;~~
  - B) ~~the name of the WETC involved;~~
  - C) ~~the nature of the complaint in a clear and concise manner, and~~
  - D) ~~the specific relief requested.~~
- e) Upon receipt of the informal complaint, the Consumer Services Division shall:
- 1) ~~advise the WETC complained of that a complaint has been filed against it; the party complained of must respond to the Consumer Services Division within 14 days;~~
  - 2) ~~review and investigate the complaint;~~
  - 3) ~~advise the parties of the results of the investigation within a reasonable time not to exceed 14 days following receipt of a complete response from the WETC. By agreement of the parties and the Consumer Services Division, these time limits may be extended.~~
- d) ~~Service shall not be discontinued for the reason that is the subject of the complaint during the pendency of any proceeding (formal/informal) before the Commission pursuant to the provisions of this Section so long as the customer has complied with the provisions of Section 736.695(c).~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.705 Second Language (Repealed)**

~~Where there is a demonstrated need for second language notices in the service area of any WETC, as determined by the Commission on the basis of census figures, the community area involved, and customer complaints and requests for such notice, notices as set out in Appendices A and B shall be sent to customers located within the area and contain the following warning in the appropriate second language: "Important—This notice affects your rights and obligations and should be translated immediately. If you cannot find a person to translate for you, call your service provider immediately."~~

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 736.710 Customer Information Booklet (Repealed)**

~~A customer information booklet that contains a WETC's credit and collection practices shall be made available on the WETC's website, provided to all applicants for service, and shall be available at all business offices.~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Section 736.APPENDIX A Notice of Discontinuance of Service **(Repealed)**

~~IMPORTANT! READ THIS IMMEDIATELY~~

~~WETC NAME \_\_\_\_\_ CUSTOMER \_\_\_\_\_~~

~~ADDRESS \_\_\_\_\_~~

~~CITY, STATE, ZIP \_\_\_\_\_~~

~~PHONE # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_~~

~~YOUR \_\_\_\_\_ (WETC) SERVICE WILL BE DISCONTINUED ON OR~~

~~AFTER \_\_\_\_\_ (Date) BECAUSE:~~

~~YOU OWE \$ \_\_\_\_\_ IN PAST DUE BILLS~~

~~YOU OWE \$ \_\_\_\_\_ FOR A DEPOSIT FOR TELEPHONE SERVICE~~

~~OTHER \_\_\_\_\_ (Specify)~~

~~TO AVOID DISCONTINUANCE OF \_\_\_\_\_ (WETC) SERVICE, YOU MUST~~

~~PAY \$ \_\_\_\_\_ BEFORE \_\_\_\_\_ (Date) :~~

~~\*\*\* If you cannot pay the whole amount now, you may be able to get a payment plan with \_\_\_\_\_ (WETC Name) .- Call us at Phone # \_\_\_\_\_ for more information.~~

~~\*\*\* \_\_\_\_\_ (WETC Name) has employees on duty from \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. to answer your questions or listen to your complaints. If you do not understand why you owe this money, or if you think there has been a mistake, call \_\_\_\_\_ (WETC Name) at Phone # \_\_\_\_\_ , as soon as possible. If the person you talk to cannot help you, ask to talk to a supervisor. If the supervisor cannot help you, call the Consumer Services Division of the Illinois Commerce Commission at 800-524-0795. Call before you are Discontinued!~~

~~\*\*\* IMPORTANT: If your services are Discontinued, you will have to pay \$ \_\_\_\_\_ before your service will be turned on again.~~

(Printed on Red Paper)

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

~~Reverse Side (Printed on Red Paper)~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

**Section 736.APPENDIX B Requirements to Avoid Shutoff of Service in the Event of Illness (Repealed)**

~~IF DISCONTINUANCE OF SERVICE WILL AGGRAVATE OR CREATE A MEDICAL EMERGENCY FOR A RESIDENT OF YOUR HOUSEHOLD, WE WILL NOT DISCONTINUE YOUR SERVICE.~~

WHAT YOU MUST DO:

~~YOU MUST CONTACT A PHYSICIAN OR LOCAL BOARD OF HEALTH. THEY MUST CALL \_\_\_\_\_ (WETC Name) AT \_\_\_\_\_ (Phone) RIGHT AWAY. THEY ALSO MUST SEND A WRITTEN CONFIRMATION, SIGNED BY A PHYSICIAN, TO THE COMPANY WITHIN 5 DAYS THAT CONTAINS THE FOLLOWING INFORMATION:~~

~~Name of the person. A statement that the person is a resident of the premises in question; the name, business address and telephone number of the certifying physician; the nature of the illness; the period of time during which discontinuance of telephone WETC service will aggravate the illness.~~

HOW LONG IS THE CERTIFICATION VALID?

~~THE CERTIFICATION IS VALID FOR ONE MONTH. IT CAN ALSO BE RENEWED FOR ONE MONTH IF THE PHYSICIAN WRITES TO THE COMPANY AGAIN. IF THE CERTIFICATION IS NOT RENEWED, YOUR TELEPHONE SERVICE MAY BE DISCONTINUED AFTER THE FIRST MONTH.~~

~~FOR MORE INFORMATION CALL \_\_\_\_\_ (WETC Name) AT \_\_\_\_\_ (Phone) OR CALL:~~

~~CONSUMER SERVICES DIVISION~~

~~ILLINOIS COMMERCE COMMISSION~~

~~800-524-0795~~

(Source: Repealed at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Standards of Service and Customer Credits for Electing Providers
- 2) Code Citation: 83 Ill. Adm. Code 737
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
737.100	Amend
737.110	Amend
737.120	Amend
737.130	Amend
737.200	Amend
737.220	Amend
737.230	Amend
737.240	Amend
737.250	Amend
737.300	Amend
737.400	Amend
737.410	Amend
737.430	Amend
737.500	Amend
737.510	Amend
737.520	Amend
737.530	Amend
737.540	Amend
737.600	Amend
737.610	Amend
737.620	Amend
737.630	Amend
- 4) Statutory Authority: Implementing Section 13-506.2 and authorized by Section 10-101.1 of the Public Utilities Act [220 ILCS 5/13-506.2 and 10-101.1]
- 5) A Complete Description of the Subjects and Issues Involved: PA 98-45, which took effect in June 2013, made a number of revisions to telecommunications provisions in the Public Utilities Act. With regard to service quality, retail telecommunications services provided by competitive local exchange carriers (CLECs) are now to be regulated in the same manner and to the same extent as the competitive retail telecommunications services of Electing Providers. Part 737 currently sets forth service quality and customer bill credit requirements applicable to the competitive retail services of Electing Providers; the proposed rulemaking would expand the scope of Part 737 so that it also applies to the

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

competitive retail telecommunications services offered by CLECs. In addition, the proposed rulemaking would make a number of miscellaneous changes to Part 737 to reflect various revisions made by PA 98-45.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: The proposed rulemaking neither creates nor expands any State mandate on units of local government, school districts, or community college districts.
- 12) Time, place and manner in which interested persons may comment on this proposed rulemaking:

Comments should be filed, within 45 days after the date of this issue of the *Illinois Register*, in Docket No. 14-0077 with:

Elizabeth Rolando, Chief Clerk  
Illinois Commerce Commission  
527 East Capitol Avenue  
Springfield, IL 62701

217/782-7434

- 13) Initial Regulatory Flexibility Analysis:
  - B) Types of small businesses, small municipalities and not-for-profit corporations affected: This rulemaking will affect any subject jurisdictional entities that are also small businesses as defined in the Illinois Administrative Procedure Act. This rulemaking will not affect any small municipalities or not-for-profit corporations.

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- B) Reporting, bookkeeping or other procedures required for compliance:  
Bookkeeping and filing procedures
  - C) Types of professional skills necessary for compliance: Managerial and  
accounting skills
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: The Commission did not anticipate the need for this rulemaking at that time.

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

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

TITLE 83: PUBLIC UTILITIES  
CHAPTER I: ILLINOIS COMMERCE COMMISSION  
SUBCHAPTER f: TELEPHONE UTILITIES

PART 737

STANDARDS OF SERVICE AND CUSTOMER CREDITS FOR ELECTING PROVIDERS  
AND COMPETITIVE NON-ELECTING PROVIDERS

SUBPART A: GENERAL

Section	
737.100	Application of Part
737.110	Definitions
737.120	Waiver
737.130	Reporting

SUBPART B: STANDARDS OF QUALITY OF SERVICE

Section	
737.200	Service Quality for Basic Local Exchange Service
737.220	Calculation of Performance Data for Installation
737.230	Calculation of Performance Data for Out-of-Service Conditions
737.240	Calculation of Performance Data for Missed Installation or Repair Appointments
737.250	Calculation of Performance Data for Trouble Reports

SUBPART C: CUSTOMER CREDITS

Section	
737.300	Customer Credits for Basic Local Exchange Service Violations

SUBPART D: SAFETY OF SERVICE EQUIPMENT AND FACILITIES

Section	
737.400	Safety
737.410	Emergency Operations
737.420	Incorporation of National Codes and Standards
737.430	Network Outages and Notification
737.440	Interoffice Trunks
737.450	Central Office Administrative Requirements

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

## SUBPART E: BOUNDARIES

Section	
737.500	Map Requirements
737.510	Map Specifications
737.520	Changes to Existing Boundaries
737.530	Service Outside Exchange Boundaries
737.540	Map Maintenance

## SUBPART F: CONSTRUCTION AND MAINTENANCE

Section	
737.600	Construction and Maintenance
737.610	Maintenance of Plant and Equipment
737.620	Network Interface
737.630	Transmission Requirements

AUTHORITY: Implementing Section 13-506.2 and authorized by Section 10-101.1 of the Public Utilities Act [220 ILCS 5/13-506.2 and 10-101.1].

SOURCE: Adopted at 36 Ill. Reg. 15022, effective October 1, 2012; amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL

**Section 737.100 Application of Part**

This Part shall apply to the provision of competitive retail telecommunications service by Electing Providers, as that term is defined in Section 13-506.2(a)(1) of the Public Utilities Act [220 ILCS 5/13-506.2(a)(1)], [and to the provision of retail telecommunications service classified as competitive pursuant to Section 13-502 or 13-506.2\(c\)\(5\) of the Act.](#)

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.110 Definitions**

As used in this Part, the following terms shall have these definitions:

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

"Access line" means the connecting facility between a customer's premises network interface device and the [Local Electing](#) Provider's facility that provides access to the switching network for local exchange and interexchange telecommunications service. This includes the network interface or equivalent, the outside plant facilities, the office frame and frame wiring and the office line termination.

"Act" means the Public Utilities Act [220 ILCS 5].

"Analog" means a continuous electrical signal that carries information by means of variations in its amplitude or frequency. The electrical signal being transmitted varies in direct relation to the signal generated by the source.

"Application" means a verbal or written request for a telecommunications service.

"Appointment" means an arrangement made by a telecommunications carrier to meet a customer to address an installation or repair situation. The appointment window shall be either a specific time or, at a maximum, a 4-hour time block during evening, weekend and normal business hours. (See 220 ILCS 5/13-506.2(e)(1)(C).)

"Basic local exchange service" means *either a stand-alone residence network access line and per-call usage or, for any geographic area which such stand-alone service is not offered, a stand-alone flat rate residence network access line for which local calls are not charged for frequency or duration. Extended Area Service shall be included in basic local exchange service.* [220 ILCS 5/13-506.2(a)(2)] Pursuant to Section 13-506.2(e)(1) of the Act, as used in this Part, "basic local exchange service" also includes the consumer choice safe harbor options that Electing Providers are required to offer to residential customers under Section 13-506.2(d) of the Act.

"Basic local exchange service installation" means the installation of basic local exchange service in which the physical connecting and diagnostic testing of a local loop results in the provisioning of dial tone to the requesting customer's network interface device. It includes move orders and orders for additional lines.

"Busy hour" means the 2 consecutive half-hours each day during which the greatest volume of traffic is handled.

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

"Calls" means customers' messages attempted.

"Central office" means the site at which switching equipment is located. A local central office, also called an end office, is the switching office where an individual subscriber's access lines appear. It houses the equipment that receives calls transmitted on the local loop and routes the call over the switched network either directly to the person called, if the call is placed to a location served by the same local central office, or to another central office, if the call is placed to a customer served by a different central office. Each central office serves local loops in an exclusive geographical area.

"Certificate of service authority" means the authorization by the Illinois Commerce Commission (Commission) granting [a telecommunications carrier](#) the right to provide telecommunications services within a specified geographical area.

"Channel" means a single path between 2 or more points provided for transport of user information and/or signaling for a communications service.

["Competitive Non-Electing Provider" means a provider, other than an Electing Provider, of telecommunications services classified as competitive pursuant to Section 13-502 or 13-506.2\(c\)\(5\) of the Act.](#)

"Customer" or "end user" means a residential retail customer purchasing basic local exchange service.

"Customer premises equipment" or "CPE" means equipment employed on the premises of a person (other than a carrier) to originate, route or terminate telecommunications. Customer premises equipment includes customer premises wire.

"Customer premises wire" or "inside wire" means any wire, including interface equipment, on the customer side of the network interface or equivalent.

"Customer trouble report" means any verbal or written report relating to difficulty or dissatisfaction with the operation of regulated telecommunications services. One report shall be counted for a verbal or written report received. When several items are reported by one customer at the same time, and the group of troubles so reported is clearly related to a common cause, they are counted as one report.

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

"dBrc" means a measure of the interfering effect of noise.

"Decibel" or "dB" means a standard unit used for expressing a transmission signal gain or loss.

"Dial tone" means an audible tone sent from an automatic switching system to a customer to indicate the equipment is ready to receive dial signals.

"Digital" means a signal that carries information by discrete changes in its parameters. For digital transmission of analog information, the incoming voice, data or video signals are sampled periodically and digitally coded for transport through the network.

"Electing Provider" has the same meaning as "Electing Provider" defined in Section 13-506.2(a)(1) of the Act.

"Emergency situation" means an emergency situation as that term is defined in 83 Ill. Adm. Code 732.10.

"Exchange area" means a unit established by ~~a Localan Electing~~ Provider and approved by the Commission for the administration of telecommunications service in a specified geographical area. It may consist of one or more central offices together with associated plant used in furnishing telecommunications services in that area. Exchange areas are identified on exchange boundary maps on file with the Commission.

"Installation trouble report" means any network trouble report filed within 7 days after the completion of a basic local exchange service installation on the same line.

"Interoffice trunk" means a communication path between 2 central offices.

"Line" means the conductor or conductors, supporting circuit equipment, and structures extending between customer network interfaces and central offices, or between central offices, whether they be in the same or different communities.

"Local exchange carrier" means a telecommunications carrier certificated by the Commission to provide intra-exchange and/or inter-exchange service within the same market service area.

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

"Local exchange service" means the same as "local exchange telecommunications service" as defined in Section 13-204 of the Act.

"Local exchange service area" means the area in which telecommunications service is furnished to customers under a specific schedule of rates and without toll charges. A local exchange service area may include one or more exchange areas or portions of exchange areas.

"Local loop" means a channel between a customer's network interface and its serving central office.

"Local Provider" means an Electing Provider or Competitive Non-Electing Provider.

"Map" means a drawing showing a geographical area in which ~~a Local~~ an Electing Provider furnishes telecommunications services.

"Message" means a completed customer call.

"Network" means the aggregate of transmission systems and switching systems. It is an arrangement of channels, such as loops, trunks and associated switching facilities.

"Network interface" means the point of termination on the customer premises at which the ~~Local~~ Electing Provider's responsibility for the provision and maintenance of network channel or line service ends. The network interface is part of the network and the order of appearance of central office lines on it is determined solely by the ~~Local~~ Electing Provider.

"Noise to Ground" or "Ng" means the noise measured between ground and the tip and ring conductors. The customer does not hear the noise to ground, but the amount of noise to ground affects the amount of noise metallic that a customer hears.

"Noise metallic" or "Nm" means the noise measured across the tip and ring of a circuit and is the noise that the customer hears.

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

"Out of Service > 30 Hours" means that 30 hours after reporting an out-of-service condition to the [LocalEelecting](#) Provider, the customer still has no dial tone, or cannot be called, or cannot call out. This term excludes call blocking or any other intentional alteration to an end user's calling or call receiving ability.

"Outside plant" means the telecommunications equipment and facilities installed on, along, over, or under streets, alleys, highways, or on private rights-of-way between the central office and customer locations or between central offices.

"Premises" means the space occupied in a single local exchange area by a customer in a building or in adjoining buildings not separated by a public thoroughfare or in a public office building in which the customer's office space is all contiguous.

"Simplex Condition" – Equipment that is deployed in a two-sided, redundant configuration and that has both sides running normally is considered to be in duplex mode. When one side is down and the redundancy is lost, it is considered to be in a simplex condition.

"Telecommunications service" has the same meaning ascribed to that term in Section 13-203 of Act.

"Traffic" means call volume based on number and duration of messages.

"Transmission" means the process of sending information from one point to another.

"Trouble report" means any customer complaint to the [LocalEelecting](#) Provider regarding the operation of the network affecting its basic local exchange service, including both service-affecting conditions or out-of-service conditions.

"Trunk" means a transmission path between switching units, switching centers and/or toll centers.

"Working line" means an active access line or channel.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.120 Waiver**

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

The Commission, on application of a ~~Local-an-Electing~~ Provider, customer, applicant or end user or on its own motion, may grant a temporary or permanent waiver from this Part, or any individual requirements contained in this Part, in individual cases where the Commission finds that:

- a) The provision from which the waiver is granted is not statutorily mandated;
- b) No party will be injured by the granting of the waiver; and
- c) The rule from which the waiver is granted would, as applied to the particular case, be unreasonable or unnecessarily burdensome.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.130 Reporting**

- a) The requirements of Section 737.130(c) and (d) shall not apply to Competitive Non-Electing Providers.
- b) The requirements of Section 737.130(c) and (d) shall apply to an Electing Provider for a period of three years after its notice of election becomes effective pursuant to Section 13-506.2(b) of the Act. After the three year period, the requirements of Section 737.130(c) and (d) shall not apply to the Electing Provider.
- c)a) Each Electing Provider subject to this subsection (c) shall provide to the Commission on a quarterly basis, and in a form suitable for posting on the Commission's website, a public report that includes the following data for basic local exchange service quality of service, shown for each of the 3 months of the quarter for which the report is filed. The report shall be provided to the Commission within 30 days after the end of each calendar quarter.
  - 1) With regard to credits due to out-of-service conditions lasting more than 30 hours:
    - A) the total dollar amount of any customer credits paid;
    - B) the number of credits issued for repairs between 30 and 48 hours;

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- C) the number of credits issued for repairs between 49 and 72 hours;
  - D) the number of credits issued for repairs between 73 and 96 hours;
  - E) the number of credits issued for repairs between 97 and 120 hours;
  - F) the number of credits issued for repairs greater than 120 hours; and
  - G) the number of exemptions claimed for each of the categories identified in Section 737.300(b)(a)(4).
- 2) With regard to credits due to failure to install basic local exchange service within 5 business days:
- A) the total dollar amount of any customer credits paid;
  - B) the number of installations after 5 business days;
  - C) the number of installations after 10 business days;
  - D) the number of installations after 11 business days; and
  - E) the number of exemptions claimed for each of the categories identified in Section 737.300(b)(a)(4).
- 3) With regard to credits due to missed appointments:
- A) the total dollar amount of any customer credits paid;
  - B) the number of any customers receiving credits; and
  - C) the number of exemptions claimed for each of the categories identified in Section 737.300(b)(a)(4).

~~d)b)~~ EachThe Electing Provider subject to this subsection (d) shall, on an annual basis, submit to the Commission a report that includes, for informational

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

reporting, the performance data described in Section 737.200(a), ~~(b) and (c)(1), (2) and (3)~~, and trouble reports per 100 access lines, calculated in accordance with Sections 737.220, 737.230, 737.240 and 737.250, respectively. The annual report shall be filed within 90 days after the end of each calendar year. ~~The first annual report filed pursuant to this subsection shall include performance data for each of the months of July through December of 2010.~~ Each subsequent Annual Report shall include performance data for each of the 12 months of the calendar year subject to the Report.

- e) Upon request by the Commission, a Competitive Non-Electing Provider or an Electing Provider that is not subject to the requirements of subsections (c) and (d) shall provide a report showing the number of credits and exemptions, as specified in Section 737.300, for the requested time period.
- e) ~~Electing Providers are responsible for maintaining records that verify the accuracy of the information reported pursuant to this Section for a period of no less than one year.~~

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART B: STANDARDS OF QUALITY OF SERVICE

**Section 737.200 Service Quality for Basic Local Exchange Service**

A Local-An-Electing Provider shall meet the following service quality standards in providing basic local exchange service.

- a) Install basic local exchange service within 5 business days after receipt of an order from the customer unless the customer requests an installation date that is beyond 5 business days after placing the order for basic service and to inform the customer of the LocalElecting Provider's duty to install service within this timeframe. If installation of service is requested on or by a date more than 5 business days in the future, the LocalElecting Provider shall install service by the date requested.
- b) Restore basic local exchange service for the customer within 30 hours after receiving notice that the customer is out of service.

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- c) Keep all repair and installation appointments for basic local exchange service if a customer premises visit requires a customer to be present. The appointment window shall be either a specific time or, at a maximum, a 4-hour time block during evening, weekend and normal business hours.
- d) Inform a customer when a repair or installation appointment requires the customer to be present.
- e) A Local Provider offering basic local exchange service utilizing the network or network elements of another carrier shall install new lines for basic local exchange service within 3 business days after provisioning of the line or lines has been completed by the carrier whose network or network elements are being utilized.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.220 Calculation of Performance Data for Installation**

- a) For purposes of the annual informational reporting requirement of Section 737.130(~~db~~), each Electing Provider subject to that subsection shall report the monthly percentage of its basic local exchange service installations completed within 5 business days after the customer requests installation or by a later date as requested by the applicant, as subject to the exclusions set forth in Section 737.300(~~b~~)(~~a~~)(~~4~~)(~~A~~). For purposes of calculating this percentage, the time it takes to complete a basic local exchange service installation shall be measured from the date the customer makes that application or request to the date the installation order is completed and signed off by the carrier as completed.
- b) This Section does not apply to the migration of a customer between telecommunications carriers, so long as the customer maintains dial tone.
- e) ~~An Electing Provider offering basic local exchange service utilizing the network or network elements of another carrier shall install new lines for basic local exchange service within 3 business days after provisioning of the line or lines has been completed by the carrier whose network or network elements are being utilized.~~

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

**Section 737.230 Calculation of Performance Data for Out-of-Service Conditions**

- a) For purposes of the annual informational reporting requirement of Section 737.130(**db**), each Electing Provider [subject to that subsection](#) shall report the monthly percentage of basic local exchange service out-of-service conditions up to the customer network interface cleared within 30 hours after outages are reported by the customer.
- b) The percentage required to be reported pursuant to subsection (a) shall be calculated as follows: each occurrence shall be measured from the "create date and time" to the "cleared date and time".
- c) The requirement set forth in subsection (a) shall be calculated as follows:

$$1) \quad a - (c + d + e + f + g + h + i) = o$$

or

the "adjusted number of out-of-service conditions  
not repaired within 30 hours"

$$2) \quad b - (c + d + e + f + g + h + i) = p$$

or

the "adjusted number of out-of-service calls"

$$3) \quad \frac{o}{p + w} \times 100 = x$$

$$4) \quad (100 - x) = \textit{percent repaired within 30 hours}$$

- 5) Variables used in the formulas in subsections (c)(1) through (4) are defined as follows:

a = Total number of out-of-service conditions not repaired within 30 hours

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- b = Total number of out-of-service calls received by the Electing Provider
  - c = Subsequent reports for the same out of service condition
  - d = Condition caused by payphone equipment
  - e = Condition caused by customer premises equipment (CPE) or inside wire
  - f = Exclusion due to no access to the property (when access is required)
  - g = Exclusion due to customer requested later appointment
  - h = Exclusion due to emergency situations
  - i = Exclusion due to negligent or willful act on part of customer
  - o = Adjusted number of out-of-service conditions not repaired within 30 hours
  - p = Adjusted number of out-of-service calls received by the Electing Provider
  - w = Out-of-service conditions due to a severe storm, tornado, earthquake, flood or fire, including any severe storm, tornado, earthquake, flood or fire that prevents the Electing Provider from restoring service due to impassable roads, downed power lines or the closing off of affected areas by public safety officials
- d) The information to be reported pursuant to this Section shall include out-of-service conditions occurring on holidays or weekends.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.240 Calculation of Performance Data for Missed Installation or Repair Appointments**

- a) For purposes of the annual reporting requirement of Section 737.130(~~db~~), each Electing Provider [subject to that subsection](#) shall report the monthly number of

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

missed installation and repair appointments for customers of basic local exchange service made in accordance with the requirement of Section 737.200(c)(a)(3).

- b) The total number of missed appointments reported pursuant to this Section shall not include:
- 1) those appointments missed due to customer-caused delays;
  - 2) customer-missed appointments; or
  - 3) delayed appointments with respect to which the Electing Provider notified the customer of the delay and the reason for that delay no later than 8:00 pm of the day prior to the scheduled date of the appointment.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.250 Calculation of Performance Data for Trouble Reports**

For purposes of the annual reporting requirement of Section 737.130(d**b**), each Electing Provider [subject to that subsection](#) shall report the monthly number of trouble reports per 100 access lines, to be calculated by dividing the number of customer-initiated network trouble reports in any given month that are cleared to network dispositions, less customer premises equipment (CPE), inside wire, or emergency situations, by the total number of access lines in service. The rate shall be reported on a per 100 access line basis.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART C: CUSTOMER CREDITS

**Section 737.300 Customer Credits for Basic Local Exchange Service Violations**

- a) Customers shall be credited by the [LocalElecting](#) Provider for violations of basic local exchange service quality standards described in Section 737.200. The credits shall be applied automatically on the statement issued to the customer for the next monthly billing cycle following the violation or following the discovery of the violation. The next monthly billing cycle following the violation or the discovery of the violation means the billing cycle immediately following the billing cycle in process at the time of the violation or discovery of the violation, provided the total time between the violation or discovery of the violation and the

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

issuance of the credit shall not exceed 60 calendar days. The [LocalEelecting](#) Provider is responsible for providing the credits and the customer is under no obligation to request those credits and the credits shall be identified as Service Quality or SQ credits. The following credits shall apply:

- 1) If a [Local a-Electing](#) Provider fails to repair an out-of-service condition for basic local exchange service within 30 hours as required under Section 737.200(b)(a)(2), the [LocalEelecting](#) Provider shall provide a credit to the customer. If the service disruption is for more than 30 hours, but not more than 48 hours, the credit must be equal to a pro-rata portion of the monthly recurring charges for all basic local exchange services disrupted. If the service disruption is for more than 48 hours, but not more than 72 hours, the credit must be equal to at least 33% of one month's recurring charges for all local services disrupted. If the service disruption is for more than 72 hours, but not more than 96 hours, the credit must be equal to at least 67% of one month's recurring charges for all basic local exchange services disrupted. If the service disruption is for more than 96 hours, but not more than 120 hours, the credit must be equal to one month's recurring charges for all basic local exchange services disrupted. For each day or portion of that day that the service disruption continues beyond the initial 120-hour period, the [LocalEelecting](#) Provider shall also provide an additional credit of \$20 per calendar day.
- 2) If a [Local-anEelecting](#) Provider fails to install basic local exchange service as required under Section 737.200(a)(1), the [LocalEelecting](#) Provider shall waive 50% of any installation charges, or in the absence of an installation charge or when installation is pursuant to the Link Up program, the [LocalEelecting](#) Provider shall provide a credit of \$25. If a [Local-an Eelecting](#) Provider fails to install service within 10 business days after the service application is placed, or fails to install service within 5 business days after the customer's requested installation date, if the requested date was more than 5 business days after the date of the order, the [LocalEelecting](#) Provider shall waive 100% of the installation charge, or in the absence of an installation charge or where installation is provided pursuant to the Link Up program, the [LocalEelecting](#) Provider shall provide a credit of \$50. For each day that the failure to install service continues beyond the initial 10 business days, or beyond 5 business days after the customer's requested installation date, if the requested date was more than 5 business days after the date of the order, the [LocalEelecting](#) Provider

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

shall also provide an additional credit of \$20 per calendar day until the basic local exchange service is installed.

- 3) If ~~a Local-an-Electing~~ Provider fails to keep a scheduled repair or installation appointment when a customer premises visit requires a customer to be present as required under Section 737.200(c)(a)(3), the ~~LocalEelecting~~ Provider shall credit the customer \$25 per missed appointment. A credit required by this subsection does not apply when the ~~LocalEelecting~~ Provider provides the customer notice of its inability to keep the appointment no later than 8:00 pm of the day prior to the scheduled date of the appointment.
- b) Credits required by this Section do not apply if the violation of a service quality standard:
- 1) occurs as a result of a negligent or willful act on the part of the customer;
  - 2) occurs as a result of a malfunction of customer-owned telephone equipment or inside wiring;
  - 3) occurs as a result of, or is extended by, an emergency situation as defined in 83 Ill. Adm. Code 732.10;
  - 4) is extended by the ~~LocalEelecting~~ Provider's inability to gain access to the customer's premises due to the customer missing an appointment, provided that the violation is not further extended by the ~~LocalEelecting~~ Provider;
  - 5) occurs as a result of a customer request to change the scheduled appointment, provided that the violation is not further extended by the ~~LocalEelecting~~ Provider;
  - 6) occurs as a result of ~~a Local-an-Electing~~ Provider's right to refuse service to a customer as provided in Commission rules; or
  - 7) occurs as a result of a lack of facilities when a customer requests service at a geographically remote location, where a customer requests service in a geographic area where the ~~LocalEelecting~~ Provider is not currently offering service, or when there are insufficient facilities to meet the

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

customer's request for service, subject to [a Local-an-Electing](#) Provider's obligation for reasonable facilities planning.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART D: SAFETY OF SERVICE EQUIPMENT AND FACILITIES

**Section 737.400 Safety**

[A Local-An-Electing](#) Provider shall furnish, provide and maintain service instrumentalities, equipment and facilities as shall promote the safety, health, comfort and convenience of its patrons, employees and public and as shall be in all respects adequate, reliable and efficient without discrimination or delay. Every [LocalElecting](#) Provider shall provide service and facilities that are in all respects environmentally safe.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.410 Emergency Operation**

- a) Each [LocalElecting](#) Provider shall make provisions to meet emergencies resulting from failures of commercial or power service, sudden and prolonged increases in traffic, illness of personnel, fire, storm, or other natural disasters. Each [Local Electing](#) Provider shall inform employees of the procedures to be followed in the event of an emergency in order to prevent or minimize interruption or impairment of telecommunications service.
- b) Each existing central office will contain a reserve battery supply of 5 hours when emergency power generators are not installed and 3 hours when they are in place. Central office batteries shall be maintained in accordance with Institute of Electrical and Electronic Engineers (IEEE) standards as adopted in Section 737.420, and records verifying maintenance shall be kept on site. New central offices or central offices being replaced shall contain a reserve battery supply of 8 hours when emergency power generators are not installed and 5 hours when they are in place. In central offices without installed emergency power generators, a mobile power unit shall be available that can be delivered and connected within 5 hours.
- c) In new central offices exceeding 3,000 working lines, a permanent power generator shall be installed. For existing central offices having over 3,000 lines,

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

permanent power generators shall be installed at the time of office replacement or battery replacement.

- d) Emergency generator units shall have available at least a 12 hour fuel supply.
- e) Emergency generator units shall be tested under load once a month. A record of the test results shall be maintained.
- f) The requirements of subsections (b) through (e) apply to a Local Provider only to the extent that it owns and/or operates central offices.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.430 Network Outages and Notification**

- a) Each ~~Local~~Electing Provider shall inform the Commission verbally or via e-mail of any service interruption exceeding ~~30~~45 minutes duration caused by a complete or partial central office failure or complete or partial isolation of an exchange due to toll circuit failure, including cut cables. A reportable outage is any one of the following occurrences with duration, unless otherwise specified, of at least 30 minutes affecting more than 50% of the customers in the affected exchange:
  - 1) Toll isolation;
  - 2) Loss of dial tone;
  - 3) One or more end offices or MSC switches or host/remote clusters is isolated from 9-1-1 service;
  - 4) There is loss of ANI/ALI processing; or
  - 5) Simplex conditions exceed 5 days.
- b) The notification shall be made via telephone call to (217)558-6166 or via e-mail at the outage notification e-mail address posted on the Commission's website and shall consist of the following information:
  - 1) Affected Area Code/Prefix

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- 2) Exchange name
- 3) ~~LocalEelecting~~ Provider name
- 4) Cause of interruption
- 5) Outage date and time
- 6) Restoral date and time
- 7) Effect on 9-1-1 service
- 8) Name and number of persons reporting the service interruption.

~~c)b)~~ A follow-up written report shall be filed within 30 days, either via U.S. Postal Service, facsimile or e-mail.

~~e)~~ ~~Minor outages shall be reported within 24 hours or during the next normal business day when more than 100 access lines experience an outage. Minor outages consist of loss of local or toll service affecting less than 50% of the customers and affecting more than 100 access lines in the affected exchange for a period of time not to exceed 12 hours.~~

~~d)~~ ~~Major outages shall be reported immediately via telephone call to (217)558-6166.~~

~~e)~~ ~~Major outages consist of complete loss of local or toll service affecting equal to or more than 50% of the customers in the affected exchange or when any outage is expected to exceed 12 hours.~~

~~d)f)~~ All outages affecting 9-1-1 services shall be reported in accordance with 83 Ill. Adm. Code 725, Standards Applicable to 9-1-1 Emergency Systems. In particular, any cut cables or loss of host-remote links that result in the physical staffing of 9-1-1 call boxes are to be reported as soon as possible.

~~e)g)~~ Whenever it is necessary to interrupt customer service for the purpose of working on the distribution system or central office equipment, the work should be completed with minimal customer impact. The ~~LocalEelecting~~ Provider shall use reasonable efforts to notify in advance public service customers (e.g., 9-1-1 entities, police, fire, hospitals) it reasonably believes may be most seriously

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

affected by the interruption. Any customer credits for interrupted service shall be made pursuant to Section 737.300.

- f) [The requirements of this Section apply to a Local Provider only to the extent that it owns and/or operates the network facilities and/or equipment that results in an interruption or outage.](#)

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART E: BOUNDARIES

**Section 737.500 Map Requirements**

Each [LocalEelecting](#) Provider shall have on file with the Commission an exchange area boundary map for each of its exchanges within the State of Illinois. [Competitive Non-Electing Providers may satisfy the requirements of all Sections of this Subpart by filing information with the Commission, upon request, identifying the exchanges in which they offer telecommunications services.](#)

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.510 Map Specifications**

- a) [A Local-an-Electing](#) Provider boundary map filed after the effective date of this Part shall be in accordance with an already-existing certificate of service authority, a Petition for a new Certificate of Service Authority, or a notice submitted pursuant to 83 Ill. Adm. Code Section 730.711.
- b) Each map shall show the boundary lines of the area the [LocalEelecting](#) Provider holds itself out to serve in connection with the exchange. Exchange boundary lines shall be located by appropriate measurement to an identifiable location if that portion of the boundary line is not otherwise located on section lines, waterways, railroads, or roads.
- c) The name of the [LocalEelecting](#) Provider filing the map shall be placed at the left side of the top of the map and the name of the exchange followed by the words "(Name of carrier) Exchange Area Boundary Map" shall be placed at the right side of the top of the map. The first filing of a map shall be designated by the word "Original" placed just below the words "(Name of carrier) Exchange Area

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

Boundary Map". If the map is subsequently refiled, the words "First Revisions" shall be substituted for the word "Original", and on each subsequent refiling the next higher number shall be substituted for the number preceding the word "Revision" on the last map filed. The date of the issuance of the new boundary map shall be placed under the word "Original" or "Revision."

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.520 Changes to Existing Boundaries**

No telecommunications carrier shall make a change to any of its exchange area boundaries, except upon ~~3045~~ days notice to any affected customers and ~~6090~~ days notice to the Commission. These notices shall meet the following requirements:

- a) Notice to the Commission shall be filed with the Chief Clerk's Office with a copy to the Chief Telephone Engineer. The Chief Telephone Engineer will have the notice posted to the ICC's web site within 7 calendar days after receipt. This notice shall be accompanied by a new exchange area boundary map for any exchange area affected by the revision, with the new maps conforming to the provisions of 83 Ill. Adm. Code 737.510. If there are any customers whose local exchange service will be affected by the proposal, then the Commission Notice shall also be accompanied by a copy of the customer notice as well as the names, addresses and telephone numbers of each customer being sent a copy of the notice. If the proposed revision affects the boundary line of more than one carrier, the notice shall also be accompanied by a verified statement that the revised boundary lines have been agreed to by the other local exchange carriers or other Electing Providers adjoining the boundary lines to be changed.
- b) Notice to customers. The carrier shall provide notice to those customers located within the area being changed, and the notice shall be dated and sent by mail to the affected customers. The notice shall provide specific details as to the carrier's proposal, including what impact it will have on the customer's telephone number, calling areas and rates. The notice shall also specifically inform the customer that it has ~~3045~~ days after the mailing of the dated notice to express opposition to or support for the proposed boundary change by calling the Commission's Chief Telephone Engineer at (217)524-5072.
- c) Proposed boundary changes shall go into effect after the stated ~~6090~~ days notice, unless the Commission, upon its own motion or upon complaint, initiates an

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

investigation of the proposed exchange area boundary. In these cases, the Commission may, after notice and hearing, prohibit the proposed exchange area boundary change if the Commission finds that the change would be contrary to the public interest.

- d) For any boundary change that will result in the elimination of an exchange in its entirety, the carrier shall file a petition with the Commission seeking the issuance of a new Certificate of Service Authority.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.530 Service Outside Exchange Boundaries**

- a) No [local exchange](#) telecommunications service will be established outside the exchange boundary of the exchange that normally would provide service except on an emergency temporary basis or after the serving [LocalElection](#) Provider has filed a notice of proposed boundary change with the Commission.
- b) In cases where local exchange telecommunications service is provided outside the exchange boundary of the normal serving exchange without authorization of the Commission (other than foreign exchange service) and the location of the service is in the exchange of another local exchange carrier certificated by the Commission, the service shall be discontinued as soon as facilities are made available from the exchange in which the service is located. The customer whose service is affected by this Section shall be given at least 90 days notice prior to the time service can be provided from the proper telephone exchange.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.540 Map Maintenance**

Each [LocalElection](#) Provider shall maintain and make available for public inspection a map of each exchange served.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART F: CONSTRUCTION AND MAINTENANCE

**Section 737.600 Construction and Maintenance**

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- a) Each [LocalEelecting](#) Provider shall place a minimum of 80% of all newly constructed outside cable plant facilities (measured in sheath miles) underground.
- b) The telecommunications outside plant shall be designed, constructed, maintained and operated in accordance with the provisions of 83 Ill. Adm. Code 305 and 83 Ill. Adm. Code 265.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.610 Maintenance of Plant and Equipment**

Each [LocalEelecting](#) Provider shall:

- a) Adopt a maintenance program for its equipment based on the minimum standards set forth in this Part. The program shall be updated regularly, but not less than every 2 years, unless an earlier update is requested by the Commission.
- b) Inspect every 2 years, in accordance with the NESC standards identified in 83 Ill. Adm. Code 305, its electrical grounding equipment owned by the carrier for each central office, including, without limitation, the component of the system commonly known as the master ground bar, to ascertain the integrity of the central office ground field. The [LocalEelecting](#) Provider shall maintain a copy of the test results in its office and make that copy available for inspection. The inspection shall be performed annually if one of the following events occurs: an office conversion (replacement of the current switching equipment), a building addition to a central office, or renovations to the building facilities and grounds, such as water, sewer, gas, electric facilities or parking lot.
- c) Make a copy, on a monthly basis, of its database for switching equipment applicable to each central office and store the copy off-site or in a fireproof on-site storage for use in emergency restoration purposes (any copying and storage must be performed in accordance with current software backup procedures).
- d) Make a copy, on a monthly basis, of its digital access and cross-connect system (DACS) database for each central office, if technically feasible, and store the copy off-site or in a fireproof on-site storage for use in emergency restoration purposes (any copying and storage must be performed in accordance with current software backup procedures).

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

- e) Make a copy, on a monthly basis, of its fiber optic terminal database for each central office, if technically feasible, and store the copy off site or in a fireproof on-site storage for emergency restoration purposes (the copying and storage must be performed in accordance with current software backup procedures).

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.620 Network Interface**

- a) Telecommunications carriers shall have in place, no later than December 31, 2003, external combination protector/demarcation interfaces for all one- and two-line customers in single tenant residences and commercial buildings.
- b) The network interface for a residential customer shall be located on a structure owned, rented or leased by the customer, in which the customer resides.
- c) The network interface for business customers shall be located outside structures owned, rented or leased by the customer, in which the customer is conducting business. The demarcation point shall be located at the minimum point of penetration of the network cable to the building, normally within 25 feet. Deviation from this location must be mutually agreeable to the building owner and the telecommunications provider.
- d) Network interfaces shall not be located on fence posts, utility poles or cable pedestals.
- e) Network interfaces for temporary services or serving trailers, boats or customer-owned pay telephones shall be located on structures provided by the customer or on a utility pole.

f) [The requirements of this Section apply to a Local Provider only to the extent that it owns and/or maintains network interfaces.](#)

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 737.630 Transmission Requirements**

[LocalEelecting](#) Providers shall furnish and maintain plant, equipment and facilities to meet the

## ILLINOIS COMMERCE COMMISSION

## NOTICE OF PROPOSED AMENDMENTS

following minimum transmission standards. The transmission standards set forth in this Section are based upon measurements from the network interface at the customer premises through the local loop to a nominal 48-volt central office and measured at a frequency of 1004 hertz.

- a) Local line analog loops shall have a loop resistance not exceeding the operating design of the associated central office equipment. Longer loops may be used by deployment of loop range extenders.
- b) All analog loops are to be maintained to a minimum of 40,000 ohms insulation resistance.
- c) Transmission loss of analog local loop shall be engineered not to exceed 10.0 dB when measured in accordance with subsection (a). The local loop transmission loss shall be adjusted to 10.0 dB or less if it exceeds 10.0 dB.
- d) Transmission loss in analog interoffice trunks shall be engineered not to exceed 7 dB. If the loss exceeds expected design loss by + or - 3.5 dB, it shall be corrected to within 1 dB of the design loss.
- e) Transmission loss on analog toll terminating trunks shall be engineered not to exceed 4 dB. If the loss exceeds expected design loss by + or - 3.5 dB, it shall be corrected to within 1 dB of the design loss.
- f) Transmission loss on all digital interoffice trunks shall be engineered and maintained not to exceed 6 dB.
- g) Loop current shall be maintained at 20 milliamperes or greater.
- h) Power influence ( $N_g$ ) shall not exceed 90 dBrc.
- i) Circuit noise ( $N_m$ ) shall not exceed 30 dBrc.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Income Tax
- 2) Code Citation: 86 Ill. Adm. Code 100
- 3) Section Numbers:                      Proposed Action:  
100.7350                                      Amend
- 4) Statutory Authority: 35 ILCS 5//704A
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking amends Section 100.7350 to reflect the termination of the joint filing program between the Illinois Department of Revenue and the Illinois Department of Employment Security to allow unemployment insurance and income tax withholding for domestic employees to be reported and paid on a single return.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
100.2110	Amend	37 Ill. Reg. 15464, September 27, 2013
100.2120	Amend	37 Ill. Reg. 15464, September 27, 2013
100.2160	Amend	37 Ill. Reg. 15464, September 27, 2013
100.2185	Amend	37 Ill. Reg. 15464, September 27, 2013
100.2190	Amend	37 Ill. Reg. 15464, September 27, 2013
100.2480	Amend	37 Ill. Reg. 15464, September 27, 2013
100.2655	Amend	37 Ill. Reg. 15464, September 27, 2013
100.2657	New	37 Ill. Reg. 19082, December 2, 2013
100.2060	New	38 Ill. Reg. 832, January 10, 2014
100.2198	Amend	38 Ill. Reg. 3842, February 7, 2014
100.7380	New	38 Ill. Reg. 3842, February 7, 2014

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

- 11) Statement of Statewide Policy Objective: This rulemaking does not create a State mandate, nor does it modify any existing State mandates.
- 12) Time, place and manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rulemaking may submit them in writing by no later than 45 days after publication of this Notice to:  
  
Illinois Department of Revenue  
Paul Caselton  
Deputy Counsel Income Tax  
Legal Services Office  
101 West Jefferson  
Springfield, Illinois 62794  
  
217/782-7055
- 13) Initial Regulatory Flexibility Analysis:
  - A) Types of small businesses, small municipalities and not-for-profit corporations affected: This rulemaking affects individuals who employ domestic help, and has no effect on businesses, municipalities or not-for-profit corporations.
  - 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 2014

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

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

TITLE 86: REVENUE  
CHAPTER I: DEPARTMENT OF REVENUEPART 100  
INCOME TAX

## SUBPART A: TAX IMPOSED

## Section

- 100.2000 Introduction  
100.2050 Net Income (IITA Section 202)

## SUBPART B: CREDITS

## Section

- 100.2100 Replacement Tax Investment Credit Prior to January 1, 1994 (IITA 201(e))  
100.2101 Replacement Tax Investment Credit (IITA 201(e))  
100.2110 Investment Credit; Enterprise Zone and River Edge Redevelopment Zone (IITA 201(f))  
100.2120 Jobs Tax Credit; Enterprise Zone and Foreign Trade Zone or Sub-Zone (IITA 201(g))  
100.2130 Investment Credit; High Impact Business (IITA 201(h))  
100.2140 Credit Against Income Tax for Replacement Tax (IITA 201(i))  
100.2150 Training Expense Credit (IITA 201(j))  
100.2160 Research and Development Credit (IITA 201(k))  
100.2163 Environmental Remediation Credit (IITA 201(l))  
100.2165 Education Expense Credit (IITA 201(m))  
100.2170 Tax Credits for Coal Research and Coal Utilization Equipment (IITA 206)  
100.2180 Credit for Residential Real Property Taxes (IITA 208)  
100.2185 Film Production Services Credit (IITA 213)  
100.2190 Tax Credit for Affordable Housing Donations (IITA Section 214)  
100.2193 Student-Assistance Contributions Credit (IITA 218)  
100.2195 Dependent Care Assistance Program Tax Credit (IITA 210)  
100.2196 Employee Child Care Assistance Program Tax Credit (IITA Section 210.5)  
100.2197 Foreign Tax Credit (IITA Section 601(b)(3))  
100.2198 Economic Development for a Growing Economy Credit (IITA 211)  
100.2199 Illinois Earned Income Tax Credit (IITA Section 212)

## SUBPART C: NET OPERATING LOSSES OF UNITARY BUSINESS GROUPS

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

## OCCURRING PRIOR TO DECEMBER 31, 1986

## Section

- 100.2200 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group. (IITA Section 202) – Scope
- 100.2210 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group (IITA Section 202) – Definitions
- 100.2220 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group. (IITA Section 202) – Current Net Operating Losses: Offsets Between Members
- 100.2230 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group. (IITA Section 202) – Carrybacks and Carryforwards
- 100.2240 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) – Effect of Combined Net Operating Loss in Computing Illinois Base Income
- 100.2250 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) – Deadline for Filing Claims Based on Net Operating Losses Carried Back From a Combined Apportionment Year

SUBPART D: ILLINOIS NET LOSS DEDUCTIONS FOR LOSSES  
OCCURRING ON OR AFTER DECEMBER 31, 1986

## Section

- 100.2300 Illinois Net Loss Deduction for Losses Occurring On or After December 31, 1986 (IITA 207)
- 100.2310 Computation of the Illinois Net Loss Deduction for Losses Occurring On or After December 31, 1986 (IITA 207)
- 100.2320 Determination of the Amount of Illinois Net Loss for Losses Occurring On or After December 31, 1986
- 100.2330 Illinois Net Loss Carrybacks and Net Loss Carryovers for Losses Occurring On or After December 31, 1986
- 100.2340 Illinois Net Losses and Illinois Net Loss Deductions for Losses Occurring On or After December 31, 1986, of Corporations that are Members of a Unitary Business Group: Separate Unitary Versus Combined Unitary Returns

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

- 100.2350 Illinois Net Losses and Illinois Net Loss Deductions, for Losses Occurring On or After December 31, 1986, of Corporations that are Members of a Unitary Business Group: Changes in Membership

## SUBPART E: ADDITIONS TO AND SUBTRACTIONS FROM TAXABLE INCOME OF INDIVIDUALS, CORPORATIONS, TRUSTS AND ESTATES AND PARTNERSHIPS

## Section

- 100.2405 Gross Income, Adjusted Gross Income, Taxable Income and Base Income Defined; Double Deductions Prohibited; Legislative Intention (IITA Section 203(e), (g) and (h))
- 100.2410 Net Operating Loss Carryovers for Individuals, and Capital Loss and Other Carryovers for All Taxpayers (IITA Section 203)
- 100.2430 Addition and Subtraction Modifications for Transactions with 80-20 and Noncombination Rule Companies
- 100.2435 Addition Modification for Student-Assistance Contribution Credit (IITA Sections 203(a)(2)(D-23), (b)(2)(E-16), (c)(2)(G-15), (d)(2)(D-10))
- 100.2450 IIT Refunds (IITA Section 203(a)(2)(H), (b)(2)(F), (c)(2)(J) and (d)(2)(F))
- 100.2455 Subtraction Modification: Federally Disallowed Deductions (IITA Sections 203(a)(2)(M), 203(b)(2)(I), 203(c)(2)(L) and 203(d)(2)(J))
- 100.2470 Subtraction of Amounts Exempt from Taxation by Virtue of Illinois Law, the Illinois or U.S. Constitutions, or by Reason of U.S. Treaties or Statutes (IITA Sections 203(a)(2)(N), 203(b)(2)(J), 203(c)(2)(K) and 203(d)(2)(G))
- 100.2480 Enterprise Zone Dividend Subtraction (IITA Sections 203(a)(2)(J), 203(b)(2)(K), 203(c)(2)(M) and 203(d)(2)(K))
- 100.2490 Foreign Trade Zone/High Impact Business Dividend Subtraction (IITA Sections 203(a)(2)(K), 203(b)(2)(L), 203(c)(2)(O), 203(d)(2)(M))

## SUBPART F: BASE INCOME OF INDIVIDUALS

## Section

- 100.2510 Subtraction for Contributions to Illinois Qualified Tuition Programs (Section 529 Plans) (IITA Section 203(a)(2)(Y))
- 100.2580 Medical Care Savings Accounts (IITA Sections 203(a)(2)(D-5), 203(a)(2)(S) and 203(a)(2)(T))
- 100.2590 Taxation of Certain Employees of Railroads, Motor Carriers, Air Carriers and Water Carriers

## SUBPART H: BASE INCOME OF TRUSTS AND ESTATES

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

## Section

- 100.2655 Subtraction Modification for Enterprise Zone and River Edge Redevelopment Zone Interest (IITA Section 203(b)(2)(M))
- 100.2680 Capital Gain Income of Estates and Trusts Paid to or Permanently Set Aside for Charity (Repealed)

## SUBPART J: GENERAL RULES OF ALLOCATION AND APPORTIONMENT OF BASE INCOME

## Section

- 100.3000 Terms Used in Article 3 (IITA Section 301)
- 100.3010 Business and Nonbusiness Income (IITA Section 301)
- 100.3015 Business Income Election (IITA Section 1501)
- 100.3020 Resident (IITA Section 301)

## SUBPART K: COMPENSATION

## Section

- 100.3100 Compensation (IITA Section 302)
- 100.3110 State (IITA Section 302)
- 100.3120 Allocation of Compensation Paid to Nonresidents (IITA Section 302)

## SUBPART L: NON-BUSINESS INCOME OF PERSONS OTHER THAN RESIDENTS

## Section

- 100.3200 Taxability in Other State (IITA Section 303)
- 100.3210 Commercial Domicile (IITA Section 303)
- 100.3220 Allocation of Certain Items of Nonbusiness Income by Persons Other Than Residents (IITA Section 303)

## SUBPART M: BUSINESS INCOME OF PERSONS OTHER THAN RESIDENTS

## Section

- 100.3300 Allocation and Apportionment of Base Income (IITA Section 304)
- 100.3310 Business Income of Persons Other Than Residents (IITA Section 304) – In General
- 100.3320 Business Income of Persons Other Than Residents (IITA Section 304) – Apportionment (Repealed)

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

- 100.3330 Business Income of Persons Other Than Residents (IITA Section 304) – Allocation
- 100.3340 Business Income of Persons Other Than Residents (IITA Section 304)
- 100.3350 Property Factor (IITA Section 304)
- 100.3360 Payroll Factor (IITA Section 304)
- 100.3370 Sales Factor (IITA Section 304)
- 100.3371 Sales Factor for Telecommunications Services
- 100.3373 Sales Factor for Publishing
- 100.3380 Special Rules (IITA Section 304)
- 100.3390 Petitions for Alternative Allocation or Apportionment (IITA Section 304(f))
- 100.3400 Apportionment of Business Income of Financial Organizations for Taxable Years Ending Prior to December 31, 2008 (IITA Section 304(c))
- 100.3405 Apportionment of Business Income of Financial Organizations for Taxable Years Ending on or after December 31, 2008 (IITA Section 304(c))
- 100.3420 Apportionment of Business Income of Insurance Companies (IITA Section 304(b))
- 100.3500 Allocation and Apportionment of Base Income by Nonresident Partners

## SUBPART N: ACCOUNTING

## Section

- 100.4500 Carryovers of Tax Attributes (IITA Section 405)

## SUBPART O: TIME AND PLACE FOR FILING RETURNS

## Section

- 100.5000 Time for Filing Returns: Individuals (IITA Section 505)
- 100.5010 Place for Filing Returns: All Taxpayers (IITA Section 505)
- 100.5020 Extensions of Time for Filing Returns: All Taxpayers (IITA Section 505)
- 100.5030 Taxpayer's Notification to the Department of Certain Federal Changes Arising in Federal Consolidated Return Years, and Arising in Certain Loss Carryback Years (IITA Section 506)
- 100.5040 Innocent Spouses
- 100.5050 Frivolous Returns
- 100.5060 Reportable Transactions
- 100.5070 List of Investors in Potentially Abusive Tax Shelters and Reportable Transactions
- 100.5080 Registration of Tax Shelters (IITA Section 1405.5)

## SUBPART P: COMPOSITE RETURNS

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

## Section

100.5100	Composite Returns: Eligibility
100.5110	Composite Returns: Responsibilities of Authorized Agent
100.5120	Composite Returns: Individual Liability
100.5130	Composite Returns: Required forms and computation of Income
100.5140	Composite Returns: Estimated Payments
100.5150	Composite Returns: Tax, Penalties and Interest
100.5160	Composite Returns: Credits on Separate Returns
100.5170	Composite Returns: Definition of a "Lloyd's Plan of Operation"
100.5180	Composite Returns: Overpayments and Underpayments

## SUBPART Q: COMBINED RETURNS

## Section

100.5200	Filing of Combined Returns
100.5201	Definitions and Miscellaneous Provisions Relating to Combined Returns
100.5205	Election to File a Combined Return
100.5210	Procedures for Elective and Mandatory Filing of Combined Returns
100.5215	Filing of Separate Unitary Returns
100.5220	Designated Agent for the Members
100.5230	Combined Estimated Tax Payments
100.5240	Claims for Credit of Overpayments
100.5250	Liability for Combined Tax, Penalty and Interest
100.5260	Combined Amended Returns
100.5265	Common Taxable Year
100.5270	Computation of Combined Net Income and Tax
100.5280	Combined Return Issues Related to Audits

## SUBPART S: REQUIREMENT AND AMOUNT OF WITHHOLDING

## Section

100.7000	Requirement of Withholding (IITA Section 701)
100.7010	Compensation Paid in this State (IITA Section 701)
100.7020	Transacting Business Within this State (IITA Section 701)
100.7030	Payments to Residents (IITA Section 701)
100.7035	Nonresident Partners, Subchapter S Corporation Shareholders, and Trust Beneficiaries (IITA Section 709.5)
100.7040	Employer Registration (IITA Section 701)

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

100.7050	Computation of Amount Withheld (IITA Section 702)
100.7060	Additional Withholding (IITA Section 701)
100.7070	Voluntary Withholding (IITA Section 701)
100.7080	Correction of Underwithholding or Overwithholding (IITA Section 701)
100.7090	Reciprocal Agreement (IITA Section 701)
100.7095	Cross References

## SUBPART T: AMOUNT EXEMPT FROM WITHHOLDING

Section	
100.7100	Withholding Exemption (IITA Section 702)
100.7110	Withholding Exemption Certificate (IITA Section 702)
100.7120	Exempt Withholding Under Reciprocal Agreements (IITA Section 702)

## SUBPART U: INFORMATION STATEMENT

Section	
100.7200	Reports for Employee (IITA Section 703)

## SUBPART V: EMPLOYER'S RETURN AND PAYMENT OF TAX WITHHELD

Section	
100.7300	Returns and Payments of Income Tax Withheld from Wages (IITA Sections 704 and 704A)
100.7310	Returns Filed and Payments Made on Annual Basis (IITA Section 704)
100.7320	Time for Filing Returns and Making Payments for Taxes Required to Be Withheld Prior to January 1, 2008 (IITA Section 704)
100.7325	Time for Filing Returns and Making Payments for Taxes Required to Be Withheld On or After January 1, 2008 (IITA Section 704A)
100.7330	Payment of Tax Required to be Shown Due on a Return (IITA Sections 704 and 704A)
100.7340	Correction of Underwithholding or Overwithholding (IITA Section 704)
100.7350	Domestic Service Employment (IITA Sections 704 and 704A)
100.7360	Definitions and Special Provisions Relating to Reporting and Payment of Income Tax Withheld (IITA Sections 704 and 704A)
100.7370	Penalty and Interest Provisions Relating to Reporting and Payment of Income Tax Withheld (IITA Sections 704 and 704A)

## SUBPART W: ESTIMATED TAX PAYMENTS

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENT

Section

- 100.8000 Payment of Estimated Tax (IITA Section 803)
- 100.8010 Failure to Pay Estimated Tax (IITA Sections 804 and 806)

SUBPART X: COLLECTION AUTHORITY

Section

- 100.9000 General Income Tax Procedures (IITA Section 901)
- 100.9010 Collection Authority (IITA Section 901)
- 100.9020 Child Support Collection (IITA Section 901)

SUBPART Y: NOTICE AND DEMAND

Section

- 100.9100 Notice and Demand (IITA Section 902)

SUBPART Z: ASSESSMENT

Section

- 100.9200 Assessment (IITA Section 903)
- 100.9210 Waiver of Restrictions on Assessment (IITA Section 907)

SUBPART AA: DEFICIENCIES AND OVERPAYMENTS

Section

- 100.9300 Deficiencies and Overpayments (IITA Section 904)
- 100.9310 Application of Tax Payments Within Unitary Business Groups (IITA Section 603)
- 100.9320 Limitations on Notices of Deficiency (IITA Section 905)
- 100.9330 Further Notices of Deficiency Restricted (IITA Section 906)

SUBPART BB: CREDITS AND REFUNDS

Section

- 100.9400 Credits and Refunds (IITA Section 909)
- 100.9410 Limitations on Claims for Refund (IITA Section 911)
- 100.9420 Recovery of Erroneous Refund (IITA Section 912)

SUBPART CC: INVESTIGATIONS AND HEARINGS

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

## Section

100.9500	Access to Books and Records (IITA Section 913)
100.9505	Access to Books and Records – 60-Day Letters (IITA Section 913) (Repealed)
100.9510	Taxpayer Representation and Practice Requirements
100.9520	Conduct of Investigations and Hearings (IITA Section 914)
100.9530	Books and Records

## SUBPART DD: JUDICIAL REVIEW

## Section

100.9600	Administrative Review Law (IITA Section 1201)
----------	---

## SUBPART EE: DEFINITIONS

## Section

100.9700	Unitary Business Group Defined (IITA Section 1501)
100.9710	Financial Organizations (IITA Section 1501)
100.9720	Nexus
100.9730	Investment Partnerships (IITA Section 1501(a)(11.5))
100.9750	Corporation, Subchapter S Corporation, Partnership and Trust Defined (IITA Section 1501)

## SUBPART FF: LETTER RULING PROCEDURES

## Section

100.9800	Letter Ruling Procedures
----------	--------------------------

## SUBPART GG: MISCELLANEOUS

## Section

100.9900	Tax Shelter Voluntary Compliance Program
100.APPENDIX A	Business Income Of Persons Other Than Residents
100.TABLE A	Example of Unitary Business Apportionment
100.TABLE B	Example of Unitary Business Apportionment for Groups Which Include Members Using Three-Factor and Single-Factor Formulas

AUTHORITY: Implementing the Illinois Income Tax Act [35 ILCS 5] and authorized by Section 1401 of the Illinois Income Tax Act [35 ILCS 5/1401].

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

SOURCE: Filed July 14, 1971, effective July 24, 1971; amended at 2 Ill. Reg. 49, p. 84, effective November 29, 1978; amended at 5 Ill. Reg. 813, effective January 7, 1981; amended at 5 Ill. Reg. 4617, effective April 14, 1981; amended at 5 Ill. Reg. 4624, effective April 14, 1981; amended at 5 Ill. Reg. 5537, effective May 7, 1981; amended at 5 Ill. Reg. 5705, effective May 20, 1981; amended at 5 Ill. Reg. 5883, effective May 20, 1981; amended at 5 Ill. Reg. 6843, effective June 16, 1981; amended at 5 Ill. Reg. 13244, effective November 13, 1981; amended at 5 Ill. Reg. 13724, effective November 30, 1981; amended at 6 Ill. Reg. 579, effective December 29, 1981; amended at 6 Ill. Reg. 9701, effective July 26, 1982; amended at 7 Ill. Reg. 399, effective December 28, 1982; amended at 8 Ill. Reg. 6184, effective April 24, 1984; codified at 8 Ill. Reg. 19574; amended at 9 Ill. Reg. 16986, effective October 21, 1985; amended at 9 Ill. Reg. 685, effective December 31, 1985; amended at 10 Ill. Reg. 7913, effective April 28, 1986; amended at 10 Ill. Reg. 19512, effective November 3, 1986; amended at 10 Ill. Reg. 21941, effective December 15, 1986; amended at 11 Ill. Reg. 831, effective December 24, 1986; amended at 11 Ill. Reg. 2450, effective January 20, 1987; amended at 11 Ill. Reg. 12410, effective July 8, 1987; amended at 11 Ill. Reg. 17782, effective October 16, 1987; amended at 12 Ill. Reg. 4865, effective February 25, 1988; amended at 12 Ill. Reg. 6748, effective March 25, 1988; amended at 12 Ill. Reg. 11766, effective July 1, 1988; amended at 12 Ill. Reg. 14307, effective August 29, 1988; amended at 13 Ill. Reg. 8917, effective May 30, 1989; amended at 13 Ill. Reg. 10952, effective June 26, 1989; amended at 14 Ill. Reg. 4558, effective March 8, 1990; amended at 14 Ill. Reg. 6810, effective April 19, 1990; amended at 14 Ill. Reg. 10082, effective June 7, 1990; amended at 14 Ill. Reg. 16012, effective September 17, 1990; emergency amendment at 17 Ill. Reg. 473, effective December 22, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 8869, effective June 2, 1993; amended at 17 Ill. Reg. 13776, effective August 9, 1993; recodified at 17 Ill. Reg. 14189; amended at 17 Ill. Reg. 19632, effective November 1, 1993; amended at 17 Ill. Reg. 19966, effective November 9, 1993; amended at 18 Ill. Reg. 1510, effective January 13, 1994; amended at 18 Ill. Reg. 2494, effective January 28, 1994; amended at 18 Ill. Reg. 7768, effective May 4, 1994; amended at 19 Ill. Reg. 1839, effective February 6, 1995; amended at 19 Ill. Reg. 5824, effective March 31, 1995; emergency amendment at 20 Ill. Reg. 1616, effective January 9, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 6981, effective May 7, 1996; amended at 20 Ill. Reg. 10706, effective July 29, 1996; amended at 20 Ill. Reg. 13365, effective September 27, 1996; amended at 20 Ill. Reg. 14617, effective October 29, 1996; amended at 21 Ill. Reg. 958, effective January 6, 1997; emergency amendment at 21 Ill. Reg. 2969, effective February 24, 1997, for a maximum of 150 days; emergency expired July 24, 1997; amended at 22 Ill. Reg. 2234, effective January 9, 1998; amended at 22 Ill. Reg. 19033, effective October 1, 1998; amended at 22 Ill. Reg. 21623, effective December 15, 1998; amended at 23 Ill. Reg. 3808, effective March 11, 1999; amended at 24 Ill. Reg. 10593, effective July 7, 2000; amended at 24 Ill. Reg. 12068, effective July 26, 2000; emergency amendment at 24 Ill. Reg. 17585, effective November 17, 2000, for a

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

maximum of 150 days; amended at 24 Ill. Reg. 18731, effective December 11, 2000; amended at 25 Ill. Reg. 4640, effective March 15, 2001; amended at 25 Ill. Reg. 4929, effective March 23, 2001; amended at 25 Ill. Reg. 5374, effective April 2, 2001; amended at 25 Ill. Reg. 6687, effective May 9, 2001; amended at 25 Ill. Reg. 7250, effective May 25, 2001; amended at 25 Ill. Reg. 8333, effective June 22, 2001; amended at 26 Ill. Reg. 192, effective December 20, 2001; amended at 26 Ill. Reg. 1274, effective January 15, 2002; amended at 26 Ill. Reg. 9854, effective June 20, 2002; amended at 26 Ill. Reg. 13237, effective August 23, 2002; amended at 26 Ill. Reg. 15304, effective October 9, 2002; amended at 26 Ill. Reg. 17250, effective November 18, 2002; amended at 27 Ill. Reg. 13536, effective July 28, 2003; amended at 27 Ill. Reg. 18225, effective November 17, 2003; emergency amendment at 27 Ill. Reg. 18464, effective November 20, 2003, for a maximum of 150 days; emergency expired April 17, 2004; amended at 28 Ill. Reg. 1378, effective January 12, 2004; amended at 28 Ill. Reg. 5694, effective March 17, 2004; amended at 28 Ill. Reg. 7125, effective April 29, 2004; amended at 28 Ill. Reg. 8881, effective June 11, 2004; emergency amendment at 28 Ill. Reg. 14271, effective October 18, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 14868, effective October 26, 2004; emergency amendment at 28 Ill. Reg. 15858, effective November 29, 2004, for a maximum of 150 days; amended at 29 Ill. Reg. 2420, effective January 28, 2005; amended at 29 Ill. Reg. 6986, effective April 26, 2005; amended at 29 Ill. Reg. 13211, effective August 15, 2005; amended at 29 Ill. Reg. 20516, effective December 2, 2005; amended at 30 Ill. Reg. 6389, effective March 30, 2006; amended at 30 Ill. Reg. 10473, effective May 23, 2006; amended by 30 Ill. Reg. 13890, effective August 1, 2006; amended at 30 Ill. Reg. 18739, effective November 20, 2006; amended at 31 Ill. Reg. 16240, effective November 26, 2007; amended at 32 Ill. Reg. 872, effective January 7, 2008; amended at 32 Ill. Reg. 1407, effective January 17, 2008; amended at 32 Ill. Reg. 3400, effective February 25, 2008; amended at 32 Ill. Reg. 6055, effective March 25, 2008; amended at 32 Ill. Reg. 10170, effective June 30, 2008; amended at 32 Ill. Reg. 13223, effective July 24, 2008; amended at 32 Ill. Reg. 17492, effective October 24, 2008; amended at 33 Ill. Reg. 1195, effective December 31, 2008; amended at 33 Ill. Reg. 2306, effective January 23, 2009; amended at 33 Ill. Reg. 14168, effective September 28, 2009; amended at 33 Ill. Reg. 15044, effective October 26, 2009; amended at 34 Ill. Reg. 550, effective December 22, 2009; amended at 34 Ill. Reg. 3886, effective March 12, 2010; amended at 34 Ill. Reg. 12891, effective August 19, 2010; amended at 35 Ill. Reg. 4223, effective February 25, 2011; amended at 35 Ill. Reg. 15092, effective August 24, 2011; amended at 36 Ill. Reg. 2363, effective January 25, 2012; amended at 36 Ill. Reg. 9247, effective June 5, 2012; amended at 37 Ill. Reg. 5823, effective April 19, 2013; amended at 37 Ill. Reg. 20751, effective December 13, 2013; recodified at 38 Ill. Reg. 4527; amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART V: EMPLOYER'S RETURN AND PAYMENT OF TAX WITHHELD

**Section 100.7350 Domestic Service Employment (IITA Sections 704 and 704A)**

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

- a) *On and after January 1, 1998, every employer who deducts and withholds or is required to deduct and withhold tax from a person engaged in domestic service employment, as that term is defined in IRC section 3510, may comply with the payment and reporting requirements of IITA Section 704 by filing an annual return and paying the taxes required to be deducted and withheld on or before the 15<sup>th</sup> day of the fourth month following the close of the employer's taxable year. (IITA Sections 704(e-5) and 704A(e))*
- b) All taxes withheld from compensation of domestic employees may be paid and reported under this provision, regardless of the amount of taxes withheld and regardless of whether the employer has other employees and must pay and report taxes withheld from their compensation under other provisions of IITA Sections 704 and 704A.
- c) Employers wishing to pay and report on an annual basis taxes withheld from domestic employees must ~~register to do so with the Illinois Department of Employment Security, and~~ use the [Form IL-1040, Illinois Individual Income Tax Return, or such other](#) form ~~as may be~~ required by the ~~Illinois~~ Department of ~~Employment Security~~ to report the Illinois income taxes withheld ~~and unemployment insurance contributions~~.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## POLLUTION CONTROL BOARD

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Water Use Designations and Site-Specific Water Quality Standards
- 2) Code Citation: 35 Ill. Adm. Code 303
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
303.204	Amend
303.220	Amend
303.230	New
303.235	New
- 4) Statutory Authority: Implementing and authorized by Sections 10 and 27 of the Illinois Environmental Protection Act [415 ILCS 5/10 and 27]
- 5) Effective Date of Rule: February 13, 2014
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) The text of the adopted rule is on file in the Board's Chicago office at the James R. Thompson Center, 100 W. Randolph Street, Suite 11-500, and is available there for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: March 15, 2013; 37 Ill. Reg. 2851
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: Section 303.230 was renamed and the text replaced with a new use designation for the Upper Dresdan Island Pool. The title and Section 303.230 as proposed at first notice were added to Section 303.235. Other differences between the amendments proposed at first notice and the adopted amendments are non-substantive and made for clarification and consistency with other rules.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements letter issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rule currently in effect? No

## POLLUTION CONTROL BOARD

## NOTICE OF ADOPTED AMENDMENTS

- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: For a more detailed description, please see the Board's opinion and order of February 6, 2014 in R08-9C. The Board adopts a rule that designates aquatic life uses for the Chicago Area Waterways Systems (CAWS) and Lower Des Plaines River (LDPR). After reviewing the record and examining the Clean Water Act (CWA) goal of "water quality which provides for the protection and propagation of fish, shellfish, and wildlife. . ." (33 U.S.C. § 1251(a)(2)), the Board is adopting three aquatic life use designations and has developed definitions of those aquatic life use designations. The Board adopts a CAWS Aquatic Life Use (ALU) A, CAWS and Brandon Pool Aquatic Life Use (ALU) B, and Upper Dresden Island Pool (UDIP) Aquatic Life Use (ALU).

Generally, CAWS ALU A waters are capable of maintaining intermediately tolerant species such as channel catfish, largemouth bass, bluegill, black crappie, spotfin shiner, orangespotted sunfish, common carp, and goldfish. The Board adopts as CAWS ALU A waters: Upper North Shore Channel, Lower North Shore Channel, North Branch of the Chicago River, South Branch of the Chicago River, Calumet-Saganashkee (Cal-Sag) Channel, Calumet River, Little Calumet River, Grand Calumet River, Lake Calumet, and Lake Calumet Connecting Channel.

CAWS and Brandon Pool ALU B waters are capable of protecting aquatic life populations predominated by individuals of tolerant types such as common carp, golden shiner, bluntnose minnow, yellow bullhead, and green sunfish. The Board adopts as ALU B waters the Chicago Sanitary and Ship Canal and Brandon Pool.

The UDIP ALU is defined as waters capable of maintaining, and having quality sufficient to protect, aquatic-life populations consisting of individuals of tolerant, intermediately tolerant, and intolerant types such as largemouth bass, bluntnose minnow, channel catfish, orangespotted sunfish, smallmouth bass, shorthead redhorse, and spottail shiner.

The Board also adopts language to establish numeric water quality standards for fecal coliform bacteria applicable to Primary Contact Recreation Waters.

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

Marie Tipsord  
Illinois Pollution Control Board  
100 W. Randolph Street, Suite 11-500

## POLLUTION CONTROL BOARD

## NOTICE OF ADOPTED AMENDMENTS

Chicago, IL 60601

312/814-4925

Marie.Tipsord@illinois.gov

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, R08-09(c), in your request. The Board's opinions and orders are also available from the Board's website ([www.ipcb.state.il.us](http://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 C: WATER POLLUTION  
CHAPTER I: POLLUTION CONTROL BOARD

PART 303  
WATER USE DESIGNATIONS AND SITE-SPECIFIC  
WATER QUALITY STANDARDS

SUBPART A: GENERAL PROVISIONS

- Section
- 303.100 Scope and Applicability
- 303.101 Multiple Designations
- 303.102 Rulemaking Required (Repealed)

SUBPART B: NONSPECIFIC WATER USE DESIGNATIONS

- Section
- 303.200 Scope and Applicability
- 303.201 General Use Waters
- 303.202 Public and Food Processing Water Supplies
- 303.203 Underground Waters
- 303.204 Chicago Area Waterway System and Lower Des Plaines River
- 303.205 Outstanding Resource Waters
- 303.206 List of Outstanding Resource Waters
- 303.220 Primary Contact Recreation Waters
- 303.225 Incidental Contact Recreation Waters
- 303.227 Non-Contact Recreation Waters and Non-Recreational Waters
- 303.230 Upper Dresden Island Pool Aquatic Life Use Waters
- 303.235 Chicago Area Waterway System Aquatic Life Use A Waters and Chicago Area Waterway System and Brandon Pool Aquatic Life Use B Waters

SUBPART C: SPECIFIC USE DESIGNATIONS AND SITE  
SPECIFIC WATER QUALITY STANDARDS

- Section
- 303.300 Scope and Applicability
- 303.301 Organization
- 303.311 Ohio River Temperature

## POLLUTION CONTROL BOARD

## NOTICE OF ADOPTED AMENDMENTS

- 303.312 Waters Receiving Fluorspar Mine Drainage (Repealed)
- 303.321 Wabash River Temperature
- 303.322 Unnamed Tributary of the Vermilion River
- 303.323 Sugar Creek and Its Unnamed Tributary
- 303.326 Unnamed Tributary of Salt Creek, Salt Creek, and Little Wabash River
- 303.331 Mississippi River North Temperature
- 303.341 Mississippi River North Central Temperature
- 303.351 Mississippi River South Central Temperature
- 303.352 Unnamed Tributary of Wood River Creek
- 303.353 Schoenberger Creek; Unnamed Tributary of Cahokia Canal
- 303.361 Mississippi River South Temperature
- 303.400 Bankline Disposal Along the Illinois Waterway/River
- 303.430 Unnamed Tributary to Dutch Creek
- 303.431 Long Point Slough and Its Unnamed Tributary
- 303.441 Secondary Contact Waters (Repealed)
- 303.442 Waters Not Designated for Public Water Supply
- 303.443 Lake Michigan Basin
- 303.444 Salt Creek, Higgins Creek, West Branch of the DuPage River, Des Plaines River
- 303.445 Total Dissolved Solids Water Quality Standard for the Lower Des Plaines River
- 303.446 Boron Water Quality Standard for Segments of the Sangamon River and the Illinois River
- 303.447 Unnamed Tributary of the South Branch Edwards River and South Branch Edwards River
- 303.448 Mud Run Creek

## SUBPART D: THERMAL DISCHARGES

- Section
- 303.500 Scope and Applicability
- 303.502 Lake Sangchris Thermal Discharges

- 303.APPENDIX A References to Previous Rules
- 303.APPENDIX B Sources of Codified Sections

AUTHORITY: Implementing Section 13 and authorized by Sections 11(b) and 27 of the Environmental Protection Act [415 ILCS 5/13, 11(b) and 27].

SOURCE: Filed with the Secretary of State January 1, 1978; amended at 2 Ill. Reg. 27, p. 221, effective July 5, 1978; amended at 3 Ill. Reg. 20, p. 95, effective May 17, 1979; amended at 5 Ill.

## POLLUTION CONTROL BOARD

## NOTICE OF ADOPTED AMENDMENTS

Reg. 11592, effective October 19, 1981; codified at 6 Ill. Reg. 7818; amended at 6 Ill. Reg. 11161, effective September 7, 1982; amended at 7 Ill. Reg. 8111, effective June 23, 1983; amended in R87-27 at 12 Ill. Reg. 9917, effective May 27, 1988; amended in R87-2 at 13 Ill. Reg. 15649, effective September 22, 1989; amended in R87-36 at 14 Ill. Reg. 9460, effective May 31, 1990; amended in R86-14 at 14 Ill. Reg. 20724, effective December 18, 1990; amended in R89-14(C) at 16 Ill. Reg. 14684, effective September 10, 1992; amended in R92-17 at 18 Ill. Reg. 2981, effective February 14, 1994; amended in R91-23 at 18 Ill. Reg. 13457, effective August 19, 1994; amended in R93-13 at 19 Ill. Reg. 1310, effective January 30, 1995; amended in R95-14 at 20 Ill. Reg. 3534, effective February 8, 1996; amended in R97-25 at 22 Ill. Reg. 1403, effective December 24, 1997; amended in R01-13 at 26 Ill. Reg. 3517, effective February 22, 2002; amended in R03-11 at 28 Ill. Reg. 3071, effective February 4, 2004; amended in R06-24 at 31 Ill. Reg. 4440, effective February 27, 2007; amended in R09-8 at 33 Ill. Reg. 7903, effective May 29, 2009; amended in R09-11 at 33 Ill. Reg. 12258, effective August 11, 2009; amended in R08-9(A) at 35 Ill. Reg. 15078, effective August 23, 2011; amended in R11-18 at 36 Ill. Reg. 18898, effective December 12, 2012; amended in R08-9(C) at 38 Ill. Reg. 5517, effective February 13, 2014.

## SUBPART B: NONSPECIFIC WATER USE DESIGNATIONS

**Section 303.204 Chicago Area Waterway System and Lower Des Plaines River**

The Chicago Area Waterway System and Lower Des Plaines River Waters are designated to protect for primary contact recreation, incidental contact or non-contact recreational uses (except where designated as non-recreational waters), ~~and~~ commercial activity (including navigation and industrial water supply uses), and the highest quality aquatic life and wildlife attainable, limited only by the physical condition of these waters and hydrologic modifications to these waters. These waters are required to meet the secondary contact and indigenous aquatic life standards contained in 35 Ill. Adm. Code 302, Subpart D, but are not required to meet the general use standards or the public and food processing water supply standards of 35 Ill. Adm. Code 302, Subpart B and C, except that the waters designated as Primary Contact Recreation Waters in Section 303.220 must meet the numeric water quality standard for fecal coliform bacteria applicable to protected waters in 35 Ill. Adm. Code 302.209. Designated recreational uses and aquatic life use for each segment of the Chicago Area Waterway System and Lower Des Plaines River are identified in this Subpart.

(Source: Amended at 38 Ill. Reg. 5517, effective February 13, 2014)

**Section 303.220 Primary Contact Recreation Waters**

## POLLUTION CONTROL BOARD

## NOTICE OF ADOPTED AMENDMENTS

The following waters are designated as Primary Contact Recreation Waters and must be protected for Primary Contact Recreation uses as defined in 35 Ill. Adm. Code 301.323. These waters must meet the numeric water quality standard for fecal coliform bacteria applicable to protected waters in 35 Ill. Adm. Code 302.209.

- a) Lower North Shore Channel from North Side Water Reclamation Plant to confluence with North Branch of the Chicago River;
- b) North Branch of the Chicago River from its confluence with North Shore Channel to its confluence with South Branch of the Chicago River and Chicago River;
- c) Chicago River;
- d) South Branch of the Chicago River;
- e) Little Calumet River from its confluence with Calumet River and Grand Calumet River to its confluence with ~~Cal~~Calumet-Sag Channel; and
- f) ~~Cal~~Calumet-Sag Channel.

(Source: Amended at 38 Ill. Reg. 5517, effective February 13, 2014)

**Section 303.230 Upper Dresden Island Pool Aquatic Life Use Waters**

Upper Dresden Island Pool Aquatic Life Use Waters

- a) Lower Des Plaines River from the Brandon Road Lock and Dam to the Interstate 55 bridge is designated as the Upper Dresden Island Pool Aquatic Life Use. These waters are capable of maintaining, and shall have quality sufficient to protect, aquatic-life populations consisting of individuals of tolerant, intermediately tolerant, and intolerant types that are adaptive to the unique flow conditions necessary to maintain navigational use and upstream flood control functions of the waterway system. Such aquatic life may include, but is not limited to, largemouth bass, bluntnose minnow, channel catfish, orangespotted sunfish, smallmouth bass, shorthead redhorse, and spottail shiner.
- b) Upper Dresden Island Pool Aquatic Life Use Waters must meet the water quality standards of 35 Ill. Adm. Code 302.Subpart D.

## POLLUTION CONTROL BOARD

## NOTICE OF ADOPTED AMENDMENTS

(Source: Added at 38 Ill. Reg. 5517, effective February 13, 2014)

**Section 303.235 Chicago Area Waterway System Aquatic Life Use A Waters and Chicago Area Waterway System and Brandon Pool Aquatic Life Use B Waters**

- a) Chicago Area Waterways System Aquatic Life Use A Waters
- 1) Waters designated as Chicago Area Waterway System Aquatic Life Use A Waters are capable of maintaining, and shall have quality sufficient to protect, aquatic-life populations predominated by individuals of tolerant and intermediately tolerant types that are adaptive to the unique physical conditions, flow patterns, and operational controls necessary to maintain navigational use, flood control, and drainage functions of the waterway system. Such aquatic life may include, but is not limited to, fish species, such as channel catfish, largemouth bass, bluegill, black crappie, spotfin shiner, orangespotted sunfish, common carp, and goldfish.
  - 2) Waters designated as Chicago Area Waterway System Aquatic Life Use A Waters are not capable of attaining an aquatic life use consistent with the section 101(a)(2) of the Clean Water Act goal (33 USC 1251(a)(2)).
  - 3) The following waters are designated as Chicago Area Waterway System Aquatic Life Use A Waters and must meet the water quality standards of 35 Ill. Adm. Code 302.Subpart D:
    - A) Upper North Shore Channel from Wilmette Pumping Station to North Side Water Reclamation Plant;
    - B) Lower North Shore Channel from North Side Water Reclamation Plant to confluence with North Branch of the Chicago River;
    - C) North Branch of the Chicago River from its confluence with North Shore Channel to its confluence with South Branch of the Chicago River and Chicago River;
    - D) South Branch of the Chicago River;
    - E) Calumet-Sag Channel;

## POLLUTION CONTROL BOARD

## NOTICE OF ADOPTED AMENDMENTS

- F) Calumet River from Lake Michigan to its confluence with Grand Calumet River and Little Calumet River;
  - G) Little Calumet River from its confluence with Calumet River and Grand Calumet River to its confluence with Calumet-Sag Channel;
  - H) Grand Calumet River;
  - I) Lake Calumet; and
  - J) Lake Calumet Connecting Channel.
- b) Chicago Area Waterway System and Brandon Pool Aquatic Life Use B Waters
- 1) Waters designated as Chicago Area Waterway System and Brandon Pool Aquatic Life Use B Waters are capable of maintaining, and shall have quality sufficient to protect, aquatic life populations predominated by individuals of tolerant types that are adaptive to unique physical conditions and modifications of long duration, including artificially constructed channels consisting of vertical sheet-pile, concrete and rip-rap walls designed to support commercial navigation, flood control, and drainage functions in deep-draft, steep-walled shipping channels. Such aquatic life may include, but is not limited to, fish species such as common carp, golden shiner, bluntnose minnow, yellow bullhead and green sunfish.
  - 2) Waters designated as Chicago Area Waterway System and Brandon Pool Aquatic Life Use B Waters are not capable of attaining an aquatic life use consistent with the section 101(a)(2) of the Clean Water Act goal (33 USC 1251(a)(2)).
  - 3) The following waters are designated as Chicago Area Waterway System and Brandon Pool Aquatic Life Use B Waters and must meet the water quality standards of 35 Ill. Adm. Code 302.Subpart D:
    - A) Chicago Sanitary and Ship Canal; and

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

- B) Lower Des Plaines River from its confluence with Chicago Sanitary and Ship Canal to the Brandon Road Lock and Dam Brandon Pool.

(Source: Added at 38 Ill. Reg. 5517, effective February 13, 2014)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Physical Fitness Facility Medical Emergency Preparedness Code
- 2) Code Citation: 77 Ill. Adm. Code 527
- 3) Section Number: 527.300                      Adopted Action: Amended
- 4) Statutory Authority: Physical Fitness Facility Medical Emergency Preparedness Act [210 ILCS 74]
- 5) Effective Date of Rule: February 11, 2014
- 6) Does this rule contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposed Amendment published in the *Illinois Register*: October 18, 2013; 37 Ill. Reg. 16304
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: None
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were requested.
- 13) Will this rulemaking replace any emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The amendment includes public or private secondary schools as an outdoor physical fitness facility pursuant to the Physical Fitness Facility Medical Emergency Preparedness Act [210 ILCS 74/5.25(a)(1.5)]. This statutory language was inadvertently omitted from a previous rulemaking.
- 16) Information and questions regarding this adopted rule shall be directed to:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

Susan Meister  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, 5<sup>th</sup> Floor  
Springfield, Illinois 62761

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

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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENT

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

## PART 527

## PHYSICAL FITNESS FACILITY MEDICAL EMERGENCY PREPAREDNESS CODE

## Section

527.100	Definitions
527.200	Incorporated and Referenced Materials
527.300	Physical Fitness Facility
527.400	Medical Emergency Plan
527.500	Coordination with Local Emergency Medical Services Systems
527.600	Automated External Defibrillators Required
527.700	Maintenance and Testing of Automated External Defibrillators
527.800	Training
527.900	Complaints and Inspections
527.1000	Violations
527.1100	Hearings

AUTHORITY: Implementing and authorized by the Physical Fitness Facility Medical Emergency Preparedness Act [210 ILCS 74].

SOURCE: Adopted at 29 Ill. Reg. 13855, effective August 23, 2005; amended at 34 Ill. Reg. 11419, effective July 21, 2010; amended at 35 Ill. Reg. 7708, effective April 27, 2011; amended at 37 Ill. Reg. 1247, effective January 18, 2013; amended at 38 Ill. Reg. 5527, effective February 11, 2014.

**Section 527.300 Physical Fitness Facility**

- a) For the purposes of this Part, the term "physical fitness facility" or "facility" includes any indoor establishment that meets all of the following requirements:
  - 1) In whole or in part, *is owned or operated by a park district, municipality, or other unit of local government, including a home rule unit, or by a public or private elementary or secondary school, college, university, or technical or trade school.*

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENT

- 2) *Is supervised by one or more persons, other than maintenance or security personnel, employed by the unit of local government, school, college, or university for the purpose of directly supervising the physical fitness activities taking place at any of the facilities listed in subsection (a)(3). (Section 5.25 of the Act)*
  - 3) *Includes, but is not limited to, the following indoor facilities: a swimming pool; stadium; athletic field; football stadium; soccer field; baseball diamond; track and field facility; tennis court; basketball court; volleyball court; aerobics studio; dance studio; boxing gym; martial-arts or self-defense studio; wrestling gym; weight-lifting facility; treadmill or stationary bicycle facility; velodrome; racquetball court; gymnastics facility; or any other indoor establishment focusing primarily on cardiovascular exertion where participants engage in relatively continuous active physical exercise that uses large muscle groups and that substantially increases the heart rate. (Section 5.25 of the Act)*
- b) For the purposes of this Part, "physical fitness facility" or "facility" includes *any of the following outdoor facilities that is:*
- 1) *Owned by a municipality, township or other unit of local government, including a home rule unit, or by a public or private elementary school or secondary school, college, university, or technical or trade school; and*
  - 2) *Is supervised by one or more persons, other than maintenance or security personnel, employed by the unit of local government, school, college, or university for the purpose of directly supervising the physical fitness activities taking place at any of these facilities: a swimming pool; athletic field; football stadium; soccer field; baseball diamond; track and field facility; tennis court; basketball court; volleyball court; golf course; or any other outdoor establishment focusing primarily on cardiovascular exertion where participants engage in relatively continuous active physical exercise that uses large muscle groups and that substantially increases the heart rate. (Section 5.25 of the Act)*
- c) Except as provided in subsection (d) of this Section, a physical fitness facility also includes *any other indoor or outdoor establishment, whether public or private, that provides services or facilities focusing on cardiovascular exertion or gaming. (Section 5.25 of the Act)*

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENT

- d) For the purposes of this Part, the term "physical fitness facility" or "facility" does not include:
- 1) A facility that serves fewer than 100 individual participants over the course of a calendar year. *For purposes of the Act and this Part, "individuals" includes only those persons actively engaged in physical exercise that uses large muscle groups and that substantially increases the heart rate.* (Section 5.25 of the Act) A facility relying on this subsection (d)(1) shall maintain adequate documentation for every year that the facility relies on this subsection. Such documentation shall be preserved by the facility for not less than three years and be provided to the Department upon request;
  - 2) *Any outdoor facility owned or operated by a park district organized under the Park District Code, the Chicago Park District Act, or the Metro-East Park and Recreation District Act;*
  - 3) *Any facility owned or operated by a forest preserve district organized under the Downstate Forest Preserve District Act or the Cook County Forest Preserve District Act or a conservation district organized under the Conservation District Act;*
  - 4) *A facility located in a hospital or in a hotel or motel;*
  - 5) *Any facility that does not employ any persons to provide instruction, training, coaching, refereeing, judging, or assistance for persons using the facility* (Section 5.25 of the Act);
  - 6) Yoga studios; driving ranges; bowling lanes; putting greens; batting cages; or other facilities where and when participants do not focus primarily on cardiovascular exertion by engaging in active physical exercise that uses large muscle groups and that substantially increases the heart rate;
  - 7) *Any facility during any activity or program organized by a private or not-for-profit organization and organized and supervised by a person or persons other than the employees of the unit of local government, school, college, or university.* (Section 5.25 of the Act)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

(Source: Amended at 38 Ill. Reg. 5527, effective February 11, 2014)

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Control of Communicable Diseases Code
- 2) Code Citation: 77 Ill. Adm. Code 690
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
690.10	Amend; Renumber
690.20	Amend; Renumber
690.30	Amend; Renumber
690.100	Amend
690.110	Amend
690.200	Amend
690.295	Amend
690.320	Amend
690.322	Amend
690.327	Amend
690.330	Amend
690.350	Amend
690.360	Amend
690.362	Amend
690.365	Amend
690.368	Amend
690.380	Amend
690.400	Amend
690.410	Repeal
690.420	Repeal
690.441	Amend
690.442	Amend
690.450	Amend
690.451	Amend
690.452	Amend
690.460	Amend
690.468	New
690.469	Amend
690.475	Amend
690.480	Amend
690.490	Amend
690.495	Amend
690.510	Amend
690.520	Amend

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

690.550	Amend
690.565	New
690.570	Amend
690.580	Amend
690.590	Amend
690.595	Amend
690.600	Amend
690.601	Amend
690.620	Amend
690.630	Amend
690.640	Amend
690.650	Amend
690.658	Amend
690.660	Amend
690.670	Amend
690.698	Amend
690.710	Amend
690.725	Amend
690.730	Amend
690.740	Amend
690.745	Amend
690.750	Amend
690.752	Amend
690.900	Renumber
690.1000	Renumber
690.1010	Renumber

- 4) Statutory Authority: The Communicable Disease Report Act [745 ILCS 45] and the Department of Public Health Act [20 ILCS 2305]
- 5) Effective Date of Rule: February 11, 2014
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 9) Notice of Proposed Rulemaking published in the *Illinois Register*: April 12, 2013; 37 Ill. Reg. 4479
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version:

The following changes were made in response to comments received during the first notice or public comment period:

Changes were made in the table of contents to reflect changes in the text of the rules.

In Section 690.10, definitions were added for "Cabapenum Antibiotics", "Extensively Drug-Resistant Organisms", "Non-Duplicative Isolate" and "Recombinant Organism".

In Section 690.10, the following was added to the definition of "Health Information Exchange": "; or, for purposes of this Part, an electronic network whose purpose is to accomplish the exchange, or an organization that oversees and governs the network".

In Section 690.10, the definition of "Registry" was amended as follows: "A data collection and information system that is designed to support organized care and management."

In Section 690.30(a)(8), ", including a health information exchange," was added after "entity"; in subsection (a)(10)(A), "health" was added before "information exchanges"; in subsection (a)(10)(B), "health information exchanges" was added after "governmental entities".

Section 690.100(c)(5) was deleted and subsequent subsections were re-labeled.

In Section 690.200(a)(5)(C), the following was added after "provider": "the Department will prescribe the use of a health information exchange to achieve these purposes when a health information exchange is available". The same language was added in subsection (d)(8)(C).

In Section 590.295(c), "amoebic meningoencephalitis" was added after "glanders".

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

Section 690.395 was deleted.

In Section 690.660(a)(2)(A), "laboratory test" was deleted and "clinical" was added; "culture" was reinstated; "(screening or clinical)" was stricken.

Section 690.1500 was added and the subpart heading was amended.

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

Statutory language was italicized throughout the rulemaking.

In Section 690.200(a)(1)(N), "and embalmers" was added.

In Section 690.630(b)(2)(A)(ii), "toxigenic" was added after "for".

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

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The rules have been changed to update reporting activities of mandatory reporters, to improve communicable disease reporting in Illinois. The Control of Communicable Diseases Code provides a list of the reportable diseases and conditions, the timeframes in which these diseases or conditions shall be reported, the reporting entities and the procedures for reporting.

The rules also provide detailed procedures for the control of communicable diseases for each reportable disease, as well as general procedures for the control of communicable diseases. The document also provides definitions of terms and references to incorporated materials. The amendments update the existing rules based on the most current disease and procedure information to improve the control of communicable disease in Illinois. Information on diseases and conditions, appropriate measures to control communicable diseases, and technology in place to report diseases have changed since the last revision of the rules.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

To improve communicable disease reporting, the number of reporting entities has been increased and additional reporting entities have been added. To monitor the severity and burden of disease secondary to Influenza in Illinois, the rules been updated to add the reporting of hospitalized residents who received a diagnosis of Influenza into intensive care units.

To help prevent the spread of a contagious disease, or a dangerously contagious or infectious disease, the rules have been updated to reflect improved data sharing between the Department, local boards of health and local public health authorities

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

Susan Meister  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, 5<sup>th</sup> Floor  
Springfield IL 62761

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

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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

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

PART 690  
 CONTROL OF COMMUNICABLE DISEASES CODE

SUBPART A: GENERAL PROVISIONS

## Section

- 690.~~10900~~ Definitions~~Definition of Terms~~  
 690.~~201010~~ Incorporated and Referenced Materials  
 690.~~301000~~ General Procedures for the Control of Communicable Diseases

SUBPART BA: REPORTABLE DISEASES AND CONDITIONS

- 690.100 Diseases and Conditions  
 690.110 Diseases Repealed from This Part

SUBPART CB: REPORTING

## Section

- 690.200 Reporting

SUBPART DC: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

## Section

- 690.290 Acquired Immunodeficiency Syndrome (AIDS) (Repealed)  
 690.295 Any Unusual Case of a Disease or Condition Caused by an Infectious Agent Not Listed in this Part that is of Urgent Public Health Significance or Cluster of Cases That May Indicate a Public Health Hazard, Including, But Not Limited to, Glanders, Orf, Monkeypox, Viral Hemorrhagic Fever (Reportable by telephone immediately (within ~~three~~3 hours))  
 690.300 Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)  
 690.310 Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)  
 690.320 Anthrax (Reportable by telephone immediately, within ~~three~~3 hours, upon initial clinical suspicion of the disease)  
 690.322 Arboviral Infections (~~Including~~including, but ~~Not Limited~~not limited to,

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- ~~Chikungunya Fever~~, California ~~Encephalitis~~~~encephalitis~~, St. Louis ~~Encephalitis~~~~encephalitis~~, Dengue Fever and West Nile ~~Virus~~~~virus~~) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~~~7~~ days)
- 690.325 Blastomycosis (Reportable by ~~mail~~, telephone, ~~facsimile or electronically~~ as soon as possible, within 7 days) (Repealed)
- 690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Wound, or Other (Reportable by telephone immediately, within ~~three~~~~3~~ hours upon initial clinical suspicion of the disease for foodborne botulism or within 24 hours by telephone or facsimile for other types)
- 690.330 Brucellosis (Reportable by ~~mail~~, telephone, ~~facsimile or electronically~~ as soon as possible (within ~~24 hours~~~~7 days~~), unless ~~suspects~~~~suspected~~ bioterrorist event or part of an outbreak, then reportable immediately (within ~~three~~~~3~~ hours) by telephone)
- 690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
- 690.340 Chancroid (Repealed)
- 690.350 Chickenpox (Varicella) (Reportable by telephone, facsimile or electronically, within 24 hours)
- 690.360 Cholera (~~Toxigenic~~ Vibrio cholerae O1 or O139) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.362 Creutzfeldt-Jakob Disease (CJD) (~~All Laboratory Confirmed Cases~~~~all laboratory confirmed and probable cases~~) (Reportable by mail, telephone, facsimile or electronically within ~~Seven~~~~7~~ days after confirmation of the disease)
- 690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~~~7~~ days)
- 690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within ~~seven~~~~7~~ days)
- 690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)
- 690.380 Diphtheria (Reportable by telephone ~~immediately, within three hours, upon initial clinical suspicion or laboratory test orders~~~~as soon as possible, within 24 hours~~)
- 690.385 Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Disease)
- 690.386 Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Disease)
- 690.390 Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
- 690.400 Escherichia coli Infections (E. coli O157:H7 and Other Shiga ~~Toxin~~ ~~Producing~~~~toxin-producing~~ E. coli, Enterotoxigenic E. coli, Enteropathogenic E.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- coli and Enteroinvasive E. coli) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.410 Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as possible, within 24 hours) (~~Repealed~~)
- 690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (~~Repealed~~)
- 690.430 Gonorrhea (Repealed)
- 690.440 Granuloma Inguinale (Repealed)
- 690.441 Haemophilus ~~Influenzae~~~~influenzae~~, Meningitis and Other Invasive Disease (Reportable by telephone or facsimile, within 24 hours)
- 690.442 Hantavirus Pulmonary Syndrome (Reportable by telephone ~~as soon as possible~~~~or facsimile~~, within 24 hours)
- 690.444 Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone or facsimile, within 24 hours)
- 690.450 Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.451 Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within ~~seven~~~~7~~ days)
- 690.452 Hepatitis C, Acute Infection and ~~Non-acute~~~~Non-Acute~~ Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within ~~seven~~~~7~~ days)
- 690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
- 690.460 Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~~~7~~ days)
- 690.465 Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.468 Influenza (Laboratory Confirmed (Including Rapid Diagnostic Testing)) Intensive Care Unit Admissions (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)
- 690.469 Influenza A, ~~Variant~~~~Novel~~ Virus (Reportable by telephone immediately, within ~~three~~~~3~~ hours upon initial clinical suspicion or laboratory test order)
- 690.470 Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
- 690.475 Legionellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~~~7~~ days)
- 690.480 Leprosy (Hansen's Disease) (~~Infectious and Non-infectious Cases are Reportable~~~~infectious and non-infectious cases are reportable~~) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~~~7~~ days)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~7 days)
- 690.495 Listeriosis (~~When Both Mother and Newborn are Positive, Report Mother Only when both mother and newborn are positive, report mother only~~) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~7 days)
- 690.500 Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia Venereum) (Repealed)
- 690.505 Lyme Disease (See Tickborne Disease)
- 690.510 Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~7 days)
- 690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)
- 690.530 Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
- 690.540 Meningococemia (Reportable by telephone as soon as possible) (Repealed)
- 690.550 Mumps (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
- 690.555 Neisseria meningitidis, Meningitis and Invasive Disease (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.560 Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
- 690.565 Outbreaks of Public Health Significance (Including, but Not Limited to, Foodborne or Waterborne Outbreaks) (Reportable by telephone or electronically as soon as possible, within 24 hours)
- 690.570 Plague (Reportable by telephone immediately, within ~~three~~3 hours upon initial clinical suspicion of the disease)
- 690.580 Poliomyelitis (Reportable by telephone ~~immediately as soon as possible~~, within ~~three~~24 hours) upon initial clinical suspicion of the disease
- 690.590 Psittacosis (Ornithosis) Due to Chlamydia psittaci (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~7 days)
- 690.595 Q-fever Due to Coxiella burnetii (Reportable by ~~mail, telephone, facsimile or electronically~~ as soon as possible, within ~~24 Hours~~7 days, unless ~~suspects~~suspected bioterrorist event or part of an outbreak, then reportable immediately (within ~~three~~3 hours) by telephone)
- 690.600 Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.601 Rabies, Potential Human Exposure and Animal Rabies (Reportable by telephone or facsimile, within 24 hours)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 690.610 Rocky Mountain Spotted Fever (See Tickborne Disease)
- 690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
- 690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~7 days)
- 690.635 Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)
- 690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~7 days)
- 690.650 Smallpox (Reportable by telephone immediately, within ~~three~~3 hours upon initial clinical suspicion of the disease)
- 690.655 Smallpox vaccination, complications of (Reportable by telephone or electronically as soon as possible, within 24 hours)
- 690.658 Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of ~~Two~~2 or More Laboratory Confirmed Cases Occurring in Community Settings (~~Including including, but Not Limited not limited to, Schools, Correctional Facilities, Day Care and Sports Teams schools, correctional facilities, day care settings, and sports teams~~) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), ~~Any Occurrence in an Infant Less Than Occurring In Infants Under~~ 61 Days of Age (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)
- 690.661 Staphylococcus aureus Infections with Intermediate (Minimum inhibitory concentration (MIC) between 4 and 8) (VISA) or High Level Resistance to Vancomycin (MIC greater than or equal to 16) (VRSA) (Reportable by telephone or facsimile, within 24 hours)
- 690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and ~~Necrotizing necrotizing~~ fasciitis) ~~and Sequelae to Group A Streptococcal Infections (rheumatic fever and acute glomerulonephritis)~~ (Reportable by telephone or facsimile, within 24 hours)
- 690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
- 690.678 Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.680 Syphilis (Repealed)
- 690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.695 Toxic Shock Syndrome due to Staphylococcus aureus Infection (Reportable by

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.698 Tickborne Disease (~~Includes Babesiosis, includes~~ Ehrlichiosis, Anaplasmosis, Lyme ~~Disease~~disease and ~~Spotted Fever Rickettsiosis~~Rocky Mountain spotted fever) (Reportable by mail, telephone, facsimile or electronically, within ~~seven~~7 days)
- 690.700 Trachoma (Repealed)
- 690.710 Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~7 days)
- 690.720 Tuberculosis (Repealed)
- 690.725 Tularemia (Reportable by ~~mail~~, telephone, ~~facsimile or electronically~~ as soon as possible, within ~~24 hours~~7 days, unless ~~suspects~~suspected bioterrorist event or part of an outbreak, then reportable immediately (within ~~three~~3 hours) ~~by telephone~~)
- 690.730 Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.740 Typhus (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.745 Vibriosis (~~Other than Toxigenic Vibrio cholera O1 or O139~~Non-cholera ~~Vibrio Infections~~) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~7 days)
- 690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)
- 690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within ~~seven~~7 days)
- 690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

SUBPART ~~ED~~: DEFINITIONS

## Section

- 690.900 Definition of Terms (~~Renumbered~~)

SUBPART ~~FE~~: GENERAL PROCEDURES

## Section

- 690.1000 General Procedures for the Control of Communicable Diseases (~~Renumbered~~)
- 690.1010 Incorporated and Referenced Materials (~~Renumbered~~)

SUBPART ~~GF~~: SEXUALLY TRANSMITTED DISEASES (~~Repealed~~)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

## Section

| 690.1100 The Control of Sexually Transmitted Diseases (Repealed)

| SUBPART **HG**: PROCEDURES FOR WHEN DEATH OCCURS FROM  
COMMUNICABLE DISEASES

## Section

690.1200 Death of a Person Who Had a Known or Suspected Communicable Disease

| 690.1210 Funerals (Repealed)

| SUBPART **IH**: ISOLATION, QUARANTINE, AND CLOSURE

## Section

690.1300 General Purpose

690.1305 Department of Public Health Authority

690.1310 Local Health Authority

690.1315 Responsibilities and Duties of the Certified Local Health Department

690.1320 Responsibilities and Duties of Health Care Providers

690.1325 Conditions and Principles for Isolation and Quarantine

690.1330 Order and Procedure for Isolation, Quarantine and Closure

690.1335 Isolation or Quarantine Premises

690.1340 Enforcement

690.1345 Relief from Isolation, Quarantine, or Closure

690.1350 Consolidation

690.1355 Access to Medical or Health Information

690.1360 Right to Counsel

690.1365 Service of Isolation, Quarantine, or Closure Order

690.1370 Documentation

690.1375 Voluntary Isolation, Quarantine, or Closure

690.1380 Physical Examination, Testing and Collection of Laboratory Specimens

690.1385 Vaccinations, Medications, or Other Treatments

690.1390 Observation and Monitoring

690.1400 Transportation of Persons Subject to Public Health or Court Order

690.1405 Information Sharing

690.1410 Amendment and Termination of Orders

| 690.1415 Penalties

| SUBPART **IJ**: REGISTRIES

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

## Section

690.1500	Extensively Drug-Resistant Organism Registry
690.1510	Entities Required to Submit Information
690.1520	Information Required to be Reported
690.1530	Methods of Reporting XDRO Registry Information
690.1540	Availability of Information

690.EXHIBIT A Typhoid Fever Agreement (Repealed)

AUTHORITY: Implementing the Communicable Disease Report Act [745 ILCS 45] and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

SOURCE: Amended July 1, 1977; emergency amendment at 3 Ill. Reg. 14, p. 7, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 131, effective December 7, 1979; emergency amendment at 4 Ill. Reg. 21, p. 97, effective May 14, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 38, p. 183, effective September 9, 1980; amended at 7 Ill. Reg. 16183, effective November 23, 1983; codified at 8 Ill. Reg. 14273; amended at 8 Ill. Reg. 24135, effective November 29, 1984; emergency amendment at 9 Ill. Reg. 6331, effective April 18, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9124, effective June 3, 1985; amended at 9 Ill. Reg. 11643, effective July 19, 1985; amended at 10 Ill. Reg. 10730, effective June 3, 1986; amended at 11 Ill. Reg. 7677, effective July 1, 1987; amended at 12 Ill. Reg. 10045, effective May 27, 1988; amended at 15 Ill. Reg. 11679, effective August 15, 1991; amended at 18 Ill. Reg. 10158, effective July 15, 1994; amended at 23 Ill. Reg. 10849, effective August 20, 1999; amended at 25 Ill. Reg. 3937, effective April 1, 2001; amended at 26 Ill. Reg. 10701, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 592, effective January 2, 2003, for a maximum of 150 days; emergency expired May 31, 2003; amended at 27 Ill. Reg. 10294, effective June 30, 2003; amended at 30 Ill. Reg. 14565, effective August 23, 2006; amended at 32 Ill. Reg. 3777, effective March 3, 2008; amended at 37 Ill. Reg. 12063, effective July 15, 2013; recodified at 38 Ill. Reg. 5408; amended at 38 Ill. Reg. 5533, effective February 11, 2014.

### SUBPART A: GENERAL PROVISIONS

#### **Section 690.10900 Definitions ~~Definition of Terms~~**

~~For the purpose of this Part, the following shall be the accepted definitions of terms:~~

"Acceptable Laboratory" – A laboratory that is certified under the Centers for Medicare and Medicaid Services, Department of Health and Human Services, Laboratory Requirements (42 CFR 493), which implements the Clinical

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

Laboratory Improvement Amendments of 1988 (42 USC 263).

"Act" – The Department of Public Health Act of the Civil Administrative Code of Illinois [20 ILCS 2305].

"Airborne Precautions" or "Airborne Infection Isolation Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that may be suspended in the air in either dust particles or small particle aerosols (airborne droplet nuclei (5 µm or smaller in size)) (see Section 690.2010(a)(7)).

"Authenticated Fecal Specimen" – A specimen ~~for which is considered to be authenticated when~~ a public health authority or a person authorized by a public health authority has observed ~~either or both the one or more of the following: The patient producing produce~~ the specimen ~~or conditions under which~~ ~~Conditions such that~~ no one other than the case, carrier or contact could be the source of the specimen.

"Bioterrorist Threat or Event" – The intentional use of any microorganism, virus, infectious substance or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any ~~such~~ microorganism, virus, infectious substance, or biological product, to cause death, disease, or other biological malfunction in a human, an animal, a plant or another living organism.

"Business" – A person, partnership or corporation engaged in commerce, manufacturing or a service.

"Carbapenem Antibiotics" – A class of broad-spectrum beta-lactam antibiotics.

"Carrier" – A ~~living person~~ or deceased person who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection for others.

"Case" – Any ~~living person~~ or deceased person having a recent illness due to a communicable disease.

"Confirmed Case" – A case that is classified as confirmed ~~in accordance with per~~ federal or State case definitions.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

"Probable Case" – A case that is classified as probable in accordance with ~~per~~ federal or State case definitions.

"Suspect Case" – A case person whose medical history or symptoms suggest that the person ~~he or she~~ may have or may be developing a communicable disease and who does not yet meet the ~~case~~ definition of a probable or confirmed case.

"Certified Local Health Department" – A local health authority that is certified pursuant to Section 600.210 of the Certified Local Health Department Code (77 Ill. Adm. Code 600).

"Chain of Custody" – The methodology of tracking specimens for the purpose of maintaining control and accountability from initial collection to final disposition of the specimens and providing for accountability at each stage of collecting, handling, testing, storing, and transporting the specimens and reporting test results.

"Child Care Facility" – A center, private home, or drop-in facility open on a regular basis where children are enrolled for care or education.

"Cleaning" – The removal of visible soil (organic and inorganic material) from objects and surfaces, ~~it~~ normally ~~is~~ accomplished by manual or mechanical means using water with detergents or enzymatic products.

"Clinical Materials" – A clinical isolate containing the infectious agent, or other material containing the infectious agent or evidence of the infectious agent.

"Cluster" – Two or more persons with a similar illness, usually associated by place or time, unless defined otherwise in Subpart DC of this Part.

"Communicable Disease" – An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate source to a susceptible host, either directly or indirectly through an intermediate plant or animal host, a vector or the inanimate environment.

"Contact" – Any person known to have been sufficiently associated sufficiently with a case or carrier of a communicable disease to have been the source of

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

infection for that person or to have been sufficiently associated ~~sufficiently~~ with the case or carrier of a communicable disease to have become infected by the case or carrier; and, in the opinion of the Department, there is a risk of the individual contracting the contagious disease. A contact can be a household or non-household contact.

"Contact Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that can be spread through direct contact with the patient or indirect contact with potentially infectious items or surfaces (see Section 690.~~201010~~(a)(7)).

"Contagious Disease" – An infectious disease that can be transmitted from person to person by direct or indirect contact.

"Dangerously Contagious or Infectious Disease" – An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, a vector or the inanimate environment, and may pose an imminent and significant threat to the public health, resulting in severe morbidity or high mortality.

"Decontamination" – A procedure that removes pathogenic microorganisms from objects so they are safe to handle, use or discard.

"Department" – The Illinois Department of Public Health.

"Diarrhea" – The occurrence of three or more loose stools within a 24-hour period.

"Director" – The Director of the Department, or his or her duly designated officer or agent.

~~"Diarrhea" – The presence of 3 or more loose stools within a 24-hour period.~~

"Disinfection" – A process, generally less lethal than sterilization, that eliminates virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g., bacterial spores).

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

"Droplet Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents via large particle droplets that do not remain suspended in the air and are usually generated by coughing, sneezing, or talking (see Section 690.201010(a)(7)).

"Emergency" – An occurrence or imminent threat of an illness or health condition that:

is believed to be caused by any of the following:

bioterrorism;

the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;

a natural disaster;

a chemical attack or accidental release; or

a nuclear attack or incident; and

poses a high probability of any of the following harms:

a large number of deaths in the affected population;

a large number of serious or long-term disabilities in the affected population; or

widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.

"Emergency Care" – The performance of rapid acts or procedures under emergency conditions, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma, in the observation, care and counsel of persons who are ill or injured or who have disabilities.

"Emergency Care Provider" – A person who provides rapid acts or procedures under emergency conditions, especially for those who are stricken with sudden

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

and acute illness or who are the victims of severe trauma, in the observation, care and counsel of persons who are ill or injured or who have disabilities.

"Epidemic" – The occurrence in a community or region of cases of a communicable disease (or an outbreak) clearly in excess of expectancy.

"Exclusion" – Removal of individuals from a setting in which the possibility of disease transmission exists.

"Extensively Drug-Resistant Organisms – A micro-organism that is non-susceptible to at least one agent in all but two or fewer antimicrobial categories.

"Fever" – The elevation of body temperature above the normal (typically considered greater than or equal to 100.4 degrees Fahrenheit).

"First Responder" – Individuals ~~Those individuals~~ who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in section 2 of the Homeland Security Act of 2002 (6 USC 101), as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations.

"Food Handler" – Any person who has the potential to transmit foodborne pathogens to others from working with unpackaged food, food equipment or utensils or food-contact surfaces; any person who has the potential to transmit foodborne pathogens to others by directly preparing or handling food. Any person who dispenses medications by hand, assists in feeding, or provides mouth care shall be considered a food handler for the purpose of this Part. In health care facilities, this includes persons who set up meals for patients to eat, feed or assist patients in eating, give oral medications, or give mouth/denture care. In day care facilities, schools and community residential programs, this includes persons who prepare food, feed or assist attendees in eating, or give oral medications to attendees. A person who produces, prepares, packages or dispenses food or drink.

"Health Care" – Care, services and supplies related to the health of an individual. Health care includes preventive, diagnostic, therapeutic, rehabilitative, maintenance or palliative care, and counseling, among other services. Health care also includes the sale and dispensing of prescription drugs or devices.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

"Health Care Facility" – Any institution, building, or agency, or portion of an institution, building or agency ~~thereof~~, 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. This includes, but is not limited to, ambulatory surgical treatment centers, home health agencies, hospices, hospitals, end-stage renal disease facilities, long-term care facilities, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, residential treatment facilities, and adult day care centers.

"Health Care Provider" – Any person or entity who provides health care services, including, but not limited to, hospitals, medical clinics and offices, long-term care facilities, medical laboratories, physicians, pharmacists, dentists, physician assistants, nurse practitioners, ~~registered and other~~ nurses, paramedics, emergency medical or laboratory technicians, and ambulance and emergency workers.

"Health Care Worker" – Any person who is employed by (or volunteers his or her services to) a health care facility to provide direct personal services to others. This definition includes, but is not limited to, physicians, dentists, nurses and nursing assistants.

"Health Information Exchange" – The mobilization of healthcare information electronically across organizations within a region, community or hospital system; or, for purposes of this Part, an electronic network whose purpose is to accomplish the exchange, or an organization that oversees and governs the network.

"Health Level Seven" – Health Level Seven International or "HL7" is a not-for-profit, American National Standards Institute (ANSI)-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7 produces standards for message formats, such as HL7 2.5.1, that are adopted for use in public health data exchange between health care providers and public health.

"Illinois' National Electronic Disease Surveillance System" or "I-NEDSS" – A secure, web-based electronic disease surveillance application utilized by health

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

care providers, laboratories and State and local health department staff to report infectious diseases and conditions, and to collect and analyze additional demographic, epidemiological and medical information for surveillance purposes and outbreak detection.

"Immediate Care" – The delivery of ambulatory care in a facility dedicated to the delivery of medical care outside of a hospital emergency department, usually on an unscheduled, walk-in basis. Immediate care facilities are primarily used to treat patients who have an injury or illness that requires immediate care but is not serious enough to warrant a visit to an emergency department.

"Incubation Period" – The time interval between initial contact with an infectious agent and the first appearance of symptoms associated with the infection.

"Infectious Disease" – A disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, prion, or virus. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

"Institution" – An established organization or foundation, especially one dedicated to education, public service, or culture, or a place for the care of persons who are destitute, disabled, or mentally ill.

"Isolation" – The physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.

"Isolation, Modified" – A selective, partial limitation of freedom of movement or actions of a person or group of persons infected with, or reasonably suspected to be infected with, a contagious or infectious disease. Modified isolation is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease transmission.

"Isolation Precautions" – Infection control measures for preventing the transmission of infectious agents, i.e., standard precautions~~Standard Precautions~~, airborne precautions~~Airborne Precautions~~ (also known as airborne infection

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

~~isolation precautions~~~~Airborne Infection Isolation Precautions~~), ~~contact precautions~~~~Contact Precautions~~, and ~~droplet precautions~~~~Droplet Precautions~~ (see Section 690.2010(a)(7)).

"Least Restrictive" – The minimal limitation of the freedom of movement and communication of a person or group of persons while under an order of isolation or an order of quarantine, which also effectively protects unexposed and susceptible persons from disease transmission.

"Local Health Authority" – The health authority (i.e., full-time official health department, as recognized by the Department) having jurisdiction over a particular area, including city, village, township and county boards of health and health departments and the responsible executive officers of ~~those such~~ boards, or any person legally authorized to act for ~~the local such~~ health authority. In areas without a health department recognized by the Department, the local health authority shall be the Department.

"Medical Record" – A written or electronic account of a patient's medical history, current illness, diagnosis, details of treatments, chronological progress notes, and discharge recommendations.

"Non-Duplicative Isolate – The first isolate obtained from any source during each unique patient/resident encounter, including those obtained for active surveillance or clinical decision making."

"Observation" – The practice of close medical or other supervision of contacts ~~in order~~ to promote prompt recognition of infection or illness, but without restricting their movements.

"Observation and Monitoring" – Close medical or other supervision, including, but not limited to, review of current health status, by health care personnel, of a person or group of persons on a voluntary or involuntary basis to permit prompt recognition of infection or illness.

"Outbreak" – The occurrence of illness in a person or a group of epidemiologically associated persons, with the rate of frequency clearly in excess of normal expectations. The number of cases indicating presence of an outbreak is ~~disease specific~~~~disease-specific~~.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

"Premises" – The physical portion of a building or other structure and its surrounding area ~~so~~-designated by the Director of the Department, his or her authorized representative, or the local health authority.

"Public Health Order" – A written or verbal command, directive, instruction or proclamation issued or delivered by the Department or certified local health department.

"Quarantine" – The physical separation and confinement of an individual or groups of individuals who are or may have been exposed to a contagious disease or possibly contagious disease and who do not show signs or symptoms.

"Recombinant Organism" – A microbe with nucleic acid molecules that have been synthesized, amplified or modified.

"Registry" – A data collection and information system that is designed to support ~~organized~~ care and management.

"Sensitive Occupation" – An occupation involving the direct care of others, especially young children and the elderly, or any other occupation ~~so~~-designated by the Department or the local health authority, including, but not limited to, health care workers and child care facility personnel.

"Sentinel Surveillance" – A means of monitoring the prevalence and/or incidence of infectious disease or syndromes through reporting of cases, suspect ~~suspected~~ cases, or carriers or submission of clinical materials by selected sites.

"Specimens" – Include, but are not limited to, blood, sputum, urine, stool, other bodily fluids, wastes, tissues, and cultures necessary to perform required tests.

"Standard Precautions" – Infection prevention and control measures that apply to all patients regardless of diagnosis or presumed infection status (see Section 690.~~2010~~2010(a)(7)).

"Sterilization" – The use of a physical or chemical process to destroy all microbial life, including large numbers of highly resistant bacterial endospores.

"Susceptible (non-immune)" – A person who is not known to possess sufficient resistance against a particular pathogenic agent to prevent developing infection or

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

disease if or when exposed to the agent.

"Suspect Case" – A case whose medical history or symptoms suggest that the person may have or may be developing a communicable disease and who does not yet meet the definition of a probable or confirmed case.

"Syndromic Surveillance" – Surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.

"Tests" – Include, but are not limited to, any diagnostic or investigative analyses necessary to prevent the spread of disease or protect the public's health, safety, and welfare.

"Transmission" – Any mechanism by which an infectious agent is spread from a source or reservoir to a person, including direct, indirect, and airborne transmission.

"Treatment" – The provision of health care by one or more health care providers. Treatment includes any consultation, referral or other exchanges of information to manage a patient's care.

"Voluntary Compliance" – Deliberate consented compliance of a person or group of persons that occurs at the request of the Department or local health authority prior to instituting a mandatory order for isolation, quarantine, closure, physical examination, testing, collection of laboratory specimens, observation, monitoring, or medical treatment pursuant to this Subpart.

"Zoonotic Disease" – Any disease that is transmitted from animals to people.

(Source: Renumbered from Section 690.900 and amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.~~201010~~ Incorporated and Referenced Materials**

- a) The following federal guidelines are incorporated in this Part:
  - 1) "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

Exposure-Prone Invasive Procedures", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, [1600 Clifton Rd.](#), Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), July 12, 1991, Vol. 40, No. RR-8, pages 1-9).

- 2) "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, [1600 Clifton Rd.](#), Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), ~~September 30, 2005~~~~June 29, 2004~~, Vol. ~~54~~~~50~~, No. RR-~~944~~; pages 1-~~1742~~).
- 3) "Prevention and Control of Meningococcal Disease", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, [1600 Clifton Rd.](#), Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), May 27, 2005, Vol. 54, No. RR-7, pages 1-21).
- 4) "Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, [1600 Clifton Rd.](#), Atlanta, Georgia 30333 (January 8, 2004).
- 5) "Investigation and control of vancomycin-intermediate and -resistant Staphylococcus aureus: A Guide for Health Departments and Infection Control Personnel", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, [1600 Clifton Rd.](#), Atlanta, Georgia 30333 (September 2006).
- 6) "Interim Guidelines for Prevention and Control of Staphylococcal Infections Associated with Reduced Susceptibility to Vancomycin", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, [1600 Clifton Rd.](#), Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), July 11, 1997, Vol. 46, No. RR-27, pages 626-628, 635).

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 7) "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, [1600 Clifton Rd.](#), Atlanta, Georgia 30333 (June 25, 2007).
- 8) "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: Part 1 – Immunization of Infants, Children, and Adolescents", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, [1600 Clifton Rd.](#), Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), December ~~23, 2005~~<sup>1997</sup>, Vol. 54, No. RR-16, pages 1-~~3323~~).
- 9) ["Updated Norovirus Outbreak Management and Disease Prevention Guidelines"](#), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, [1600 Clifton Rd.](#), Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), March 4, 2011, Vol. 60, No. RR-3; pages 1-20).
- 10) ["Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings, May 2011"](#), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, [1600 Clifton Rd.](#), Atlanta, Georgia 30333 (May 4, 2011).
- 11) ["General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)"](#), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, [1600 Clifton Rd.](#), Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), January 28, 2011, Vol. 40, No. 2).
- 12) ["PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Data Version 1.0"](#), Centers for Disease Control and Prevention, [1600 Clifton Rd.](#), Atlanta, Georgia 30333 (October 2011; <http://www.cdc.gov/ehrmeaningfuluse/Syndromic.html>).

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

13) ["Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333, Recommendations and Reports. November 25, 2011/60\(RR07\); 1-45.](#)

b) The following standards are incorporated in this Part:

- 1) "World Health Organization Infection Control Guidelines for Transmissible Spongiform Encephalopathies", Report of a [World Health Organization \(WHO\) Consultation, Avenue Apia 20, CH-1211, Geneva 27, Switzerland 23-26, March 1999.](#)
- 2) "Red Book: ~~2009~~2006 Report of the Committee on Infectious Diseases, ~~28<sup>th</sup>~~27<sup>th</sup> ed.", American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, Illinois 60007.
- 3) ["Prevention of Hepatitis A Through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 \(Morbidity and Mortality Weekly Report \(MMWR\), May 19, 2009, Vol. 55, No. RR-7\).](#)
- 4) ["Update: Prevention of Hepatitis A After Exposure to Hepatitis A Virus and in International Travelers. Updated Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 \(Morbidity and Mortality Weekly Report \(MMWR\), October 19, 2007, Vol. 56, No. 41, pp.1080-1084\).](#)

c) The following federal regulations are incorporated in this Part:

- 1) Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR 164.512(a) and (k)(6) (October 1, 2007), [45 CFR 164.506 \(October 15, 2002\) and 45 CFR 164.501 \(October 15, 2002\).](#)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 2) Centers for Medicare and Medicaid Services, Department of Health and Human Services, Laboratory Requirements (42 CFR 493 (October 1, 2007)).
- d) All incorporations by reference of federal regulations and guidelines and the standards of nationally recognized organizations refer to the regulations, guidelines and standards on the date specified and do not include any editions or amendments subsequent to the date specified.
- e) The following federal and State laws and rules are referenced in this Part:
  - 1) Illinois Statutes
    - A) Communicable Disease Report Act [745 ILCS 45]
    - B) Department of Public Health Act [20 ILCS 2305]
    - C) Civil Administrative Code of Illinois (Department of Public Health Powers and Duties Law) [20 ILCS 2310]
    - D) Code of Civil Procedure [735 ILCS 5]
    - E) Animal Control Act [510 ILCS 5]
    - F) Freedom of Information Act [5 ILCS 140]
    - G) Illinois Emergency Management Act [20 ILCS 3305]
    - [H\) Medical Studies Act \[735 ILCS 5/8-2010\]](#)
    - [I\) Health Statistics Act \[410 ILCS 520\]](#)
  - 2) Illinois Rules
    - A) Control of Sexually Transmissible ~~Infections Diseases~~ Code (77 Ill. Adm. Code 693)
    - B) Illinois Clinical Laboratories Code (77 Ill. Adm. Code 450)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- C) Certified Local Health Department Code (77 Ill. Adm. Code 600)
  - D) Child Health Examination Code (77 Ill. Adm. Code 665)
  - E) Immunization Code (77 Ill. Adm. Code 695)
  - F) College Immunization Code (77 Ill. Adm. Code 694)
  - G) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
- 3) Federal Statutes
- A) Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 USC 1320d-2)
  - B) Clinical Laboratory Improvement Amendments of 1988 (CLIA) (42 USC 263a)
  - C) Homeland Security Act of 2002 (6 USC 101)

(Source: Renumbered from Section 690.1010 and amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.301000 General Procedures for the Control of Communicable Diseases**

~~This Section establishes~~ ~~The purpose of this Subpart is to establish~~ routine measures for the control of communicable diseases by the Department or local health authorities and health care providers, and ~~This Subpart~~ establishes progressive initiatives to ensure that disease-appropriate measures are implemented to control the spread of communicable diseases. These procedures are intended for use in homes and similar situations. This ~~Section Subpart~~ does not apply to sexually transmissible infections, which are regulated under the Control of Sexually Transmissible Infections Code ~~Diseases. Sexually Transmissible Diseases are regulated under 77 Ill. Adm. Code 693.~~

- a) Investigation-
- 1) *The Department of Public Health shall investigate the causes of contagious, or dangerously contagious, or infectious diseases, especially*

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

*when existing in epidemic form, and take means to restrict and suppress the same, and whenever such disease becomes, or threatens to become, epidemic in any locality and the local board of health or local authorities neglect or refuse to enforce efficient measures for its restriction or suppression or to act with sufficient promptness or efficiency, or whenever the local board of health or local authorities neglect or refuse to promptly enforce efficient measures for the restriction or suppression of dangerously contagious or infectious diseases, the Department of Public Health may enforce such measures as it deems necessary to protect the public health, and all necessary expenses so incurred shall be paid by the locality for which services are rendered. (Section 2(a) of the Act)*

- 2) Each case or cluster of a reportable communicable disease shall be investigated to determine the source, where feasible. Findings of the investigation shall be reported as specified under the Section of this Part applicable to each specific disease.
- 3) The Department or local health authority may investigate the occurrence of cases, suspect suspected cases, or carriers of reportable diseases or unusual disease occurrences in a public or private place for the purposes of verifying the existence of disease; ascertaining the source of the disease-causing agent; identifying unreported cases; locating and evaluating contacts of cases and suspect suspected cases; identifying those at risk of disease; determining necessary control measures, including isolation and quarantine; and informing the public if necessary.
- 4) When the Director determines that a certain disease or condition that is known or suspected to be communicable or infectious warrants study, the Director may declare the disease or condition to be the subject of a medical investigation and require hospitals, physicians, health care facilities, etc., to submit such information, data and reports, and allow review and examination of medical records as are necessary for the purpose of the specific study. No such practitioner or person shall be liable in any action at law for permitting such examination and review. The data so obtained shall be held confidential in accordance with the Communicable Disease Report Act [745 ILCS 45].
- 5) When two or more cases of a suspected or reportable infectious disease occur in any business, organization, institution, health care facility or

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

private home, the business owner, the person in charge of the establishment, or the homeowner shall cooperate with public health authorities in the investigation of cases, suspect cases, outbreaks and suspect outbreaks. This includes, ~~including~~, but is not limited to, release of food preparation methods; menus; ~~customer~~ lists of customers, attendees, residents or patients; environmental specimens; food specimens; clinical specimens; and the name and other pertinent information about employees, ~~or~~ guests, members or residents diagnosed with a communicable disease as the information relates to an infectious disease investigation. When outbreaks of infectious disease occur in any business, organization, institution, health care facility or private home, employees of the location under investigation may be considered to be contacts to cases and be required to submit release specimens by the local health authority.

- 6) When two or more cases of a reportable communicable disease occur in association with a common source, the investigation should include a search for additional cases.
- 7) The Department may conduct sentinel surveillance for an infectious disease or syndrome, other than those diseases or syndromes for which general reporting is required under this Part, if the Department determines that sentinel surveillance will provide adequate data for the purpose of preventing or controlling disease or achieving other significant public health purposes in a defined geographic area or the entire State. The Department shall select, after consultation with the sites, sentinel surveillance sites that have epidemiological significance for the disease or syndrome under investigation. A disease or syndrome may be removed from sentinel surveillance if the Department determines that the surveillance is no longer necessary. The Department shall provide a description, in writing, to sentinel surveillance sites of a specific, planned mechanism for surveillance of the disease or syndrome and, as necessary, ~~or~~ submission of clinical materials from cases and suspect cases.
- 8) An individual or entity, including a health information exchange, may carry out activities such as sentinel surveillance under a grant, contract or cooperative agreement with the Department. The authorized individual or entity functions as a public health authority for the purposes of the activity.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

9) Investigations of outbreaks shall be summarized in a final report and submitted to the Department. The most current summary form shall be used, and a narrative report may also be requested.

10) Syndromic Data Collection

A) The Department, in order to prevent and control disease, injury or disability among citizens of the State, may develop and implement, in consultation with local public health authorities, a statewide system for syndromic data collection through access to interoperable networks, health information exchanges and databases. The Department may also develop a system for the reporting of comprehensive, integrated data to identify and address unusual occurrences of disease symptoms and other medical complexes affecting the public's health.

B) The Department may enter into contracts or agreements with individuals, corporations, hospitals, universities, not-for-profit corporations, governmental entities, health information exchanges, or other organizations, under which those individuals or entities agree to provide assistance in the compilation of the syndromic data collection and reporting system.

C) The Department shall not release any syndromic data or information obtained pursuant to this subsection (a)(10) to any individuals or entities for purposes other than the protection of the public health. All access to data by the Department, reports made to the Department, the identity of, or facts that would tend to lead to the identity of the individual who is the subject of the report, and the identity of, or facts that would tend to lead to the identity of, the author of the report shall be strictly confidential, are not subject to inspection or dissemination, and shall be used only for public health purposes by the Department, local public health authorities, or the Centers for Disease Control and Prevention. Entities or individuals submitting reports or providing access to the Department shall not be held liable for the release of information or confidential data to the Department in accordance with this subsection (a)(10). (Section 2(i)(A) through (C) of the Act)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 119) Investigations conducted by the Department or local health authority may include, but are not limited to:
- A) Review of pertinent, relevant medical records by authorized personnel, if necessary to confirm the diagnosis; ~~investigation of to investigate~~ causes; ~~identification of to identify~~ other cases related to the outbreak or the reported dangerously contagious or infectious disease in a region, community, or workplace; to conduct epidemiologic studies; to determine whether a patient with a reportable dangerously contagious or infectious disease has received adequate treatment to render the patient non-infectious or whether a person exposed to a case has received prophylaxis, if appropriate. Review of records may occur without patient consent and shall be conducted at times and with such notice as is possible under the circumstances;
  - B) Performing interviews with the case, or persons knowledgeable about the case, ~~and collecting to collect~~ pertinent and relevant information about the causes of or risk factors for the reportable condition;
  - C) Medical examination and testing of persons, with their explicit consent;
  - D) Obtaining, from public or private businesses or institutions, the identities of and locating information about persons, travelers, passengers; or transportation crews with a similar or common potential exposure to the infectious agent as a reported case; ~~such~~ exposure may be current or have occurred in the past;
  - E) Interviewing or administering questionnaire surveys confidentially to any resident of any community, or any agent, owner, operator, employer, employee, or client of a public or private business or institution, who is epidemiologically associated either with the outbreak or with the reported dangerously contagious or infectious disease case or has had a similar exposure as a reported case;

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- F) Collecting environmental samples of substances or measurements of physical agents that may be related to the cause of an outbreak or reportable dangerously contagious or infectious disease;
- G) Taking photographs related to the purpose of the investigation. If the photographs are taken in a business, the employer shall have the opportunity to review the photographs taken or obtained for the purpose of identifying those that contain or might reveal a trade secret; and
- H) Entering a place of employment for the purpose of conducting investigations of those processes, conditions, structures, machines, apparatus, devices, equipment, records, and materials within the place of employment that are relevant, pertinent, and necessary to the investigation of the outbreak or reportable dangerously contagious or infectious disease. Investigations shall be conducted during regular business hours, if possible, and with ~~as much such~~ notice as ~~is~~ possible under the circumstances.
- b) **Control of Food Products:**  
Whenever a case, a carrier, or a ~~suspect suspected~~ case or carrier of the following diseases exists in a home or establishment where food is produced that is likely to be consumed raw or handled after pasteurization and before final packaging, the sale, exchange, removal or distribution of the food items from the home or establishment may be prohibited ~~as deemed necessary~~ by the Department or the local health authority as necessary to prevent the transmission of communicable diseases.
- 1) Cholera
  - 2) Cryptosporidiosis
  - 3) Diphtheria
  - 4) E. coli infections (Shiga toxin-producing E. coli, Enterotoxigenic E. coli, Enteropathogenic E. coli and Enteroinvasive E. coli)
  - 5) Foodborne or waterborne illness

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 6) Giardiasis
  - 7) Hepatitis A
  - 8) Norovirus
  - 9) Salmonellosis
  - 10) Shigellosis
  - 11) Smallpox
  - 12) Staphylococcal skin infections
  - 13) Streptococcal infections
  - 14) Typhoid fever
  - 15) Yersiniosis
- c) Schools, Child Care Facilities, and Colleges/Universities-
- 1) Except in an emergency, the occurrence of a case of a communicable disease in a school, child care facility or college/university should not be considered a reason for closing ~~of~~ the school, facility or college/university.
  - 2) Persons suspected of being infected with a reportable infectious disease for which isolation is required, or persons with diarrhea or vomiting believed to be infectious in nature, shall be refused admittance to the school or child care facility while acute symptoms are present.
  - 3) School, child care facility, and college/university authorities shall handle contacts of infectious disease cases ~~as in the manner~~ prescribed in this Part, or as recommended by the local health authority.
  - 4) When outbreaks of disease occur in any child care facility, staff and attendees of the facility may be considered to be contacts to cases and may be required by the local health authority to submit specimens for testing.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- d) Release of Specimens-
- 1) Whenever this Part requires the submission of laboratory specimens for release from imposed restrictions, the results of the examinations will not be accepted unless the specimens have been examined in the Department's laboratory or an acceptable laboratory. The number of specimens needed for release, as detailed under specific diseases, is the minimum and may be increased ~~when deemed necessary~~ by the Department as necessary. Improper storage or transportation of a specimen or inadequate growth of the culture suggestive of recent antibiotic usage can result in disapproval of the submitted specimen by the Department's laboratory or an acceptable laboratory and result in the need for an additional specimen to be collected.
  - 2) The local health authority may require testing of food handlers for specific pathogens, including, but not limited to, Norovirus, as ~~deemed~~ necessary in response to an outbreak.
- e) Persons with diarrhea or vomiting of infectious or unknown cause shall not work in sensitive occupations or as food handlers until 48 hours after diarrhea and vomiting have resolved and shall adhere to restrictions specified in this Part specific to each etiologic agent.
- f) Persons with draining skin lesions shall not work as food handlers unless the drainage is contained by a dressing and lesions are not on the hands or forearms.

(Source: Renumbered from Section 690.1000 and amended at 38 Ill. Reg. 5533, effective February 11, 2014)

SUBPART BA: REPORTABLE DISEASES AND CONDITIONS**Section 690.100 Diseases and Conditions**

The following diseases and conditions are declared to be contagious, infectious, or communicable and may be dangerous to the public health. Each suspected or diagnosed case shall be reported to the local health authority, ~~which who~~ shall subsequently report each case to the ~~Illinois Department of Public Health~~. The method of reporting shall be as described in the individual Section for the reportable disease.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

## a) Class I(a)

The following diseases shall be reported immediately (within ~~three~~ hours) by telephone, upon initial clinical suspicion of the disease, to the local health authority, ~~which who~~ shall then report to the Department immediately (within ~~three~~ hours). This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities ~~that who~~ are required to report to the Department. The Section number associated with each of the listed diseases indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart ~~DC~~ shall be submitted within 24 hours to the Department laboratory.

- |             |   |                |
|-------------|---|----------------|
| 1)          | <u>Any unusual case of a disease or condition caused by an infectious agent not listed in this Part that is of urgent public health significance</u> <del>Any unusual case or cluster of cases that may indicate a public health hazard</del> | 690.295        |
| 2)          | Anthrax*  | 690.320        |
| 3)          | Botulism, foodborne   | 690.327        |
| 4)          | Brucellosis* (if suspected to be a bioterrorist event or part of an outbreak)   | 690.330        |
| <u>5)</u>   | <u>Diphtheria</u>   | <u>690.380</u> |
| <u>65)</u>  | Influenza A, Novel Virus  | 690.469        |
| <u>76)</u>  | Plague*   | 690.570        |
| <u>8)</u>   | <u>Poliomyelitis</u>  | <u>890.580</u> |
| <u>97)</u>  | Q-fever* (if suspected to be a bioterrorist event or part of an outbreak)   | 690.595        |
| <u>108)</u> | Severe Acute Respiratory Syndrome   | 690.635        |
| <u>119)</u> | Smallpox  | 690.650        |

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

~~12~~<sup>10</sup>) Tularemia\* (if suspected to be a bioterrorist event or part of an outbreak) 690.725

~~13~~<sup>14</sup>) Any suspected bioterrorist threat or event 690.800

## b) Class I(b)

The following diseases shall be reported as soon as possible during normal business hours, but within 24 hours (i.e., within ~~eight~~<sup>8</sup> regularly scheduled business hours after identifying the case), to the local health authority, ~~which who~~ shall then report to the Department as soon as possible, but within 24 hours. This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities ~~that who~~ are required to report to the Department. The Section number associated with each of the listed diseases indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart ~~D~~<sup>C</sup> shall be submitted within 7 days after identification of the organism to the Department laboratory.

1) Botulism, intestinal, wound, and other 690.327

~~2~~) Brucellosis\* (if not suspected to be a bioterrorist event or part of an outbreak) ~~690.330~~

~~3~~<sup>2</sup>) Chickenpox (Varicella) 690.350

~~4~~<sup>3</sup>) Cholera\* 690.360

~~4~~) Diphtheria\* ~~690.380~~

5) Escherichia coli infections\* (E. coli O157:H7 and other Shiga toxin-producing E. coli, enterotoxigenic E. coli, enteropathogenic E. coli and enteroinvasive E. coli) 690.400

~~6~~) Foodborne or waterborne illness ~~690.410~~

~~6~~<sup>7</sup>) Haemophilus influenzae, meningitis and other invasive disease\* 690.441

~~7~~<sup>8</sup>) Hantavirus pulmonary syndrome\* 690.442

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF ADOPTED AMENDMENTS

	<del>89</del> )	Hemolytic uremic syndrome, post-diarrheal	690.444
	<del>910</del> )	Hepatitis A	690.450
	<del>10</del> )	<u>Influenza admissions into intensive care unit</u>	<u>690.468</u>
	11)	Measles	690.520
	<del>12</del> )	Mumps	690.520
	13)	Neisseria meningitidis, meningitis and invasive disease*	690.555
	<del>14</del> )	<u>Outbreaks of public health significance (including, but not limited to, foodborne and waterborne outbreaks)</u>	<u>690.565</u>
	<del>1544</del> )	Pertussis* (whooping cough)	690.750
	<del>15</del> )	<u>Poliomyelitis</u>	<u>690.580</u>
	<del>16</del> )	<u>Q-fever due to Coxiella burnetii* (if not suspected to be a bioterrorist event or part of an outbreak)</u>	<u>690.595</u>
	<del>1746</del> )	Rabies, human	690.600
	<del>1847</del> )	Rabies, potential human exposure <u>and animal rabies</u>	690.601
	<del>1948</del> )	Rubella	690.620
	<del>2049</del> )	Smallpox vaccination, complications of	690.655
	<del>2120</del> )	Staphylococcus aureus, Methicillin resistant (MRSA) clusters of <u>two 2</u> -or more cases in a community setting	690.658
	<del>2224</del> )	Staphylococcus aureus, Methicillin resistant (MRSA), <u>any occurrence occurring</u> in <u>an infant infants</u> -under 61 days of age	690.660
	<del>2322</del> )	Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin*	690.661

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

~~2423~~) Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections 690.670

~~25~~) Tularemia\* (if not suspected to be a bioterrorist event or part of an outbreak) 690.725

~~2624~~) Typhoid fever\* 690.730

~~2725~~) Typhus 690.740

## c) Class II

The following diseases shall be reported as soon as possible during normal business hours, but within seven 7-days, to the local health authority, which shall then report to the Department within seven 7-days. The Section number associated with each of the listed diseases indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart DE shall be submitted within seven 7-days after identification of the organism to the Department laboratory.

1) Arboviral Infection\* (including, but not limited to, Chikungunya fever, California encephalitis, Dengue fever, St. Louis encephalitis and West Nile virus) 690.322

~~2~~) Brucellosis\* 690.330

~~23~~) Creutzfeldt-Jakob Disease 690.362

~~34~~) Cryptosporidiosis 690.365

~~45~~) Cyclosporiasis 690.368

~~6~~) Giardiasis 690.420

~~57~~) Hepatitis B and Hepatitis D 690.451

~~68~~) Hepatitis C 690.452

~~79~~) Histoplasmosis 690.460

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

	<del>810</del> )	Influenza, <del>deaths</del> <u>Deaths</u> in persons less than 18 years of age	690.465
	<del>911</del> )	Legionellosis*	690.475
	<del>1012</del> )	Leprosy	690.480
	<del>1113</del> )	Leptospirosis*	690.490
	<del>1214</del> )	Listeriosis*	690.495
	<del>1315</del> )	Malaria*	690.510
	<del>1416</del> )	Psittacosis <u>due to Chalmydia psittaci</u>	690.590
	<del>17)</del>	<del>Q-fever*</del>	<del>690.595</del>
	<del>1518</del> )	Salmonellosis* (other than typhoid fever)	690.630
	<del>1619</del> )	Shigellosis*	690.640
	<del>1720</del> )	Toxic shock syndrome due to Staphylococcus aureus infection	690.695
	<del>1821</del> )	Streptococcus pneumoniae, invasive disease in children less than <u>five</u> <del>5</del> -years	690.678
	<del>1922</del> )	Tetanus	690.690
	<del>2023</del> )	Tickborne Disease, including <u>Babesiosis</u> , <u>Ehrlichiosis</u> <del>ehrlichiosis</del> , <u>Anaplasmosis</u> <del>anaplasmosis</del> , Lyme disease, and <u>Spotted Fever</u> <del>Rickettsiosis</del> <u>Rocky Mountain spotted fever</u>	690.698
	<del>2124</del> )	Trichinosis	690.710
	<del>25)</del>	<del>Tularemia*</del>	<del>690.725</del>

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

~~2226~~) Vibriosis (~~Other than Toxigenic Vibrio cholera O1 or O139~~Non-cholera Vibrio infections) 690.745

~~2327~~) Yersiniosis 690.752

\* Diseases for which laboratories are required to forward clinical materials to the Department's laboratory.

- d) When an epidemic of a disease dangerous to the public health occurs, and present rules are not adequate for its control or prevention, the Department shall issue more stringent requirements ~~shall be issued by this Department.~~

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.110 Diseases Repealed from This Part**

a) The following diseases have been repealed from this Part and are no longer reportable. ~~As indicated below, some of these diseases are no longer reportable.~~

~~1a)~~ Amebiasis

~~2b)~~ Blastomycosis

~~3e)~~ Campylobacteriosis

~~4d)~~ Diarrhea of the newborn

5) Giardiasis

~~6e)~~ Hepatitis, viral, other

~~7f)~~ Meningitis, aseptic

~~8g)~~ Streptococcal infections, group B, invasive disease, of the newborn

b) The following diseases have been repealed from this Part, but are reportable under the Section specified:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

<u>1h</u> )	Acquired immunodeficiency syndrome (AIDS)	<u>77 Ill. Adm. Code</u> 693.20
<u>2i</u> )	Chancroid	<u>77 Ill. Adm. Code</u> 693.20
<u>3j</u> )	Gonorrhea	<u>77 Ill. Adm. Code</u> 693.20
<u>4k</u> )	Ophthalmia neonatorum	<u>77 Ill. Adm. Code</u> 693.20
<u>5l</u> )	Syphilis	<u>77 Ill. Adm. Code</u> 693.20
<u>6m</u> )	Tuberculosis	<u>77 Ill. Adm. Code</u> 696.170

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

SUBPART CB: REPORTING**Section 690.200 Reporting**

- a) Reporting Entities and Manner of Reporting:
- 1) Each of the following persons or any other person having knowledge of a known or suspect ~~suspected~~ case or carrier of a reportable communicable disease or communicable disease death shall report the case, suspect ~~suspected~~ case, carrier or death in humans within the time frames set forth in Section 690.100 ~~of this Part~~:
- A) Physicians
  - B) Physician assistants
  - C) Nurses
  - D) Nursing assistants ~~Nurse aides~~
  - E) Dentists
  - F) Health care practitioners
  - G) Emergency medical services personnel

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF ADOPTED AMENDMENTS

- H) Laboratory personnel
  - I) Long-term care personnel
  - J) Any institution, school, college/university, child care facility or camp personnel
  - K) Pharmacists
  - L) Poison control center personnel
  - M) Blood bank and organ transplant personnel
  - N) Coroners, funeral directors, morticians and embalmers
  - O) Medical examiners ~~Examiners~~
  - P) Veterinarians
  - Q) Correctional facility personnel
  - R) Food service management personnel
  - S) Any other person having knowledge of a known or suspected case or carrier of a reportable communicable disease or communicable disease death
  - T) The master, pilot or any other person in charge of any bus, train, ship or boat, and the commander, pilot or any other person in charge of any aircraft within the jurisdiction of the State
  - U) Researchers
- 2) An individual required to report reportable diseases who is unsure whether the case meets the definition of a suspect case shall make a report if the suspect disease, infection or condition is one that is required to be reported immediately, is highly transmissible, or results in health consequences.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 3) A health care provider who attends to a case, carrier or suspect case shall inform the case, carrier or suspect case and the case's, carrier's or suspect case's contacts of the applicable requirements of isolation, exclusion, quarantine, screening, treatment or prophylactic measures and other precautions necessary to prevent the spread of disease. Health care providers and facilities shall relay the diagnosis of diseases directly to the emergency care provider. The identity or addresses of the person having the disease shall not be disclosed.
- 42) Laboratories shall report certain positive test results and provide clinical materials as specified in Subpart ~~DC of this Part~~ or if requested. Upon request of the local health department, laboratories shall submit a copy of a laboratory report by facsimile or electronically. If a medical laboratory forwards clinical materials out of the State for testing, the originating medical laboratory ~~shall retains the duty to~~ comply with this requirement by either reporting the results and submitting clinical materials to the Department or ensuring that the results are reported and materials are submitted to the Department.
- 53) The reports shall be submitted electronically through the Illinois National Electronic Disease Surveillance System (I-NEDSS) web-based system or by mail, telephone, facsimile, ~~or~~ other secure electronic system integrated with I-NEDSS, or other Department designated registry to the local health authority in whose jurisdiction the reporter is located.
- A) The method of reporting shall be as described in the individual Section for the reportable disease.
- B) Laboratories shall submit data electronically through I-NEDSS by January 1, 2016, via Health Level 7 (HL7) 2.3.1 format or higher and with Logical Observation Identifiers Names and Codes (LOINC) and Systematized Nomenclature of Medicine (SNOMED) codes to specify testing information and results, respectively. Laboratories can request an exemption based on small case volumes, and the Department will evaluate the request against past testing volumes. Prior to establishing electronic reporting, laboratories shall report via browser-based data entry into I-NEDSS.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- C) The Department will electronically route these reports to the local health authority in whose jurisdiction the patient is located. If this information is not available, then the record will be routed to the jurisdiction of the ordering provider. The Department will prescribe the use of a health information exchange to achieve these purposes when a health information exchange is available.
- D) The reporter shall provide, when available, the case name, contact information and physician of the case.
- E) A laboratory that is required to report data electronically shall have a State-approved continuity of operations plan for reporting continuity in emergency situations that disrupt electronic communications. At least two alternative methodologies shall be incorporated, such as facsimile, mail or courier services.
- 6) During an outbreak investigation, the reporter and any involved business, organization or institution shall cooperate in any case investigation conducted by health officials, which includes, but is not limited to, supplying locating information for those individuals believed to be associated with the outbreak.
- 7) Any party receiving the reports shall notify the local health authority where the patient resides immediately by phone (within three 3-hours) following notification for Class I(a) diseases, within 24 hours (during normal business hours) following notification for Class I(b) diseases and within seven 7-days following notification for Class II diseases. When a case of infectious disease is reported from one local health authority's jurisdiction but resides in another's jurisdiction, the case shall should be transferred electronically in I-NEDSS with additional relevant information supplied to the other jurisdiction. If a known or suspect suspected case or carrier of a reportable communicable disease is hospitalized or examined in a hospital or long-term care facility, it shall be the duty of the administrator of the health care facility shall to ensure that the case is promptly reported to the local health authority within the time frame specified in Section 690.100 for that disease.
- b) Upon receipt of this report, the local health authority shall report cases to the

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

Department as specified in this ~~Section~~subsection. Local health authorities shall report cases to the Department using the I-NEDSS web-based system according to the time frames specified in Section 690.100. ~~If In the event that~~ I-NEDSS becomes temporarily non-functional, the local health authority may report to the Department by mail, telephone or facsimile. Prior to an I-NEDSS disease-specific module becoming operational statewide, the local health authority shall submit demographic and morbidity information electronically through I-NEDSS and additional case report information by mail or facsimile to the Department according to the time frames specified in Section 690.100.

- c) The report to the Department shall provide the following information: name, age, date of birth, sex, race, ethnicity, address ~~of the case~~ (including zip code), email address and telephone number (if available) of the case, and telephone number and name of the attending physician. When requested, on paper forms provided by the Department or electronically through the I-NEDSS web-based system, clinical and laboratory findings in support of the diagnosis, ~~and~~ epidemiological facts relevant to the source of the infection, and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing diagnostic and epidemiologic information shall be required.
- d) Confidentiality-
- 1) ~~The Department will It is the policy of the Department to~~ maintain the confidentiality of information that would identify individual patients.
  - 2) Whenever any medical practitioner or other person is required by statute, regulation, ordinance or resolution to report cases of communicable disease to any ~~government governmental~~ agency or officer, ~~the such~~ communicable disease reports shall be confidential. Any medical practitioner or other person who provides a report of communicable disease in good faith shall have immunity from suit for slander or libel ~~for upon~~ statements made in the report. The identity of any individual contained in a report of communicable disease or foodborne illness or an investigation conducted pursuant to a report of a communicable disease or foodborne illness shall be confidential, and the individual's identity shall not be disclosed publicly in an action of any kind in any court or before any tribunal, board or agency. The individual, his/her legal guardian or his/her estate, with proper consent, may have his/her information released

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

as requested.

- 3) As outlined in the Privacy Rule (~~45 CFR 164.512(a), (b)~~) (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), health information may be disclosed to public health authorities when required by federal, tribal, state, or local laws. This includes the requirements set forth in this Part that provide for reporting of disease or conducting public health surveillance, investigation, or intervention. For disclosures not required by law, a public health authority may collect or receive information for the purpose of preventing or controlling disease.
- 4) To prevent the spread of a contagious or infectious disease, the Department, local boards of health, and local public health authorities may share confidential health information contained in surveillance reports and other individually identifiable health information with each other. In addition, the Department and local public health authorities may share confidential health information contained in surveillance reports and other individually identifiable health information with health care facilities and health care providers, to the extent necessary for treatment, prevention and control of a contagious disease or a dangerously contagious or infectious disease. The Department will share the information in a manner that protects the confidentiality of the protected health information.
- 5) Subsections (d)(1) through (3) of this Section shall not prevent the Director or authorized personnel of the Department from furnishing what the Department determines to be appropriate information to a physician or institution providing examination or treatment to a person suspected of or affected with a disease or condition, including carrier status, of public health interest, or to any person or institution when necessary for the protection of public health. Only the minimum information necessary for the intended purpose shall be disclosed. A person or institution to whom information is furnished or to whom access to records has been given shall not divulge any part of the information so as to disclose the identity of the person to whom the information or record relates, except as necessary for the treatment of a case or carrier or for the protection of the health of others.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 64) To prevent the spread of a contagious disease, or a dangerously contagious or infectious disease, the Department, local boards of health, and local public health authorities shall have emergency access to medical or health information or records or data upon the condition that the Department, local boards of health, and local public health authorities protect the privacy and confidentiality of any medical or health information or records or data obtained pursuant to Section 2 of the Department of Public Health Act, ~~[20 ILCS 2305/2]~~ in accordance with federal and State law. Any ~~Additionally, any such~~ medical or health information or records or data shall be exempt from inspection and copying under the Freedom of Information Act. Any person, facility, institution, or agency that provides emergency access to health information and data shall have immunity from any civil or criminal liability, or any other type of liability that might ~~otherwise result by reason of these actions~~, except in the event of willful and wanton misconduct. The privileged quality of communication between any professional person or any facility shall not constitute grounds for failure to provide emergency access.
- 75) The Department will provide information ~~Information~~ pertaining to human or animal cases of zoonotic disease ~~will be provided by the Department~~ to another State or federal agency only if the disease is reportable to the agency or if another agency is assisting with control of an outbreak.
- 8) Information contained in I-NEDSS and other Department registries shall be confidential and not subject to inspection by persons other than authorized personnel or agents of the Department, certified local health authorities, and other authorized persons or agencies authorized in this Part.
- A) In accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permitting a health care provider to disclose protected health information about an individual, without the individual's authorization, to another health care provider for that provider's health care treatment of the individual (see HIPAA 45 CFR 164.506 and the definition of "treatment" at HIPAA 45 CFR 164.501), the Department may disclose information contained in I-NEDSS and other Department registries, and the Department may permit access to the information by a licensed health care worker or health care

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

institution that is treating or testing the individual to whom the information relates for the protection of the individual's health or the public's health, including prevention purposes.

- B) The Department may also disclose what it considers to be appropriate and necessary information from I-NEDSS and other Department registries to a licensed health care provider or health care institution when:
- i) the licensed health care provider or health care institution has received security approval from the Department to access I-NEDSS or the other registries and provides identifying information satisfactory to the Department to determine that the person to whom the information relates is currently being treated by or under the care of the licensed health care provider or health care institution; and
  - ii) the disclosure of the I-NEDSS or other registries' information is in the best interests of the person to whom treatment or care is being provided or will contribute to the protection of the public health.
- C) Disclosure may take place using electronic means compliant with HIPAA security and privacy standards. The Department will prescribe the use of a health information exchange to achieve these purposes when a health information exchange is available.
- D) A person or institution to whom information is furnished or to whom access to records has been given shall not divulge any part of the records so as to disclose the identity of the person to whom the information or record relates, except as necessary for the

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

treatment of a case or carrier or for the protection of the health of others.

- e) Section 8-2101 of the Code of Civil Procedure ~~[735 ILCS 5/8-2101]~~ explains the confidential character of reports obtained for medical studies research projects. The Department, and other agencies specified in that this Section, may collect certain information and require reporting of certain diseases and conditions for medical studies research projects. The law provides for confidentiality of these reports, prohibits disclosure of all data ~~so~~ obtained except that which is necessary for the purpose of the specific study, ~~and~~ provides that ~~such~~ data shall not be admissible as evidence, and **provides** that the furnishing of ~~such~~ information in the course of a medical study research project shall not subject any informant to any action for damages. No patient, patient's relatives, or patient's friends named in any medical study shall be interviewed for the purpose of the study unless consent of the attending physician and surgeon is first obtained. (Section 8-2104 of the Code of Civil Procedure)
- f) The local health authority shall notify the Department upon issuing any order for isolation, quarantine or closure. The notification shall be made by telephone telephonically within three 3 hours after ~~issuance of~~ the order is issued unless ~~otherwise directed by~~ the Department directs otherwise.
- g) Identifiable data may be released to the extent necessary for the treatment, control, investigation and prevention of diseases and conditions dangerous to the public health. Identifiable data can be shared for conditions of public health significance, e.g., as permitted by HIPAA regulations, the Medical Studies Act, and the Health Statistics Act. As described in the Health Statistics Act, a Department-approved Institutional Review Board, or its equivalent on the protection of human subjects in research, will review and approve requests from researchers for individually identifiable data.
- h) Procedures Involving Emergency Care Provider  
Every person, employer or local government employing persons rendering emergency care shall designate a contact person or "designated officer" to receive reports from the local health authority. The employer shall assure that the designated officer has sufficient training to carry out the duties described in subsection (i), which shall include appropriate procedures for follow-up after occupational exposures to specific diseases specified in subsection (i).

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- i) The following apply to: meningococcal disease, infectious pulmonary or laryngeal tuberculosis, diphtheria, plague (Yersinia pestis), rabies, hemorrhagic fevers (e.g., Lassa, Marburg and Ebola):
- 1) Health care providers and health care facilities shall, when reporting these diseases, determine and include as part of their report whether an emergency care provider was involved in pre-hospital care for the patient.
  - 2) Health care providers and health care facilities shall report to the local health authority and may relay the diagnosis of these diseases directly to the emergency care providers or the designated officer specified in subsection (i)(3), but shall not disclose the identity or addresses of the person having the disease or otherwise refer specifically to the person.
  - 3) Upon receiving a report of a reportable disease as defined in this subsection (i), the designated officer shall notify all out-of-hospital care providers, including, but not limited to: emergency medical personnel, firefighters, law enforcement officers, corrections officers, probation officers, or other current or former personnel of the employer who may have been exposed to the reportable disease.
  - 4) The designated officer shall inform the personnel only of the reportable disease, the fact of possible exposure and the appropriate follow-up procedures. The designated officer shall not inform the personnel of the identity or addresses of the person having the reportable disease or otherwise refer specifically to the person.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

SUBPART ~~DC~~: DETAILED PROCEDURES FOR THE  
CONTROL OF COMMUNICABLE DISEASES

**Section 690.295 Any Unusual Case of a Disease or Condition Caused by an Infectious Agent Not Listed in this Part that is of Urgent Public Health Significance ~~or Cluster of Cases That May Indicate a Public Health Hazard, Including, But Not Limited to, Glanders,~~**

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

**Orf, Monkeypox, Viral Hemorrhagic Fever (Reportable by telephone immediately (within three 3 hours))**

- a) **Control of Case-**  
Cases shall be evaluated to determine the need for isolation in a health care setting or at the person's residence. The isolation precautions ~~Isolation Precautions~~ followed shall be based on the most likely pathogen.
- b) **Control of Contacts-**  
Contacts shall be evaluated to determine the need for quarantine.
- c) Persons ~~Health care providers~~ who identify a single case of a or cluster of a suspected, rare or significant infectious disease shall report the case to the local health authority. This may include, but is not limited to, a case of cowpox, glanders, amoebic meningoencephalitis, orf, monkeypox, hemorrhagic fever viruses, infection from a laboratory-acquired recombinant organism, or any, a disease non-indigenous to the United States, ~~or a cluster of cases of unknown etiology, but which case or cluster of cases appears to be infectious in nature shall report the case or cluster of cases to the local health authority.~~
- d) The local health authority shall investigate these reports by:
- 1) obtaining locating information of suspect cases and relevant medical information, including date of onset, signs and symptoms and laboratory test results obtained; and
  - 2) determining whether there is a common activity or exposure that might have led to the presumed infection.
- de) The local health authority shall implement appropriate control measures.
- ef) **Laboratory Reporting-**  
Laboratories shall report to the local health authority any disease of public health significance ~~unusual case or cluster of cases~~ that may indicate a public health hazard.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.320 Anthrax (Reportable by telephone immediately, within three 3 hours,**

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

**upon initial clinical suspicion of the disease)**

- a) Control of Case:
  - 1) Standard ~~precautions~~ Precautions shall be followed. Contact ~~precautions~~ Precautions shall be followed for care of persons with cutaneous anthrax when dressing does not adequately contain drainage.
  - 2) A search shall be made for history of exposure to infected animals or animal products and traced to the place of origin. The reporting of exposures other than from infected animals or animal products shall follow the reportable guidelines for ~~suspect~~ suspected bioterrorist threat or event (see Section 690.800). The Department will refer information about exposures indicating a domestic animal source within the United States to the Illinois Department of Agriculture.
  - 3) All anthrax cases shall be reviewed carefully for consideration of a bioterrorist event.
- b) Control of Contacts:  
No restrictions.
- c) Laboratory Reporting:
  - 1) Laboratories shall report to the local health authority patients who have a positive or suspect positive result on any laboratory test indicative of and specific for detecting Bacillus anthracis infection.
  - 2) Laboratories shall forward clinical materials suspected to be positive for Bacillus anthracis to the Department's laboratory.
  - 3) Laboratories shall report and submit to the Department's laboratory any food, animal or environmental test results positive for Bacillus anthracis from a case or outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.322 Arboviral Infections (~~Including, but Not Limited including, but not limited~~ to, Chikungunya Fever, California Encephalitis~~encephalitis~~, St. Louis Encephalitis, Dengue**

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

Feverencephalitis and West Nile Virusvirus (Reportable by mail, telephone, facsimile or electronically as soon as possible, ~~(within seven7 days)~~)

- a) Control of Case-
  - 1) Standard ~~precautions~~ Precautions shall be followed.
  - 2) Individuals Cases suspected ~~to have of having~~ an arboviral infection shall have ~~appropriate~~ specimens (e.g., serum, ~~and/or~~ cerebrospinal fluid (CSF)), as appropriate, collected and tested for arboviruses. For West Nile virus testing, specimens previously tested at commercial laboratories shall be sent to the Department for testing upon request of the Department.
- b) Control of Contacts-

No restrictions.
- c) General Measures-

Local health authorities shall inquire of all persons for whom a West Nile virus or other arbovirus test result is positive about recent blood donation. If ~~such~~ a donation took place in the two 2-weeks prior to onset of symptoms, the local health authority shall notify the director of the donation facility of the donor's name, date of birth, sex, zip code, state of residence, date of donation, date of illness onset, and arboviral test results. Patient information, including test results received by donation facilities, shall be confidential.
- d) Laboratory Reporting-
  - 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting acute arboviral infection and any positive laboratory test indicative of and specific for detecting arboviral infection in a blood donor.
  - 2) Laboratories shall forward to the Department's laboratory clinical materials from patients who are suspected of having an acute arboviral infection or, upon request, clinical materials testing positive for arboviruses at any laboratory other than the Department's laboratory ~~Department~~. Forwarding shall occur until otherwise directed each year.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Wound, or Other (Reportable by telephone immediately, within three 3 hours upon initial clinical suspicion of the disease for foodborne botulism or within 24 hours by telephone or facsimile for other types)**

a) Control of Case-

- 1) Standard precautions ~~Precautions~~ shall be followed.
- 2) There are no restrictions on cases.
- 3) After consultation with and approval by the Department, serum, stool or gastric aspirates from suspect cases should be collected. For foodborne botulism, the suspect source food should be identified and submitted for testing through the Department.
- 4) Requests for botulinum antitoxin for treatment of suspect suspected wound or foodborne botulism ~~shall must~~ be made through the Department. Botulism immune globulin for treatment of infants with botulism can be requested through the Department.
- 5) Suspect cases shall be investigated immediately, within three 3 hours after initial clinical suspicion.

b) Control of Contacts-

- 1) No restrictions.
- 2) For foodborne botulism, persons who may have eaten food suspected of containing botulinum toxin should seek medical consultation.

c) Laboratory Reporting—~~Laboratories shall report to the local health authority all persons for whom botulism testing is requested or any patient whose physician requests antitoxin for administration.~~

- 1) Laboratories shall report to the local health authority all persons for whom

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

botulism testing is requested and all food and environmental specimens that may be associated with an outbreak.

- 2) Laboratories shall report and submit to the Department's laboratory any food samples resulting from a botulism investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.330 Brucellosis (Reportable by ~~mail~~, telephone, ~~facsimile or electronically~~ as soon as possible (within 24 hours~~7 days~~), unless suspect ~~suspected~~ bioterrorist event or part of an outbreak, then reportable immediately (within three ~~3~~ hours) by telephone)**

a) Control of Case-

- 1) Standard precautions ~~Precautions~~ shall be followed. Contact precautions ~~Precautions~~ shall be followed when dressing does not adequately contain drainage.
- 2) Brucella species may be used as a biologic weapon for humans. Any clustering of cases shall be immediately investigated.
- 3) If a suspect domestic animal source within the United States is identified, the Department will provide this information to the Illinois Department of Agriculture.

b) Control of Contacts-  
No restrictions.

c) Laboratory Reporting-

- 1) Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting Brucella species infection.
- 2) Laboratories shall forward clinical materials, including, but not limited to, cultures, isolates or serum, suspected to be positive for Brucella species to the Department's laboratory.
- 3) Laboratories shall report and submit to the Department's laboratory any

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

food, animal or environmental test results positive for Brucella species from a case or outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.350 Chickenpox (Varicella) (Reportable by telephone, facsimile or electronically within 24 hours)**

a) Control of Case-

- 1) Standard precautions, contact precautions and airborne infection isolation precautions ~~Precautions, Contact Precautions and Airborne Infection Isolation Precautions~~ shall be followed for patients in a health care facility until all lesions are dry and crusted.
- 2) Children shall be excluded from school or child care facilities for a minimum of five 5-days after the appearance of eruption or until vesicles become dry.
- 3) Adults shall be excluded from the workplace for a minimum of five 5-days after the appearance of eruption or until vesicles become dry.

b) Control of Contacts-

No general restrictions. Susceptible contacts in a health care facility shall ~~should~~ be quarantined, as necessary, until the incubation period has elapsed to prevent exposure of immuno-compromised patients.

- 1) Susceptible persons who have been exposed to varicella shall be identified. Susceptible persons are those with no history of disease or vaccination.
- 2) Vaccination should be offered to susceptible persons within 120 hours after exposure.
- 3) Varicella-specific immune globulin preparation should be offered, if available, to susceptible persons who are medically contraindicated to receive vaccine and are at high risk of developing severe varicella disease and complications. For maximum effectiveness, the varicella-specific

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

immune globulin shall be administered as soon as possible but no longer than 96 hours after exposure.

- 4) Health Care Facility-~~Related~~ Guidance-
- A) All exposed susceptible patients ~~shall~~ ~~should~~ be discharged as soon as feasible. All exposed susceptible patients who cannot be discharged shall be placed in airborne infection isolation and contact precautions ~~Airborne Infection Isolation and Contact Precautions~~ from days 10 to 21 following exposure to the index case. For patients who receive varicella-specific immune globulin, airborne infection isolation and contact precautions ~~Airborne Infection Isolation and Contact Precautions~~ shall be followed until day 28.
- B) All exposed susceptible health care workers shall be restricted from patient contact from days 10 to 21 following exposure to an index case; this restriction ~~shall~~ ~~should~~ be extended to 28 days for persons receiving varicella-specific immune globulin.
- c) Laboratory Reporting-  
Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting varicella infection.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.360 Cholera (Toxigenic *Vibrio cholerae* O1 or O139) (Reportable by telephone or facsimile as soon as possible, within 24 hours)**

- a) Control of Case-
- 1) Standard precautions ~~Precautions~~ shall be followed. Contact precautions ~~Precautions~~ shall be followed for diapered or incontinent persons or during institutional outbreaks until ~~absence of~~ diarrhea is absent for 24 hours.
- 2) Food Handlers or Persons in Sensitive Occupations, Not Including ~~not including~~ Health Care Workers. Cases with cholera shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

24 hours and ~~three 3~~ consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted within one week after notification.

- 3) Health Care Workers or Those Who Work in Occupations Requiring Standard Precautions. Local health departments may require specimens from health care workers or those who work in occupations requiring ~~standard precautions~~ Standard Precautions if there is reason to believe ~~that~~ specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

- b) Control of Contacts: Contacts should be asked about symptoms ~~Observation of contacts is required~~ during the period of household exposure and for ~~five 5~~ days after last exposure.

- 1) Contacts Who Have Not Had Diarrhea During the Previous ~~Four 4~~ Weeks:

- A) Food Handlers or Persons in Sensitive Occupations, Not Including ~~not including~~ Health Care Workers:

- i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of cholera infection during the previous ~~four 4~~ weeks.
- ii) Contacts to cases of cholera who are employed as food handlers or in sensitive occupations shall submit ~~three 3~~ consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

notification. Release specimens shall be submitted at least once per week until ~~three 3~~ consecutive negative specimens are obtained, or the individual shall be restricted from working.

- iii) If any of the ~~three 3~~ release specimens is positive for toxigenic Vibrio cholerae cholera O1 or O139, contacts shall be considered cases and shall be required to comply with restrictions on returning to work in subsection (a)(2) ~~of this Section.~~

B) ~~Health Care Workers-~~

Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions ~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster). Specimens shall be obtained at least 24 hours apart. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

2) ~~Contacts Who Currently Have, or Have Had, Diarrhea During the Previous Four 4 Weeks-~~

A) ~~Food Handlers or Persons in Sensitive Occupations, Not Including not including Health Care Workers-~~

- i) All contacts to cases of cholera employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous four 4 weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have submitted ~~three 3~~ consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one 1 week after notification.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- ii) If any of the ~~three~~ release specimens is positive for toxigenic *Vibrio cholerae*, contacts shall be considered cases and shall comply with subsection (a)(2) ~~of this Section.~~
- B) ~~Health Care Workers-~~  
Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions ~~Standard Precautions~~ if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.
- c) Sale of Food, Milk, etc. (See Section 690.30~~1000~~(b).)
- d) ~~Laboratory Reporting-~~
  - 1) Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting *Vibrio cholerae* infection.
  - 2) Laboratories shall forward clinical materials suspected to be positive for *Vibrio cholerae* to the Department's laboratory.
  - 3) Laboratories shall report and submit to the Department's laboratory any food or environmental *Vibrio cholerae* isolates resulting from an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.362 Creutzfeldt-Jakob Disease (CJD) (All Laboratory Confirmed Cases ~~laboratory confirmed and probable cases~~) (Reportable by mail, telephone, facsimile or electronically within seven ~~7~~ days after confirmation of the disease)**

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- a) Control of Case-
- 1) Standard ~~precautions~~ Precautions shall be followed.
  - 2) Material contaminated or infected with prions requires laboratory Biosafety Level 2 containment.
  - 3) Prions are highly resistant to standard disinfection and sterilization procedures. See disinfection procedures in Section 690.~~20+0+0~~(b).
  - 4) Direct contact with all potentially contaminated organ or tissue samples, especially cerebrospinal fluid, and waste should be avoided. It is recommended not to reuse potentially contaminated instruments, including, but not limited to, surgical equipment, specimen containers, knives, blades, cutting boards, and centrifuge tubes.
  - 5) An autopsy or biopsy of the brain should be performed to confirm suspected cases.
- b) Control of Contacts-  
No restrictions.
- c) Laboratory Reporting-
- 1) Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting CJD~~Creutzfeldt-Jakob Disease~~.
  - 2) Laboratories shall forward clinical materials from patients suspected of having CJD to the National Prion Disease Pathology Surveillance Center.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)**

- a) Control of Case-

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 1) Standard ~~precautions~~Precautions shall be followed. Contact ~~precautions~~Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.
  - 2) Cases with diarrhea shall not work as food handlers or in sensitive occupations until diarrhea ceases (no diarrhea for ~~48~~24 hours). No release specimens are required before returning to work for persons employed as food handlers or in sensitive occupations.
  - 3) Cases shall avoid swimming in public recreational water venues (e.g., swimming pools, whirlpool spas, wading pools, water parks, interactive fountains, lakes) while symptomatic and for ~~two~~2 weeks after cessation of diarrhea.
- b) Control of Contacts:-
- 1) Household contacts and others in close contact with the case who have diarrhea should be tested for Cryptosporidium.
  - 2) Contacts with diarrhea shall not work as food handlers or in sensitive occupations until diarrhea ceases (~~no diarrhea for 48 hours~~).
- c) Sale of Food, Milk, etc. (See Section 690.~~301000~~(b).):-
- d) Laboratory Reporting:-
- 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Cryptosporidium species infection.
  - 2) Laboratories shall report and submit to the Department's laboratory any Cryptosporidium positive stool, food or environmental samples resulting from an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within ~~seven~~7 days)**

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF ADOPTED AMENDMENTS

- a) Control of Case-
  - 1) Standard ~~precautions~~Precautions shall be followed.
  - 2) No restrictions are required for food handlers or those in sensitive occupations.
- b) Control of Contacts-
  - 1) No restrictions.
  - 2) Contacts who have had similar exposures as cases should see a physician if diarrhea develops.
- c) Laboratory Reporting-
  - 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Cyclospora infection.
  - 2) Laboratories shall report and submit to the Department's laboratory any Cyclospora positive ~~stool~~, food or environmental samples resulting from an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.380 Diphtheria (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test order~~as soon as possible, within 24 hours~~)**

- a) Control of Case-
  - 1) Standard ~~precautions~~Precautions shall be followed. Droplet ~~precautions~~Precautions shall be followed for pharyngeal diphtheria. Contact ~~precautions~~Precautions shall be followed for cutaneous diphtheria.
  - 2) These precautions shall be continued until ~~two~~<sup>2</sup> successive cultures from both throat and nose (and skin lesions in cutaneous diphtheria) are negative for diphtheria bacilli or when a virulence test proves the bacilli to

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

be avirulent. The first culture shall be taken not less than 24 hours after completion of antibiotic therapy, and the second culture shall be taken not less than 24 hours after the first.

- 3) Use of diphtheria antitoxin should be considered in addition to antibiotic therapy when clinical findings and consultation with Department personnel support use.
- 4) Specimens shall be considered to be satisfactory only if they reach an acceptable laboratory within 48 hours, and if growth of normal flora occurs.

b) Control of Contacts:

- 1) All close contacts (household members and other persons directly exposed to oral secretions of patients with pharyngeal presentation or with direct contact with secretions from lesions with cutaneous presentation) ~~shall~~ should be cultured from the nose and from the throat, provided antibiotic prophylaxis, and placed under surveillance for ~~seven~~ 7 days.
- 2) Contacts who are food handlers or in sensitive occupations shall not work in these occupations until shown, by ~~two~~ 2 successive negative cultures from the nose and from the throat, not to be carriers, and permission is granted in writing by the local health authority. The first culture shall be taken not less than 24 hours after completion of antibiotic therapy, and the second culture shall be taken not less than 24 hours after the first.
- 3) All previously immunized close contacts should receive a booster dose of diphtheria toxoid-containing vaccines if more than ~~five~~ 5 years have elapsed since their last dose.
- 4) If close contacts have received fewer than ~~three~~ 3 doses of diphtheria toxoid-containing vaccines, or vaccination history is unknown, an immediate dose of diphtheria toxoid-containing vaccine should be given and the primary series completed.
- 5) All contacts found to be carriers shall be handled in the same manner as cases according to subsection (a)(1) and managed as indicated in subsection (c).

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 6) In a non-immune individual who has been exposed, antitoxin should be considered. This should be followed immediately with active immunization.
- c) Control of Carriers:
  - 1) Carriers discovered as the result of epidemiological follow-up of a known case or in another way (screening, etc.) shall be handled in the same manner as cases. (See subsections (a)(1) and (2).)
  - 2) All previously immunized carriers ~~shall~~ receive a booster dose of diphtheria toxoid-containing vaccines if more than one year has elapsed since their last dose.
  - 3) Carriers who have received fewer than ~~three~~ doses of diphtheria toxoid-containing vaccines, or whose vaccination history is unknown, ~~shall~~ receive an immediate dose of diphtheria toxoid-containing vaccine and complete the primary series.
- d) Sale of Food, Milk, etc. (See Section 690.~~301000~~(b).)
- e) Laboratory Reporting:
  - 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting *Corynebacterium diphtheriae* infection.
  - 2) Laboratories shall forward clinical materials positive for *Corynebacterium diphtheriae* to the Department's laboratory for toxicity testing.
  - 3) Laboratories shall report any request for suspected diphtheria testing as soon as possible, within ~~three~~ hours.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.400 *Escherichia coli* Infections (*E. coli* O157:H7 and Other Shiga ~~Producing~~ **Toxin Producing** *E. coli*, Enterotoxigenic *E. coli*, Enteropathogenic *E. coli* and Enteroinvasive *E. coli*) (Reportable by telephone or facsimile as soon as possible, within 24**

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

hours)

- a) Control of Case-
- 1) Standard ~~precautions~~Precautions shall be followed. Contact ~~precautions~~Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until ~~absence of~~ diarrhea is absent for 24 hours.
  - 2) Food Handlers or Persons in Sensitive Occupations, ~~Not Including~~not including Health Care Workers-  
Cases with E. coli infections caused by O157:H7 or other Shiga toxin-producing E. coli shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and ~~two~~2 consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, ~~no sooner than~~at least 24 hours ~~after diarrhea has ceased,~~apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted beginning within one week after notification.
  - 3) Health Care Workers-  
Local health departments may require specimens from health care workers or those who work in occupations requiring ~~standard precautions~~Standard Precautions if there is reason to believe ~~that~~ specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.
  - 4) Cases of enterotoxigenic E. coli, enteropathogenic E. coli, or enteroinvasive E. coli shall not work as food handlers or in sensitive occupations, including health care, until diarrhea has ceased for at least ~~48~~24 hours. Release specimens are not required for persons with these types of E. coli infections.
  - 5) Day Care Attendees

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

Cases of E. coli O157:H7 or other Shiga toxin producing E. coli shall be excluded from attending a child care facility, an adult day care facility or a facility for the developmentally disabled if below the age of five years or incontinent of stool until two consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered.

6) Day Care Staff

Cases of E. coli O157:H7 or other Shiga toxin producing E. coli who work in a child care facility, an adult day care facility, or a facility for the developmentally disabled, and who directly care for attendees or handle food, shall not return to work until two consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted beginning within one week after notification.

b) Control of Contacts:

1) Contacts Who Have Not Had Diarrhea During the Previous ~~Four~~4 Weeks:

A) Food Handlers or Persons in Sensitive Occupations, Not Including~~not including~~ Health Care Workers:

- i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of E. coli infections caused by O157:H7 or other Shiga toxin-producing strains during the previous ~~four~~4 weeks.
- ii) Contacts to cases with E. coli infections caused by O157:H7 or other Shiga toxin-producing strains who are employed as food handlers or in sensitive occupations shall submit ~~two~~2 consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

after notification. Release specimens shall be submitted at least once per week until ~~two~~ consecutive negative specimens are obtained, or the individual shall be restricted from working.

- iii) If either of the ~~two~~ release specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin-producing strains, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) ~~Health Care Workers-~~

Local health departments may require specimens from health care workers or those who work in occupations requiring ~~standard precautions~~ ~~Standard Precautions~~ if there is reason to believe ~~that~~ specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster). ~~Specimens shall be obtained at least 24 hours apart. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.~~

- C) Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as ~~food handlers~~ ~~foodhandlers~~ or in sensitive occupations, including health care workers, and have not had diarrhea within the previous ~~four~~ weeks are not required to submit release specimens.

2) ~~Contacts Who Currently Have Diarrhea or Have Had Diarrhea During the Previous Four Weeks-~~

A) ~~Food Handlers or Persons in Sensitive Occupations, Not Including~~ ~~not including~~ Health Care Workers:-

- i) All contacts to cases of E. coli infections caused by O157:H7 or other Shiga toxin-producing strains employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous ~~four~~ weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

submitted ~~two~~ consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

- ii) If either of the ~~two~~ release specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin-producing strains, contacts shall be considered cases and shall comply with subsection (a)(3) ~~of this Section~~.

B) Health Care Workers-

Local health departments may require specimens from health care workers or those who work in occupations requiring ~~standard precautions~~ Standard Precautions if there is reason to believe ~~that~~ specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

- C) Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as ~~food handlers~~ food handlers or in sensitive occupations, including health care workers, and have had diarrhea within the previous ~~four~~ 4 weeks and the diarrhea has resolved are not required to submit release specimens.

- D) Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as food handlers or in sensitive occupations, including health care ~~workers~~, and currently have diarrhea, shall not work until diarrhea has ceased for at least ~~48~~ 24 hours. Release specimens are not required for persons with these types of E. coli infections.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- E) Day Care Attendees  
Contacts to cases of E. coli O157:H7 or other Shiga toxin producing E. coli who currently have or have had diarrhea during the previous four weeks who attend a child care facility, an adult day care facility or a facility for the developmentally disabled and are below the age of five years or incontinent of stool shall submit two consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Release specimens shall be submitted within one week after notification, or the individual shall be restricted from attendance. If either of the two specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin producing strains, contacts shall be considered cases and shall comply with subsection (a)(3).
- F) Day Care Staff  
Contacts to cases of E. coli O157:H7 or other Shiga toxin producing E. coli who currently have or have had diarrhea during the previous four weeks who work in a child care facility or an adult day care facility and directly care for attendees or handle food shall submit two consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted beginning within one week after notification, or the individual shall be restricted from working. If either of the two specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin producing strains, contacts shall be considered cases and shall comply with subsection (a)(3).
- c) Sale of Food, Milk, etc. (See Section 690.301000(b).)
- d) Laboratory Reporting-
- 1) Laboratories shall report to the local health authority all patients who have a positive result from a stool specimen or any laboratory test indicative of and specific for detecting Escherichia coli O157, other Shiga toxin-producing E. coli, enterotoxigenic E. coli, enteropathogenic E. coli or

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

enteroinvasive E. coli infection.

- 2) Laboratories shall submit E. coli O157 or other Shiga toxin-producing isolates, broth or specimens to the Department's laboratory.
- 3) ~~Laboratories shall report and submit to the Department's laboratory any food, environmental or animal E. coli isolates resulting from an outbreak investigation.~~

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.410 Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)**

- a) ~~Investigation of Outbreaks.~~
  - 1) ~~All suspected or confirmed cases of foodborne or waterborne illness shall be investigated by the local health authority where the food was prepared or the contact with water occurred. If multiple jurisdictions are involved, the jurisdiction where the food was prepared or the contact with water occurred shall be in charge of the investigation unless determined otherwise. If the investigation determines that a foodborne or waterborne illness has occurred, the jurisdiction in charge of the investigation shall submit a final report to the Department, using the most current outbreak reporting form available from the Department, within 4 weeks following the completion of the epidemiologic investigation.~~
  - 2) ~~For specific information on how to conduct a foodborne or waterborne outbreak investigation, see the current edition of the Department's Investigating Suspected Outbreaks of Foodborne and Waterborne Illness manual.~~
  - 3) ~~When outbreaks of foodborne or waterborne disease occur in retail food establishments and the etiologic agent responsible for the outbreak is not addressed in this Part, food handlers in the establishment where the outbreak occurred may be considered to be contacts to cases and may be required by the local health authority to submit specimens for testing.~~

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 4) ~~When outbreaks of foodborne or waterborne disease occur in any business, organization, institution or private home, the person in charge of the establishment shall cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks and suspected outbreaks of foodborne or waterborne disease. This includes, but is not limited to, release of food preparation methods, menus, customer lists, environmental specimens, food specimens, and the name and other pertinent information about food handlers or other employees diagnosed with a communicable disease as it relates to a foodborne or waterborne disease investigation.~~
- b) ~~Control of Cases.~~
  - 1) ~~Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.~~
  - 2) ~~Persons who become ill due to a foodborne or waterborne outbreak shall comply with restrictions specific to each etiologic agent addressed in this Part.~~
  - 3) ~~If the etiologic agent responsible for a foodborne or waterborne outbreak is not addressed in this Part and diarrhea or vomiting of infectious or unknown cause is present, foodhandlers and persons in sensitive occupations, including health care workers, who are ill shall not work until 24 hours after diarrhea or vomiting has resolved.~~
  - 4) ~~Persons with draining skin lesions shall not work as food handlers unless the drainage is contained by a dressing and lesions are not on the hands or forearms.~~
- e) ~~Control of Contacts. Contacts to persons who become ill due to a foodborne or waterborne outbreak shall comply with restrictions specific to each etiologic agent.~~
- d) ~~Sale of Food, Milk, etc. (See Section 690.1000(b).)~~
- e) ~~Laboratory Reporting.~~

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 1) ~~Laboratories shall report to the local health authority clinical, environmental or food specimens that have a positive result on a laboratory test indicative of and specific for detecting any foodborne or waterborne illness.~~
- 2) ~~Laboratories shall submit to the Department's laboratory any positive food, environmental or animal samples resulting from an outbreak investigation.~~

(Source: Repealed at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)**

- a) ~~Control of Case.~~
  - 1) ~~Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.~~
  - 2) ~~Cases who are food handlers or in sensitive occupations may return to their usual occupations after diarrhea has ceased for at least 24 hours and antimicrobial therapy has been completed for 48 hours.~~
- b) ~~Control of Contacts. Contacts with symptoms who are employed as food handlers or in sensitive occupations shall submit one specimen for testing for giardiasis. Contacts who test positive shall be restricted according to subsection (a)(2) of this Section. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).~~
- c) ~~Sale of Food, Milk, etc. (See Section 690.1000(b).)~~
- d) ~~Laboratory Reporting. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Giardia infection.~~

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

(Source: Repealed at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.441 Haemophilus ~~Influenzae~~**influenzae**, Meningitis and Other Invasive Disease  
(Reportable by telephone or facsimile, within 24 hours)**

- a) Control of Case-  
Standard ~~precautions and droplet precautions~~**Precautions and Droplet Precautions** shall be followed. Droplet ~~precautions~~**Precautions** shall be followed until 24 hours after initiation of effective antimicrobial therapy.
- b) Control of Contacts-
- 1) No restrictions.
  - 2) When a case of Haemophilus influenzae type b occurs, chemoprophylaxis shall be considered for all household contacts in households in which there is a child ~~less than~~**under** 12 months of age (other than the index case) who has not received the primary series of Hib conjugate vaccine; or for all household contacts in households with a child less than ~~four~~**4** years of age who is inadequately immunized against Haemophilus influenzae type b; or for all household contacts in households with an ~~immune-~~**immunocompromised** child regardless of immunization status.
  - 3) When ~~two~~**2** or more cases of Haemophilus influenzae type b invasive disease occur in a child care facility within 60 days and unimmunized or incompletely immunized children attend the child care facility, administration of chemoprophylaxis to all attendees and staff having sufficient contact is indicated.
- c) Laboratory Reporting-
- 1) Laboratories shall report to the local health authority when Haemophilus influenzae (any type) has been cultured from a normally sterile site or patients who have a positive result on any other laboratory test indicative of and specific for detecting invasive Haemophilus influenzae (any type).
  - 2) Laboratories shall forward clinical materials from a normally sterile site that are positive for Haemophilus influenzae (any type) to the

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF ADOPTED AMENDMENTS

Department's laboratory.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.442 Hantavirus Pulmonary Syndrome (Reportable by telephone as soon as possible~~or facsimile~~, within 24 hours)**

- a) Control of Case-
  - 1) Standard ~~precautions~~Precautions shall be followed.
  - 2) The local health authority shall investigate cases to determine locations of exposure to rodents, which can transmit hantavirus, in the ~~two~~2 months before illness onset.
- b) Control of Contacts-  
No restrictions.
- c) Laboratory Reporting-
  - 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting hantavirus infection.
  - 2) Laboratories shall forward clinical materials positive for hantavirus to the Department's laboratory.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.450 Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)**

- a) Control of Case-
  - 1) Standard ~~precautions~~Precautions shall be followed. In diapered or incontinent persons, the following ~~contact precautions~~Contact Precautions shall be followed: infants and children less than ~~three~~3 years of age, for the duration of hospitalization; children ~~three~~3 to 14 years of age, until ~~two~~2 weeks after onset of symptoms; and those ~~more~~greater than 14 years

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

of age, for one week after onset of symptoms.

- 2) Cases shall not work as food handlers or in sensitive occupations for seven days after onset of jaundice or two weeks after onset of initial symptoms, if jaundice is not present.~~during the period when infection control precautions apply.~~
- 3) Health care workers shall not have direct patient contact or contact with patient environment and food for seven days after onset of jaundice or two weeks after onset of initial symptoms if jaundice is not present.

b) Control of Contacts-

- 1) No restrictions.
- 2) Guidelines for hepatitis A vaccine or immune globulin (IG) administration for non-immune contacts are specified in Section 690.20690.1010(b)(32).
- 3) Administration of IG is not recommended for symptomatic contacts, but testing is recommended to verify the diagnosis.

c) Sale of Food, Milk, etc. (See Section 690.~~301000~~(b).)

d) Laboratory Reporting-

Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting acute hepatitis A infection, including IgM specific antibodies to the hepatitis A virus (total antibody is not reportable). Upon request, laboratories shall provide liver function test results for suspect cases of hepatitis A.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.451 Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within seven7 days)**

a) Control of Cases and Carriers-

Standard ~~precautions~~Precautions shall be followed. ~~Terminal cleaning is not required.~~

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- b) Control of Contacts-
- 1) No restrictions.
  - 2) Contacts to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus.
  - 3) A person who is a contact to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus and given prophylaxis in accordance with the ~~most recent~~ Recommended Childhood Immunization Schedule and ~~most recent~~ recommendations of the Advisory Committee on Immunization Practices (ACIP). ([General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\), www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm)).
  - 4) Infants born to mothers who are hepatitis B surface antigen (HBsAg) positive should receive hepatitis B vaccine and hepatitis B immune globulin (0.5 mL) within 12 hours ~~after~~of birth, both by intramuscular injection, but at different sites.
  - 5) Non-immune contacts who have been exposed in ~~such~~a manner ~~that allowsto~~allow for transmission of hepatitis B or hepatitis D should receive hepatitis B immune globulin (HBIG) as early as possible following exposure, preferably within 24 hours but not more than 14 days after exposure.
  - 6) Non-immune contacts should begin hepatitis B vaccination.
- c) General Measures-
- 1) Pregnant women shall be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available. Pregnant women who are at high risk for hepatitis B infection (recent history of sexually transmitted disease, injection drug use, or other possible risks of hepatitis B infection) should be re-tested upon admission.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 2) Health care providers shall refer pregnant women who are HBsAg positive within seven~~7~~ days after receipt of the test result to a local health authority for counseling and recommendations on testing and immunizing contacts.
- 3) Persons previously known to test positive for HBsAg shall not donate blood.
- 4) ~~"A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States – Part 1: Immunization of Infants, Children, and Adolescents"~~ (see Section 690.~~201010~~(a)(8)), the ~~"Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures"~~ (see Section 690.~~201010~~(a)(1)) and the ~~"Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis"~~ (see Section 690.~~201010~~(a)(2)) shall be followed.
- d) ~~Laboratory Reporting-~~  
Laboratories shall report to the local health authority patients who:
  - 1) Are pregnant with evidence of acute or chronic hepatitis B infection (surface antigen positive).
  - 2) Have a positive result on any laboratory test indicative of and specific for detecting hepatitis B ~~and/or~~ hepatitis D infection.
  - 3) Have results of alanine aminotransferase ~~and/or~~ aspartate aminotransferase testing within 30 days after the positive test for hepatitis B ~~and/or~~ hepatitis D. These results should be reported concurrently with the positive assay.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.452 Hepatitis C, Acute Infection and ~~Non-acute~~~~Non-Acute~~ Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within seven~~7~~ days)**

- a) Control of Case-
  - 1) Standard precautions~~Precautions~~ shall be followed.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 2) Persons 34 years of age and younger and who have a positive confirmatory test for hepatitis C should be investigated to determine if this infection represents an acute or chronic illness and identify factors associated with the infection.
- 3) Other persons with a confirmatory test for hepatitis C may also be investigated.

b) Control of Contacts:  
No restrictions.

c) Laboratory Reporting:  
Laboratories shall report to the local health authority patients who are anti-HCV positive by immunoassay (e.g., enzyme immunoassay, chemiluminescence immunoassay) with a signal-to-cutoff ratio (S/C) or other parameter predictive of a true positive as determined for the particular assay (S/C ~~shall~~should be included with all test results that are reported) or who test positive for hepatitis C by recombinant immunoblot assay, polymerase chain reaction (PCR) or any other supplemental or confirmatory test that may be used. Results of the alanine aminotransferase testing that are closest in time to the date of the positive hepatitis C result and within ~~three~~3 months ~~after~~of the positive test for hepatitis C should be reported concurrently with the positive immunoassay, PCR, immunoblot or other confirmatory test results. Viral genotype results (when performed) should also be reported. ~~Laboratories~~Laboratories not performing confirmatory testing or tests to identify highly positive specimens (e.g., S/C) shall report selected hepatitis C results as requested by the Department.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.460 Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)**

a) Control of Case

- 1) Standard ~~precautions~~Precautions shall be followed.
- 2) The local health authority should search for similar illness among household or occupational contacts. If a cluster of cases is identified, the

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

local health authority shall look for a common environmental source of infection.

- b) ~~Control of Contacts-~~  
No restrictions.
- c) ~~Laboratory Reporting-~~
  - 1) Laboratories shall report to the local health authority patients from whom *Histoplasma capsulatum* has been cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting *Histoplasma capsulatum* infection.
  - 2) Laboratories shall report and submit to the Department's laboratory any environmental *Histoplasma* samples resulting from an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.468 Influenza (Laboratory Confirmed (Including Rapid Diagnostic Testing)) Intensive Care Unit Admissions (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)**

- a) Control of Case
  - 1) Standard and droplet precautions shall be followed. Droplet precautions shall be implemented for seven days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while the patient is in the hospital. In some cases, the hospital may choose to apply droplet precautions for longer periods based on clinical judgment, such as in the case of young children or severely immunocompromised patients, who may shed influenza virus for longer periods of time.
  - 2) If present rules in this Part are not adequate, the Department may develop and distribute additional recommendations in conjunction with guidance received from the Centers for Disease Control and Prevention.
- b) Control of Contacts

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 1) The Department will recommend control of contacts based on transmissibility and severity of the illness that caused the influenza strain.
  - 2) The hospital shall monitor health care workers caring for intensive care unit patients with influenza for illness.
- c) Laboratory Reporting
- 1) Upon request, laboratories shall forward clinical materials to the Department's laboratory.
  - 2) Laboratories shall report to the local health authority patients admitted into an intensive care unit who have a positive result on any laboratory test indicative of and specific for detecting influenza.

(Source: Added at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.469 Influenza A, ~~Variant~~ Novel Virus (Reportable by telephone immediately, within ~~three~~3 hours upon initial clinical suspicion or laboratory test order)**

- a) Control of Case-
- 1) Standard ~~precautions~~Precautions, including routine use of eye protection, and ~~droplet precautions~~Contact Precautions shall be followed for patients in health care settings (e.g., hospitals, long-term care facilities, outpatient offices, emergency transport vehicles), use of a respirator at least as protective as an N-95 is recommended during aerosol-generating procedures. When feasible, aerosol-generating procedures should be conducted in an airborne infection isolation room. The Department will make further recommendations as more information becomes known about the transmissibility of the variant influenza virus.~~close contact in health care settings, and an airborne infection isolation room or equivalent is recommended during hospitalization. Cohorting in specific areas or wards may be considered.~~
  - 2) If present rules are not adequate, alternative requirements may be issued. See Section 690.100(d).

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- b) Control of Contracts-
- 1) ~~The Department will make recommendations~~ Recommendations for control of contracts ~~will be made by the Department~~ based on transmissibility and severity of the illness that caused the ~~variant~~ novel influenza strain.
  - 2) Health care workers caring for patients with ~~variant~~ novel influenza shall be monitored for illness by the health care facility, in collaboration with the local health department.
- c) Laboratory Testing and Reporting-
- 1) Virus isolation studies on respiratory specimens from individuals with ~~suspect variants~~ suspected novel influenza infection should not be performed by clinical laboratories unless approved by the Department.
  - 2) Laboratories shall immediately report to the local health authority any request for laboratory testing for a ~~variant~~ novel subtype, or laboratory identification of a ~~suspect variants~~ suspected novel subtype, in a human specimen. Variant influenza includes that which is different from currently circulating human influenza H1 and H3 viruses. Variant ~~Novel~~ subtypes include, but are not limited to, H2, H5, H7, and H9 subtypes. Influenza H1 and H3 subtypes originating from a non-human species or from genetic reassortment between animal and human viruses are also ~~variant~~ novel subtypes. Laboratory evidence of a ~~suspect variants~~ suspected novel subtype includes any specimen from a human that is polymerase chain reaction or culture positive for influenza A and tests negative for currently circulating H1 and H3 subtypes.
  - 3) Upon request, laboratories shall forward clinical materials to the Department's laboratory.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.475 Legionellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven7 days)**

- a) Control of Case-

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 1) Standard ~~precautions~~Precautions shall be followed.
  - 2) The local health authority shall investigate clusters of cases to determine ~~whether~~if there is a common environmental source of infection.
- b) Control of Contacts:  
No restrictions.
- c) Laboratory Reporting:
- 1) Laboratories shall report to the local health authority patients from whom Legionella species is cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting Legionella infection.
  - 2) Laboratories shall forward clinical materials positive for Legionella species to the Department's laboratory.
  - 3) Laboratories shall report and submit to the Department's laboratory any environmental Legionella samples resulting from an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.480 Leprosy (Hansen's Disease) (Infectious and Non-infectious Cases are Reportable~~infectious and non-infectious cases are reportable~~) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)**

- a) Control of Case:
- 1) Standard ~~precautions~~Precautions shall be followed.
  - 2) There are no restrictions in employment or attendance at school or child care facilities.
- b) Control of Contacts:  
No restrictions. However, household contacts should be examined to identify secondary cases. Initial examination should be made at the time a case is

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

discovered and examinations at yearly intervals for ~~five~~ 5 years after the last contact with an infectious case.

- c) ~~Laboratory Reporting-~~  
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Mycobacterium leprae.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven7 days)**

- a) ~~Control of Case-~~
- 1) Standard ~~precautions~~Precautions shall be followed.
  - 2) If a cluster of cases is identified, the local health authority shall look for evidence of infection from a common environmental source.
- b) ~~Control of Contacts-~~  
No restrictions.
- c) ~~Laboratory Reporting-~~
- 1) Laboratories shall report to the local health authority patients from whom Leptospira species has been cultured or patients who have a positive result on any laboratory test indicative of and specific for detecting Leptospira species infection.
  - 2) Laboratories shall forward clinical materials positive for Leptospira to the Department's laboratory. Laboratories shall report and submit to the Department's laboratory any Leptospira environmental samples resulting from an outbreak investigation.
  - 3) Laboratories shall report and submit to the Department's laboratory any positive environmental or animal samples resulting from an outbreak investigation.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.495 Listeriosis (~~When Both Mother~~~~when both mother~~ and ~~Newborn are Positive~~~~newborn are positive~~, ~~Report Mother Only~~~~report mother only~~) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)**

a) Control of Case-

- 1) Standard ~~precautions~~Precautions shall be followed.
- 2) If a cluster of cases is identified, the local health authority shall look for evidence of infection from a common source.

b) Control of Contacts-  
No restrictions.

c) Laboratory Reporting-

- 1) Laboratories shall report to the local health authority patients from whom *Listeria monocytogenes* has been cultured from a normally sterile site ~~or~~ patients who have a positive result on any other laboratory test indicative of and specific for detecting *Listeria monocytogenes*. If mother and newborn are both positive for *Listeria monocytogenes*, only mother should be reported.
- 2) Laboratories shall forward to the Department's laboratory clinical materials from a normally sterile site that are positive for *Listeria monocytogenes* ~~to the Department's laboratory~~.
- 3) Laboratories shall report and submit to the Department's laboratory any food or environmental *Listeria* isolates resulting from an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.510 Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)**

a) Control of Case-

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

Standard ~~precautions~~Precautions shall be followed.

- b) Control of Contacts:-  
No restrictions.
- c) Laboratory Reporting:-
  - 1) Laboratories shall report to the local health authority, regardless of the patients' state or country of residence, patients who have a positive result on any laboratory test indicative of and specific for detecting Plasmodium species infection.
  - 2) Laboratories shall forward clinical materials, including, but not limited to, slides and images~~slides of blood specimens~~ found to contain malaria parasites to the Department's laboratory for speciation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)**

- a) Control of Case:-
  - 1) Standard precautions and airborne infection isolation~~precautions~~Precautions and Airborne Infection Isolation Precautions shall be followed for patients in health care facilities from diagnosis until four~~4~~ days after appearance of the rash.
  - 2) Children with measles shall be kept out of school or child care facilities for at least four~~4~~ days after appearance of the rash.
- b) Control of Contacts:-
  - 1) All susceptible contacts (persons six~~age-6~~ months of age or older who have not yet received a total of two~~2~~ doses of measles-containing vaccine) should begin vaccination with live virus measles vaccine. Vaccine should be administered within 72 hours after exposure for maximal protection. When vaccine is given prior to the first birthday, a second dose shall be given on or after the first birthday, and a third dose at least 28 days later but prior to school entry (four to six~~4 to 6~~ years of age).

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 2) Susceptible household contacts with high risk of complications or with measles vaccine contraindications should be given immune globulin (IG) within ~~six~~6 days after exposure. IG is not indicated for contacts who have received one dose of vaccine at 12 months of age or older unless they are ~~immune-compromised~~~~immunocompromised~~. Live measles vaccine ~~shall~~should be given ~~five~~5 to ~~six~~6 months later to those IG recipients, provided that ~~the~~ vaccine is not contraindicated.
  - 3) Susceptible contacts who have not received vaccination or immune globulin, where medically indicated, shall be excluded from school, workplace, child care facility, or other facilities until 21 days after the onset of the last reported measles case.
  - 43) Susceptible health care personnel with direct patient contact ~~shall~~should be required to provide proof of immunity to measles as described by the Advisory Committee on Immunization Practices (see Section 690.~~2010~~10(a)(~~73~~)).
  - 5) Susceptible health care workers exposed to measles shall receive a dose of measles-mumps-rubella (MMR) vaccine and should be removed from all patient contact and excluded from the facility from the fifth to the 21<sup>st</sup> day after the exposure. Susceptible health care workers may return to work on the 22<sup>nd</sup> day after exposure. However, susceptible health care workers who are not vaccinated after exposure shall be removed from all patient contact and excluded from the facility from the fifth day after their first exposure to the 21<sup>st</sup> day after the last exposure, even if they receive post-exposure immunoglobulin. Personnel who become ill with prodromal symptoms or rash shall be removed from all patient contact and excluded immediately from the facility until four days after the onset of the rash.
- c) Measles Outbreak Control:
- 1) Personnel in each attendance center responsible for investigating absenteeism shall immediately report ~~suspects~~~~suspected~~ cases of measles to the school principal or the school nurse ~~immediately~~.
  - 2) On the same day that a report of a ~~suspects~~~~suspected~~ case of measles is received, school personnel shall conduct an inquiry into absenteeism to

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

determine the existence of any other cases of the illness in the suspect case's class and school.

- 3) ~~The school officials shall make a telephone report~~~~A telephone report shall be made by the school officials~~ within 24 hours to the local health authority, either a full-time official health department as recognized by the Department, or a regional office of the Department, specifying the name, age, and sex of any case. The name of the case's private physician, if any, shall also be reported. The Department or local health department shall be contacted by school personnel and involved in the investigation of the outbreak so that all necessary vaccination services are assured.
- 4) A notice shall be sent home with each student who has not presented proof of immunity, explaining that the student is to be excluded, effective the following morning, until the school receives acceptable proof of immunity ~~is received by the school~~ or until 21 days after the onset of the last reported measles case. Acceptable proof shall consist of:
  - A) a written record from the student's physician or a health professional that indicates dates of vaccination and type of vaccine administered; or
  - B) a statement from a physician indicating the date when the student had measles; or
  - C) a laboratory report indicating that the student has a protective measles antibody titer as measured by a test with demonstrable reliability.
- d) ~~Laboratory Reporting:~~  
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting measles virus infection, including positive results from IgM (measles specific) serologies, measles virus isolates, or a significant rise in antibody results from IgG (measles specific) between paired sera.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.550 Mumps (Reportable by telephone, facsimile or electronically as soon as**

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

possible, within 24 hours)

- a) Control of Case:
  - 1) Standard ~~precautions and droplet precautions~~~~Precautions and Droplet Precautions~~ shall be followed for patients in health care facilities or community settings for ~~five~~<sup>9</sup> days after parotid gland swelling.
  - 2) Cases shall be excluded from school, child care facilities or the workplace until ~~five~~<sup>5</sup> days after onset of symptoms (parotitis).
- b) Control of Contacts:

Susceptible close contacts ~~shall~~<sup>should</sup> be excluded from school, child care facilities or the workplace from days 12 through 25 after exposure.
- c) Laboratory Reporting:

Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting mumps virus infection, including positive results for IgM (mumps specific) serologies, a significant rise in antibody to IgG (mumps specific) between paired sera, polymerase chain reaction, or mumps virus isolates.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.565 Outbreaks of Public Health Significance (Including, but Not Limited to, Foodborne or Waterborne Outbreaks) (Reportable by telephone or electronically as soon as possible, within 24 hours)**

- a) Investigation of Outbreaks
  - 1) Any pattern of cases, or increased incidence of any illness beyond the expected number of cases in a given period, that may indicate an outbreak, including suspect or confirmed outbreaks of foodborne or waterborne disease, or outbreaks transmitted by laboratory acquisition, animal contact, person-to-person contact, inhalation or other transmission method, shall be reported to the local health authority within 24 hours. This includes, but is not limited to, outbreaks of gastroenteritis and group A streptococcal disease (including invasive infections, necrotizing fasciitis, and toxic shock syndrome).

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 2) All suspect or confirmed foodborne outbreaks shall be investigated by the local health authority where the food was prepared. If multiple jurisdictions are involved, the jurisdiction where the food was prepared shall be in charge of the investigation unless determined otherwise. All suspect or confirmed outbreaks not caused by foodborne transmission shall be investigated by the local health authority where the exposure occurred.
  - 3) If the investigation determines that an outbreak has occurred, the jurisdiction in charge of the investigation shall submit a final report to the Department, using the most current outbreak reporting form available from the Department, within four weeks following the completion of the epidemiologic investigation.
  - 4) When outbreaks occur in any business, organization, institution, private home or health care facility, staff in the establishment where the outbreak occurred may be considered to be contacts to cases and may be required by the local health authority to submit specimens for testing.
  - 5) Reporting entities, as defined in Section 690.200(a)(1), are required to report any known or suspected common-source outbreaks and any intoxication caused by marine organisms, including paralytic shellfish poisoning, ciguatera and scombroid.
  - 6) See Section 690.20(a)(9) and (a)(10) for guidance on the control of viral gastroenteritis outbreaks.
- b) Control of Cases
- 1) Cases shall be evaluated to determine the need for isolation in a health care setting or at the person's residence. The isolation precautions followed shall be based on the most likely pathogen.
  - 2) Persons who become ill due to an outbreak shall comply with restrictions specific to each etiologic agent addressed in this Part.
  - 3) If the etiologic agent responsible for a foodborne or waterborne outbreak is not addressed in this Part and diarrhea or vomiting of infectious or

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

unknown cause is present, food handlers and persons in sensitive occupations, including health care workers, who are ill shall not work until 48 hours after diarrhea or vomiting has resolved.

4) Persons with draining skin lesions shall not work as food handlers unless the drainage is contained by a dressing and lesions are not on the hands or forearms.

c) Control of Contacts

1) Contacts shall be evaluated to determine the need for quarantine.

2) Contacts to persons who become ill due to an outbreak shall comply with restrictions specific to each etiologic agent.

d) The local health authority shall implement appropriate control measures.

e) Sale of Food, Milk, etc. (See Section 690.30(b).)

f) Laboratory Reporting

1) Laboratories shall report to the local health authority clinical, animal, environmental or food specimens that have a positive result on a laboratory test indicative of and specific for detecting any outbreak of public health significance.

2) Laboratories shall submit to the Department's laboratory any positive food, environmental or animal samples resulting from an outbreak investigation.

(Source: Added at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.570 Plague (Reportable by telephone immediately, within ~~three~~3 hours upon initial clinical suspicion of the disease)**

a) Control of Case-

1) Standard ~~precautions~~Precautions shall be followed. For all patients, ~~droplet precautions~~Droplet Precautions shall be followed until pneumonia

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

has been determined not to be present.

- 2) For patients with pneumonic plague, ~~droplet precautions~~Droplet Precautions shall be followed until ~~48~~72 hours after initiation of effective antimicrobial therapy and the patient has a favorable clinical response. Antimicrobial susceptibility testing is recommended.
- 3) Cases and their clothing should be treated to eliminate fleas.
- 4) The Department will refer information about animal contacts to the Illinois Department of Agriculture or the Illinois Department of Natural Resources for follow-up.

b) Control of Contacts-

- 1) Contacts to pneumonic plague cases shall be offered chemoprophylaxis and placed under surveillance with close observation for developing illness for ~~seven~~7 days. For contacts who refuse chemoprophylaxis, strict quarantine is required for ~~seven~~7 days.
- 2) Contacts to bubonic plague shall be disinfested with an appropriate insecticide and kept under surveillance with close observation for developing illness for ~~seven~~7 days. Contacts to bubonic plague should be offered chemoprophylaxis.

c) Laboratory Reporting-

- 1) Laboratories shall report to the local health authority patients from whom *Yersinia pestis* is cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting *Yersinia pestis* infection.
- 2) Laboratories shall forward clinical materials that are suspect or confirmed positive for *Yersinia pestis* to the Department's laboratory.
- 3) Laboratories shall report any *Yersinia pestis* isolates from animals or the environment during an individual case or outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF ADOPTED AMENDMENTS

**Section 690.580 Poliomyelitis (Reportable by telephone immediately (within three hours)  
upon initial clinical suspicion of the disease as soon as possible, within 24 hours)**

- a) Control of Case-
- 1) Occurrence of a single case of poliomyelitis due to wild polio virus shall be recognized as a public health emergency, prompting immediate investigation and response.
  - 2) Standard ~~precautions~~Precautions shall be followed. Contact ~~precautions~~Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks for the duration of hospitalization.
- b) Control of Contacts-
- 1) Vaccination should begin for all susceptible contacts who have previously not been adequately immunized, even though these contacts may have already been infected.
  - 2) Susceptible contacts should be monitored for compatible symptoms for ~~two~~2 weeks after date of last exposure.
- c) Laboratory Reporting-
- 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting polio virus infection.
  - 2) Laboratories shall forward clinical materials to the Department's laboratory for confirmation ~~within~~with 24 hours after preliminary findings.
  - 3) Laboratories shall report any request for polio testing as soon as possible, within ~~three~~3 hours.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

**Section 690.590 Psittacosis (Ornithosis) Due to Chlamydia psittaci (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)**

- a) Control of Case-  
Standard ~~precautions~~Precautions shall be followed.
- b) Control of Contacts-  
No restrictions.
- c) Control of Infected Birds and Premises-  
If information on the source of the birds suspected of exposing the person to psittacosis is available, the Department will provide this information to the Illinois Department of Agriculture for follow-up.
- d) Laboratory Reporting-~~Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detection of Chlamydomphila psittaci infection.~~
  - 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detection of Chlamydomphila psittaci infection.
  - 2) Laboratories shall forward clinical materials that are suspect or confirmed positive for Chlamydomphila psittaci to the Department's laboratory.
  - 3) Laboratories shall report and submit any Chlamydomphila psittaci positive results on serologic testing or culture from animals during an individual case or outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.595 Q-fever Due to Coxiella burnetii (Reportable by ~~mail, telephone, facsimile or electronically~~ as soon as possible, within 24 hours~~7 days~~, unless ~~suspectsuspected~~ bioterrorist event or part of an outbreak, then reportable immediately (within three~~3~~ hours) by telephone)**

- a) Control of Case-
  - 1) Standard ~~precautions~~Precautions shall be followed.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 2) The local health authority should investigate cases to determine history of contact with sheep, cattle or goats, parturient cats, consumption of raw milk, or contact with laboratory cultures of Coxiella ~~burnetii~~burnetti.
  - 3) If multiple human cases occur in a geographic area and a suspect animal source is identified, the Department will refer the information to the Illinois Department of Agriculture.
- b) Control of Contacts:  
No restrictions.
- c) Laboratory Reporting:
- 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of or specific for detecting Coxiella ~~burnetii~~burnetti infection.
  - 2) Laboratories shall forward clinical materials positive for Coxiella ~~burnetii~~burnetti to the Department's laboratory.
  - 3) Laboratories shall report and submit any Coxiella burnetii positive results on serologic testing or culture from animals during an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.600 Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)**

- a) Control of Case-
- 1) Standard ~~precautions~~Precautions shall be followed. ~~Health care workers~~Caregivers shall wear either masks and eye protection or face shields; gowns shall be worn when substantial contact with the patient is anticipated. The number of exposed personnel should be limited.
  - 2) Testing for ~~suspects~~suspected human rabies cases can be requested through the Department and the local health authority.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- b) Control of Contacts:  
Contacts who have open wound or mucous membrane exposure to the case's saliva or central nervous system fluid or tissue shall ~~receive~~ be offered rabies post-exposure prophylaxis.
- c) Laboratory Reporting-
- 1) Laboratories shall immediately report to the local health authority by telephone all persons for whom rabies testing has been requested.
  - 2) The Department's laboratory shall be contacted for instructions prior to the shipment of specimens.
  - 3) Laboratories shall report to the local health authority by telephone patients who have a positive result on any laboratory test indicative of or specific for detecting acute rabies infection.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.601 Rabies, Potential Human Exposure and Animal Rabies (Reportable by telephone or facsimile, within 24 hours)**

- a) Reporting of Rabies, Potential Human Exposure-  
Definition of exposed person to be reported:
- 1) Any contact (bite or non-bite) to a bat; or
  - 2) Any contact (bite or non-bite) from a rabies positive animal to a person; or ~~animal that subsequently tests positive for rabies virus infection; or~~
  - 3) Anyone who was started on rabies post-exposure prophylaxis; or
  - 4) Exposure to saliva from a bite, or contact of any abrasion or mucous membrane with brain tissue, saliva or cerebrospinal fluid from ~~a~~ any suspect rabid person or animal. Exposure to healthy rabbits, small rodents, indoor-only domestic pets or rabies-vaccinated dogs, cats or ferrets is excluded, unless the exposure complies with subsections (a)(1) through (a)(3), or the animal displays signs consistent with rabies; or

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

5) Any bite from a wild mammal, not including small rodents or rabbits; or

65) Anyone who was in the same room as a bat and who might be unaware that a bite or direct contact has occurred (e.g., a sleeping person awakens to find a bat in the room or an adult witnesses a bat in the room with a previously unattended child, mentally disabled person, or intoxicated person) and rabies cannot be ruled out by testing the bat; or-

7) Anyone bitten by a non-human primate.

b) Investigations-

The local health authority shall promptly investigate all ~~All~~ known instances of potential rabies exposure ~~shall be investigated promptly by the local health authority~~ to determine whether rabies post-exposure prophylaxis for the exposed person should be recommended.

c) Control of Biting Animals-

See the Animal Control Act ~~[510 ILCS 5].~~

d) Reporting Animal Rabies

Any positive animal rabies test results shall be reported to both the Department and the Department of Agriculture.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome)  
(Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)**

a) Control of Case-

1) Standard ~~precautions~~ Precautions shall be followed. Droplet ~~precautions~~ Precautions shall be followed for persons in health care facilities for ~~seven~~ 7 days after onset of ~~the~~ rash.

2) Infants with congenital rubella syndrome may shed virus for months. Contact ~~precautions~~ Precautions shall be followed for infants ~~less than~~ under 12 months of age with ~~congenital rubella syndrome~~ Congenital Rubella Syndrome in a health care facility, unless urine and pharyngeal

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

virus cultures are negative for rubella virus after ~~three~~3 months of age.

3) Rubella cases should be ~~isolated~~~~insolated~~ from pregnant females. If a pregnant woman is exposed, a blood specimen should be obtained and tested for rubella IgG specific and IgM specific antibodies.

4) Cases shall be excluded from school, child care facilities or the workplace for ~~seven~~7 days after ~~rash~~-onset of the rash.

b) Control of Contacts-~~No restrictions~~.

1) Susceptible contacts should be excluded from school or the workplace from days seven through 23 following rash onset after last exposure.

2) Susceptible health care workers exposed to rubella should receive a dose of MMR vaccine and should be excluded from duty after the seventh day after first exposure through the 23<sup>rd</sup> day after last exposure or until seven days after the rash appears. Susceptible exposed health care workers who are vaccinated should be excluded from direct patient care for 23 days after the last exposure to rubella, as no evidence exists that post-exposure vaccination is effective in preventing rubella infection in persons already infected at the time of vaccination.

c) Laboratory Reporting-

Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting rubella virus infection, including positive results from IgM (rubella specific) serology, rubella virus isolates, or a significant rise in antibody results from IgG (rubella specific) from paired serologies.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~7 days)**

a) Control of Case-

1) Standard ~~precautions~~~~Precautions~~ shall be followed. Contact ~~precautions~~~~Precautions~~ shall be followed for diapered or incontinent

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

persons or during institutional outbreaks until absence of diarrhea for 24 hours.

- 2) Food Handlers or Persons in Sensitive Occupations, ~~Not Including~~not including Health Care Workers-

Cases with salmonellosis shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and ~~two~~2 consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

- 3) Health Care Workers-

Local health departments may require specimens from health care workers or those who work in occupations requiring ~~standard precautions~~Standard Precautions if there is reason to believe ~~that~~ specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

- b) Control of Contacts-

- 1) Contacts Who Have Not Had Diarrhea During the Previous ~~Four~~4 Weeks-

- A) Food Handlers or Persons in Sensitive Occupations, ~~Not Including~~not including Health Care Workers-

- i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of Salmonella infection during the previous ~~four~~4 weeks.
- ii) Contacts to cases of salmonellosis who are employed as food handlers or in sensitive occupations shall submit ~~two~~2

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until ~~two~~ consecutive negative specimens are obtained or the individuals shall be restricted from working.

- iii) If either of the ~~two~~ release specimens is positive for Salmonella, contacts shall be considered cases and shall comply with subsection (a)(2) ~~of this Section~~.

- B) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring ~~standard precautions~~ Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained at least 24 hours apart. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from food handling.

- 2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous ~~Four~~ 4 Weeks:

- A) Food Handlers or Persons in Sensitive Occupations, Not Including ~~not including~~ Health Care Workers:

- i) All contacts to cases of salmonellosis employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous ~~four~~ 4 weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and ~~two~~ consecutive negative stool specimens have been submitted. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

Specimens shall begin to be submitted within one week after notification.

- ii) If either of the ~~two~~ release specimens is positive for Salmonella, contacts shall be considered cases and shall comply with subsection (a)(2) ~~of this Section~~.

B) ~~Health Care Workers-~~

Local health departments may require specimens from health care workers or those who work in occupations requiring ~~standard precautions~~ Standard Precautions if there is reason to believe ~~that~~ specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

- c) Salmonella Outbreaks at a Facility Where Food Handling Takes Place  
When an outbreak occurs in a facility where food handling occurs, food handlers at the facility shall be considered contacts to cases and shall submit two consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Local health departments, in consultation with the Department, may require two consecutive negative specimens from food handlers at the facility before food handlers return to work if there is reason to believe these individuals may be the source of the illnesses or could transmit the disease. In all other outbreaks, food handlers shall be restricted from their occupations if they do not begin submitting specimens within one week after notification, and specimens shall be submitted at least once per week until two consecutive negative specimens are obtained, or the individual shall be restricted from food handling.

- ~~d~~e) Sale of Food, Milk, etc. (See Section 690.301000(b).)

~~e~~d) Laboratory Reporting-

- 1) Laboratories shall report to the local health authority patients from whom

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

Salmonella has been isolated or patients who have a positive result on any other laboratory test indicative of and specific for detecting Salmonella infection.

- 2) Laboratories shall forward clinical materials positive for Salmonella to the Department's laboratory.
- 3) Laboratories shall report and submit to the Department's laboratory any Salmonella positive food, environmental or animal samples ~~Salmonella isolates~~ resulting from an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven7 days)**

- a) Control of Case:
  - 1) Standard precautions ~~Precautions~~ shall be followed. Contact precautions ~~Precautions~~ shall be followed for diapered or incontinent persons or during institutional outbreaks until ~~absence of~~ diarrhea is absent for 24 hours.
  - 2) Food Handlers or Persons in Sensitive Occupations, Not Including ~~not including~~ Health Care Workers:  
Cases with shigellosis shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and two ~~2~~ consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.
  - 3) Health Care Workers:  
Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions ~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster).

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

- 4) ~~If an antimicrobial agent has been given, the specimens shall be collected at least 48 hours after treatment was completed. If Cary-Blair media is used to transport the specimen, the specimen shall arrive at the Department's laboratory or an acceptable laboratory within 72 hours after collection. Because of the fragility of the Shigella organism, specimens submitted using other transport media shall arrive at a Department laboratory or an acceptable laboratory within 6 hours after passage.~~

b) Control of Contacts-

- 1) Contacts Who Have Not Had Diarrhea ~~during~~During the Previous ~~Four~~4 Weeks-

A) Food Handlers or Persons in Sensitive Occupations, Not Including~~not including~~ Health Care Workers-

- i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of Shigella infection during the previous ~~four~~4 weeks.
- ii) Contacts to cases of shigellosis who are employed as food handlers or in sensitive occupations shall submit ~~two~~2 consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until ~~two~~2 consecutive negative specimens are obtained or the individual shall be restricted from working.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- iii) If either of the ~~two~~ release specimens is positive for Shigella, contacts shall be considered cases and shall comply with subsection (a)(2) ~~of this Section~~.
- B) Health Care Workers:  
Local health departments may require specimens from health care workers or those who work in occupations requiring ~~standard precautions~~ Standard Precautions if there is reason to believe ~~that~~ specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained at least 24 hours apart. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.
- 2) Contacts Who Currently Have, or Have Had, Diarrhea ~~during~~ During the Previous ~~Four~~ 4 Weeks:
  - A) Food Handlers or Persons in Sensitive Occupations, Not Including ~~not including~~ Health Care Workers:
    - i) All contacts to cases of shigellosis employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous ~~four~~ 4 weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have submitted ~~two~~ consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.
    - ii) If either of the ~~two~~ release specimens is positive for Shigella, contacts shall be considered cases and shall comply with subsection (a)(2) ~~of this Section~~.
  - B) Health Care Workers:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

- c) Sale of Food, Milk, etc. (See Section 690.~~30+000~~(b).)
- d) Laboratory Reporting-
  - 1) Laboratories shall report to the local health authority patients from whom Shigella has been isolated or patients who have a positive result on any laboratory test indicative of and specific for detecting Shigella infection.
  - 2) Laboratories shall forward clinical materials positive for Shigella to the Department's laboratory.
  - 3) Laboratories shall report and submit to the Department's laboratory any Shigella-positive food or environmental samples~~Shigella isolates~~ resulting from an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.650 Smallpox (Reportable by telephone immediately, within three~~3~~ hours upon initial clinical suspicion of the disease)**

- a) Control of Case-  
Standard precautions, contact precautions and airborne infection precautions~~Precautions, Contact Precautions and Airborne Infection Isolation Precautions~~ shall be followed. The local health authority shall be notified immediately if airborne infection isolation~~Airborne Infection Isolation~~ rooms are not available.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- b) Control of Contacts:  
Post-exposure immunization, within ~~three to four~~<sup>3 to 4</sup> days after exposure, provides some protection against disease and significant protection against a fatal outcome. Any person with significant exposure to a person with probable or confirmed smallpox during the infectious stage of illness requires immunization as soon after exposure as possible, but within the first ~~four~~<sup>4</sup> days after exposure.
- c) Sale of Food, Milk, etc. (See Section 690.~~30+000~~(b).)
- d) Laboratory Reporting:
- 1) Laboratories shall immediately report to the local health authority all persons for whom smallpox testing has been requested.
  - 2) Laboratories shall immediately report to the local health authority accidental laboratory exposures, injuries or infections in a laboratory worker working with smallpox vaccine.
  - 3)2) Laboratories shall contact the Department for instructions prior to the shipment of specimens.
  - 4)3) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting smallpox infection.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.658 Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of ~~Two~~<sup>2</sup> or More Laboratory Confirmed Cases Occurring in Community Settings (Including, but Not Limited to, Schools, Correctional Facilities, Day Care and Sports Teams)(including, but not limited to, schools, correctional facilities, day care settings, and sports teams)** (Reportable by telephone or facsimile as soon as possible, within 24 hours)

- a) Control of Clusters:
- 1) For ~~the~~ purposes of this Section, a MRSA cluster is defined as ~~two~~<sup>2</sup> or more laboratory confirmed cases of ~~community-onset~~ MRSA infection occurring in a community setting during a 14-day period for whom an epidemiological link is readily apparent to the reporter. Reporting is

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

required if ~~there is~~ information is provided to the reporter that the cases are epidemiologically linked to a community setting, including, but not limited to, school, correctional facility, ~~day care/daycare setting,~~ or sports team. ~~To~~In order to determine ~~whether~~if a cluster is occurring, the local health authority may request information on individual cases. MRSA clusters in health care settings, including long-term care facilities, are reportable only as defined in Section 690.660.

- 2) The local health authority shall be consulted regarding any identified cluster of ~~two~~2 or more cases for recommendations specific to the setting where the cluster is identified.

b) Laboratory Reporting:

- 1) Laboratories shall report to the local health authority all MRSA cultures that are known or suspected to be part of a cluster or as requested by the local health authority or the Department.
- 2) Upon request, laboratories shall forward MRSA isolates to the Department's laboratory.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), Any Occurrence in an Infant Less Than~~Ocurring In Infants Under~~ 61 Days of Age (Reportable by telephone or facsimile as soon as possible, within 24 hours)**

a) Control of Case-

- 1) Contact ~~precautions~~Precautions shall be followed.
- 2) Investigation of Clusters-

A) For the purpose of this Section, an MRSA cluster is defined as ~~two~~2 or more patients associated with a neonatal intensive care unit (NICU) or newborn nursery with a clinical culture (~~screening or clinical~~) positive for MRSA during a 14-day period for whom an epidemiologic link is feasible and a pulse field gel

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

electrophoresis (PFGE) or other typing method result is identical or a PFGE or other typing method result is not yet performed.

- B) If a cluster of MRSA is identified in a NICU or newborn nursery, NICU or newborn nursery personnel who provided care for affected infants should be evaluated for the presence of any acute or chronic skin lesions. ~~Other~~Evaluation for skin lesions among ~~other~~ personnel who provided care for affected ~~infants~~infant may be evaluated for skin lesions performed based on the determination of the chairperson of the infection control committee. Laboratory screening of personnel for MRSA in response to a cluster of neonatal MRSA should be performed to corroborate data indicating that one or more individuals are linked to transmission.

- b) ~~Control of Contacts-~~  
Hospital personnel with minor skin lesions, such as pustules, boils, abscesses, conjunctivitis, severe acne, otitis externa, or infected lacerations, shall not work in a newborn nursery while lesions are present.
- c) ~~Laboratory Reporting-~~  
Laboratories shall report to the local health authority any infant less than all ~~cultures from which MRSA is isolated in infants under~~ 61 days of age who has a positive result on any laboratory test indicative of and specific for detecting MRSA.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and Necrotizing~~necrotizing~~ fasciitis) ~~and Sequelae to Group A Streptococcal Infections (rheumatic fever and acute glomerulonephritis)~~ (Reportable by telephone or facsimile, within 24 hours)**

- a) ~~Control of Case-~~
- 1) Standard precautions~~Precautions~~ shall be followed. Droplet precautions~~Precautions~~ shall be followed for persons with necrotizing fasciitis or toxic shock syndrome until 24 hours after initiation of effective antimicrobial therapy. In cases of necrotizing fasciitis, when the dressing does not adequately contain drainage, contact precautions~~Contact~~

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

**Precautions** shall be followed until 24 hours after initiation of effective antimicrobial therapy.

- 2) The local health authority shall be consulted regarding any identified cluster of cases, particularly in closed settings, such as a long-term care facility, for additional recommendations.

b) Control of Contacts-

- 1) No restrictions.
- 2) Culture of symptomatic contacts should be considered. Under certain conditions, pharyngeal cultures of asymptomatic individuals may be recommended.

c) Sale of Food, Milk, etc. (See Section 690.~~301000~~(b).)

d) Laboratory Reporting-

Laboratories shall report to the local health authority patients from whom Group A Streptococcus has been isolated from a normally sterile site; patients clinically compatible with Streptococcal toxic shock syndrome or necrotizing fasciitis from whom Group A Streptococcus has been isolated from a normally sterile or non-sterile site; and patients who have a positive result on any other laboratory test indicative of and specific for detecting invasive Group A Streptococcus from a normally sterile site.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.698 Tickborne Disease (Includes Babesiosis, Tickborne Disease (includes Ehrlichiosis, Anaplasmosis, Lyme Disease and Spotted Fever Rickettsiosis) Rocky Mountain spotted fever) (Reportable by mail, telephone, facsimile or electronically, within seven days)**

a) Control of Case-

Standard ~~precautions~~**Precautions** shall be followed.

b) Control of Contacts-

No restrictions.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- c) ~~Laboratory Reporting-~~  
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting *Anaplasma phagocytophilum*, *Babesia species*, Ehrlichia species, *Borrelia burgdorferi* or *Rickettsia ~~species~~rickettsii* infection.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.710 Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~7 days)**

- a) ~~Control of Case-~~
- 1) Standard ~~precautions~~Precautions shall be followed.
  - 2) The local health authority shall investigate the case's food history, identify possible sources of *Trichinella*, and confiscate any remaining suspect food. If information on the ~~suspects~~suspected food source for a human trichinosis case indicates that livestock in the United States may be infected, the Department will provide this information to the Illinois Department of Agriculture for follow-up.
- b) ~~Control of Contacts-~~  
No restrictions.
- c) ~~Laboratory Reporting-~~
- 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting *Trichinella spiralis* infection.
  - 2) Laboratories shall report and submit to the Department's laboratory any *Trichinella*-positive food, environmental or animal samples resulting from an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.725 Tularemia (Reportable by ~~mail, telephone, facsimile or electronically~~ as soon as possible, within ~~24 hours~~7 days, unless ~~suspects~~suspected bioterrorist event or part**

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

of an outbreak, then reportable immediately (within ~~three~~<sup>3</sup> hours) ~~by telephone~~)

- a) Control of Case:
  - 1) Standard ~~precautions~~<sup>Precautions</sup> shall be followed.
  - 2) Biosafety Level 2 laboratory precautions are required. Laboratory workers who encounter/handle this organism are at high risk of disease if exposed.
- b) Control of Contacts:  
No restrictions.
- c) Laboratory Reporting:
  - 1) Laboratories shall report to the local health authority patients from whom *Francisella tularensis* has been cultured and patients who have a positive result on any other laboratory test indicative of and specific for detecting *Francisella tularensis* infection.
  - 2) Laboratories shall forward clinical materials positive for *Francisella tularensis* to the Department's laboratory.
  - 3) Laboratories shall report and submit to the Department's laboratory any *Francisella tularensis* environmental or animal samples from an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.730 Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within 24 hours)**

- a) Control of Case:
  - 1) Standard ~~precautions~~<sup>Precautions</sup> shall be followed. Contact ~~precautions~~<sup>Precautions</sup> shall be followed for diapered or incontinent persons or for persons with poor hygiene during the acute illness.
  - 2) Feces, urine and articles soiled with excreta shall be disinfected before

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

being discharged to a private sewage disposal system.

- 3) ~~Persons in Non-sensitive Occupations:~~
- A) Cases with typhoid fever in non-sensitive occupations shall not return to their occupation until:
- i) Termination of the acute illness (absence of fever); and
  - ii) Receipt of education on transmission of the bacterium that causes typhoid fever from the local health authority.
- B) Cases who are in non-sensitive occupations who are no longer acutely ill may resume their occupation but shall submit ~~three~~ consecutive specimens of feces negative for Salmonella typhi, taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy. Once specimen submission begins, specimens shall be submitted at least once per week until the case is released or reclassified. Each release specimen shall be examined in a laboratory of the Department or in an acceptable laboratory. Specimens of feces shall show evidence of growth of normal flora.
- C) ~~Reclassification of Cases:~~
- i) ~~Convalescent Carrier:~~  
If any of the ~~three~~ release specimens from the case are positive for Salmonella typhi and the patient is asymptomatic, the case shall be classified as a convalescent carrier, providing that the specimen was collected within 12 months following onset of symptoms. If the patient becomes classified as a convalescent typhoid carrier, the patient is subject to subsection (b)(2)-~~of this Section.~~
  - ii) ~~Chronic Carrier:~~  
If cases do not submit ~~three~~ consecutive negative specimens within 12 months following onset of illness, the

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

case shall be classified as a chronic carrier and subject to subsection (b)(1)-~~of this Section.~~

- 4) Food Handlers or Persons in Sensitive Occupations, ~~including~~ Not Including Health Care Workers:
  - A) Cases with typhoid fever shall not work as food handlers or in sensitive occupations until:
    - i) Termination of the acute illness (absence of fever); and
    - ii) Receipt from the local health authority of education on transmission of the bacterium that causes typhoid fever; and
    - iii) Submission of ~~three~~ 3 consecutive specimens of feces negative for Salmonella typhi, taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy. Once specimen submission begins, specimens shall be submitted at least once per week until the case is released or reclassified. ~~Each release specimen shall be examined in a Department laboratory or an acceptable laboratory.~~
  - B) Reclassification of Cases:
    - i) Convalescent Carrier:  
If any of the ~~three~~ 3 release specimens from the case ~~are~~ is positive for Salmonella typhi and the patient is asymptomatic, the case shall be classified as a convalescent carrier, provided that the specimen was collected within 12 months following onset of symptoms. If the patient becomes classified as a convalescent typhoid carrier, the patient is subject to subsection (b)(2)-~~of this Section.~~
    - ii) Chronic Carrier-

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

If cases do not submit ~~three~~ consecutive negative specimens within 12 months following onset of illness, the case shall be classified as a chronic carrier and shall be subject to subsection (b)(1) ~~of this Section~~.

## 5) Health Care Workers:

A) Cases with typhoid fever employed as health care workers shall not return to their occupation until:

- i) Termination of the acute illness (absence of fever); and
- ii) Receipt from the local health authority of education on transmission of the bacterium that causes typhoid fever.

B) Health care workers who use ~~standard precautions~~ Standard Precautions or any equivalent isolation procedure and who are not acutely ill may continue working while submitting release specimens as described. Health care workers shall submit ~~three~~ consecutive specimens of feces negative for Salmonella typhi, taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset of illness. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

C) Once specimen submission begins, health care workers shall submit at least one specimen per week until the case is released or reclassified, or they shall be restricted from working until they comply with required specimen submission. Each release specimen shall be examined in a Department laboratory or an acceptable laboratory. Specimens of feces shall show evidence of growth of normal flora.

D) Reclassification of Cases:

- i) Convalescent Carrier:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

If any of the ~~three~~ release specimens from the case are positive for Salmonella typhi and the patient is asymptomatic, the case shall be classified as a convalescent carrier, provided ~~that~~ the specimen was collected within 12 months following onset of symptoms. If the patient becomes classified as a convalescent typhoid carrier, he or she is subject to subsection (b)(2)-~~of this Section~~.

## ii) Chronic Carrier-

If cases do not submit ~~three~~ consecutive negative specimens within 12 months following onset of illness, the case shall be classified as a chronic carrier and subject to subsection (b)(1)-~~of this Section~~.

## b) Control of Carriers-

## 1) Chronic Carriers-

## A) A chronic carrier is defined as:

- i) A person who excretes typhoid bacilli in feces or urine and ~~has~~ had no symptoms of typhoid disease during the past 12 months; or
- ii) A person who was an acute typhoid fever case who excretes typhoid bacilli for 12 months or longer after onset of typhoid fever; or
- iii) A person who harbors typhoid bacilli at a site where excretion is likely (including a patient with culture-positive bile or another clinical specimen following cholecystectomy), but had no symptoms of typhoid disease during the past 12 months; or
- iv) A person with culture-proven acute typhoid fever more than 12 months earlier who has not submitted ~~three~~ negative specimens of feces as described in subsection (a)(4)-~~of this Section~~.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- B) A person found to be a chronic typhoid carrier is subject to the same requirementsregulations as cases, but may be granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Chronic typhoid carriers shallmay not be employed as food handlers or in sensitive occupations or attend a day care (adult or child) facility until released from the restrictions placed on chronic typhoid carriers (see subsection (b)(1)(D)-of this Section). The local health authority shall contact the carrier annually or as often as necessary to reiterate education about modes of transmission of the bacteriumbacteria that causes typhoid fever. Carriers aboveover age 70 and other carriers with infirm health shall be contacted every six6 months.
- C) When a chronic typhoid carrier requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted as a patient to assure that proper precautions are taken. A health care worker, upon taking care of the case at home, shall also be informed for his/her protection. Typhoid carriers can be admitted to long-term care facilities or day care programs after consultation with the local health authority and the Department, at which time a care plan specific to each carrier shall be developed.
- D) A chronic carrier shall submit specimens of his or her stool or urine, in outbreak instances or when posing a public health risk.
- E) A chronic carrier shall report his or her address, occupation and place of employment, in person or in writing, whenever the Department requires, such as in outbreak instances or when posing a public health risk.
- F) A chronic carrier shall promptly notify the Department of any temporary or permanent change of address or place of employment.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

~~G)D)~~ A chronic carrier may be released from modified isolation after submitting ~~three~~ three consecutive negative specimens of feces collected not less than 30 days apart. Each specimen shall be authenticated, and at least one specimen shall be collected after administering a saline cathartic. The post-cathartic specimen shall be collected from the second or third bowel movement after administering the cathartic. Specimens shall not be taken within 48 hours after antimicrobial therapy, regardless of the reason for which the medication was prescribed. Testing ~~and transport of~~ specimens shall comply with subsection (a)(4) ~~of this Section~~.

## 2) Convalescent Carriers:

A) A convalescent carrier is defined as:

- i) A case of acute typhoid fever who has one or more positive cultures subsequent to clinical recovery; or
- ii) A person who is culture- positive for typhoid bacilli, as described in subsection (b)(1)(A), and who has a history of acute typhoid within the previous 12 months.

B) A person found to be a convalescent typhoid carrier ~~shall~~ may not resume his/her usual activities outside the home until granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the ~~bacterium~~ bacteria that causes typhoid fever. Convalescent typhoid carriers ~~shall~~ may not work as food handlers or in sensitive occupations or attend group day care (adult or child) until released from the restrictions on convalescent typhoid carriers (see subsection (b)(2) ~~(D)~~ of this Section).

C) When a convalescent typhoid carrier requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted as a patient to assure that proper precautions are taken. A health care worker, upon taking care of the case at home, shall also be informed for his/her protection. Typhoid carriers can be admitted to long-term care facilities or day

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

care programs after consultation with the local health authority and the Department, at which time a care plan specific to each carrier shall be developed.

- D) A convalescent carrier may be released from modified isolation after submitting ~~three~~3 consecutive negative specimens of feces at intervals of not less than 30 days and within 12 months after onset. Collection, ~~and testing~~testing and transport of these specimens shall ~~comply with~~conform to subsection (a)(4)(A)(iii) ~~of this Section~~.
- c) Control of Contacts to a Case-
- 1) Contacts to a case whose most likely source of infection is travel to a foreign country (usually a developing country) within 30 days prior to onset of symptoms shall ~~comply with~~abide by the following.
- A) Members of households where these cases reside are not required to be tested for typhoid bacilli, except for household members who were also foreign travel companions of the case, unless the local health authority identifies specific risks for transmission within the household.
- B) Travel companions of ~~such~~cases shall be tested, but need not restrict their occupations unless they had symptoms of typhoid fever during or subsequent to foreign travel.
- C) Travel companions who have had symptoms of typhoid fever shall not work as food handlers or in sensitive occupations or attend group day care (adult or child) until testing is completed.
- D) When testing is required in this subsection (c)(1), ~~two~~2 specimens of feces shall be collected not less than 24 hours apart. Other aspects of specimen collection, ~~transport~~ and testing shall ~~comply with~~conform with subsection (a)(4)(A)(iii) ~~through (a)(6) of this Section~~.
- E) If persons required to be tested according to this subsection (c)(1) refuse to comply within ~~two~~2 weeks after notification of this

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

testing requirement, they shall be restricted from their occupation, school attendance or day care (adult or child) attendance until compliance is achieved.

- 2) In tour groups to foreign countries (usually developing countries) in which typhoid fever has occurred, all members of the tour group shall be tested (see requirements for travel companions in subsections (c)(1)(B) through (E) ~~of this Section~~).
- 3) Persons living in the household of cases whose source was in the United States are considered contacts to typhoid fever. Other persons outside the household who have had close contact with the case at a time when they could have been the source of infection for the case, or at a time when they may have been exposed to infection by the case, are also classified as contacts to typhoid fever.
  - A) Contacts shall submit ~~two~~<sup>2</sup> consecutive negative specimens of feces, but need not curtail their usual activities, except that they shall not be employed in food handling or in sensitive occupations (see Section 690.10900) or attend group day care (child or adult) until testing is completed.
  - B) Collecting ~~and~~; testing ~~and transport~~ of specimens shall comply with ~~subsections~~ (a)(4)(A)(iii) through (a)(6) ~~of this Section~~.
  - C) If persons required to be tested according to this subsection refuse to comply within one week after notification, they shall be restricted from their occupations or school attendance until compliance is achieved.
  - D) When a confirmed case of typhoid fever occurs in a food handler, the other food handlers at the facility shall be considered contacts to cases and shall submit two consecutive negative stool specimens obtained at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Local health departments, in consultation with the Department, may require two consecutive negative specimens from food handlers at the facility before food handlers return to work if there is reason to believe

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

that these individuals may be the source of the illness or could transmit the disease. If this does not occur, food handlers shall be restricted from their occupations if they do not begin submitting specimens within one week after notification, and specimens shall be submitted at least once per week until two consecutive negative specimens are obtained, or the individual shall be restricted from working.

- d) Control of Contacts to a Carrier-  
All persons living in the household of a newly identified chronic carrier and other contacts living outside the home ~~shall~~~~must~~ submit ~~two~~~~2~~ consecutive negative specimens of feces collected ~~and~~, tested ~~and transported~~ according to ~~subsections~~~~subsections~~ (a)(4)~~(A)(iii) through (a)(6) of this Section~~. Persons employed in food handling or sensitive occupations shall not return to these occupations until this testing requirement has been fulfilled. Other persons need not have their usual activities curtailed. If persons required to be tested according to this subsection ~~(d)~~ refuse to comply with this testing requirement within one week after notification, they shall be restricted from their occupations, school attendance, or day care (adult or child) attendance until compliance is achieved.
- e) Sale of Food, Milk, etc. (See Section 690.~~301000~~(b).)
- f) Laboratory Reporting-
- 1) Laboratories shall report to the local health authority patients from whom Salmonella typhi has been isolated or patients who have a positive result on any other laboratory test indicative of and specific for detecting Salmonella typhi infection.
  - 2) Laboratories shall forward clinical materials positive for Salmonella typhi to the Department's laboratory.
  - 3) Laboratories shall report and submit to the Department's laboratory any Salmonella typhi isolates from food resulting from an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.740 Typhus (Reportable by telephone or facsimile as soon as possible, within**

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

**24 hours)**

- a) Control of Case-  
Standard ~~precautions~~Precautions shall be followed. Proper delousing for ~~louse-~~louseborne typhus is required.
- b) Control of Contacts-
- 1) Louse-infected susceptible contacts exposed to typhus shall have their clothing and bedding deloused and should be quarantined for 15 days, if possible, after application of insecticide with residual effect.
  - 2) In cases of murine typhus, the premises around the patient shall be searched for rodents.
  - 3) The local health authority shall monitor all immediate contacts for clinical signs for ~~two~~2 weeks.
- c) Laboratory Reporting-  
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting typhus infection.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.745 Vibriosis (~~Other than Toxigenic Vibrio cholerae O1 or O139~~(Non-cholera Vibrio Infections)) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within ~~seven~~7 Days)**

- a) Control of Case-  
Standard ~~precautions~~Precautions shall be followed. Contact ~~precautions~~Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until diarrhea ceases.
- b) Control of Contacts-  
No restrictions.
- c) Laboratory Reporting-

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting non-cholera Vibrio infections or any food or environmental samples during an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)**

- a) Control of Case-
- 1) Standard ~~precautions and droplet precautions~~~~Precautions and Droplet Precautions~~ shall be followed. Droplet ~~precautions~~~~Precautions~~ shall be followed for known cases until the patient has received at least ~~five~~~~5~~ days of a course of appropriate antibiotics.
  - 2) Cases should avoid contact with susceptible unimmunized infants and children until cases have completed at least ~~five~~~~5~~ days of antibiotic therapy.
  - 3) ~~Suspect~~~~Suspected~~ cases who do not receive antibiotics should be isolated for ~~three~~~~3~~ weeks after onset of paroxysmal cough or until the end of the cough, whichever comes first.
  - 4) Cases shall be excluded from school, child care facility, or workplace until five days of appropriate antibiotic therapy has been completed.
- b) Control of Contacts-
- 1) All household contacts and community-based contacts determined by the local health authority to be at risk should receive at least ~~five~~~~5~~ days of a course of appropriate antibiotics.
  - 2) All household contacts and community-based contacts determined by the local health authority to be at risk should avoid contact with non-immunized infants or children until they have completed at least ~~five~~~~5~~ days of appropriate antibiotic therapy.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 3) Close contacts ~~under 7 years and over 9 years of age~~ who are incompletely immunized should complete antibiotic prophylaxis and continue or initiate the primary series.
  - 4) Health care workers and other persons with close contact with infants less than 12 months of age should receive at least ~~five~~<sup>5</sup> days of a course of an appropriate antibiotic and Tdap if more than ~~two~~<sup>2</sup> years have passed since their last dose of Td and they have not received Tdap previously.
  - 5) Symptomatic contacts shall be excluded from school, child care facility, or workplace until five days of appropriate antibiotic therapy has been completed.
- c) Laboratory Reporting-
- 1) Laboratories shall report to the local health authority patients who have a positive results on any laboratory test indicative of and specific for detecting pertussis infection, including all isolates of *Bordetella pertussis*, and positive polymerase chain reaction tests for *Bordetella pertussis*. Serology and direct fluorescent antibody tests are not generally effective in diagnosing new cases.
  - 2) ~~Laboratories shall forward clinical materials positive for *Bordetella pertussis* to the Department for pulsed-field gel electrophoresis testing.~~

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within ~~seven~~<sup>7</sup> days)**

- a) Control of Case-
  - 1) Standard ~~precautions~~<sup>Precautions</sup> shall be followed. Contact ~~precautions~~<sup>Precautions</sup> shall be followed for diapered or incontinent persons or during institutional outbreaks until ~~absence of~~ diarrhea is absent for 24 hours.
  - 2) Cases who are employed as food handlers or in sensitive occupations shall be excluded from work until ~~absence of~~ diarrhea is absent for at least ~~48~~<sup>24</sup> hours.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- b) Control of Contacts:  
No restrictions.
- c) Sale of Food, Milk, etc. (See Section 690.~~301000~~(b).)
- d) Laboratory Reporting:
  - 1) Laboratories shall report to the local health authority patients from whom *Yersinia enterocolitica* or *Yersinia pseudotuberculosis* has been isolated or patients who have a positive result on any laboratory test indicative of and specific for detecting *Yersinia* infection.
  - 2) Laboratories shall report and submit to the Department's laboratory any food, environmental, or animal *Yersinia* isolates resulting from an outbreak investigation.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

SUBPART ~~ED~~: DEFINITIONS**Section 690.900 Definition of Terms (Renumbered)**

(Source: Renumbered to Section 690.10 at 38 Ill. Reg. 5533, effective February 11, 2014)

SUBPART ~~FE~~: GENERAL PROCEDURES**Section 690.1000 General Procedures for the Control of Communicable Diseases (Renumbered)**

(Source: Renumbered to Section 690.30 at 38 Ill. Reg. 5533, effective February 11, 2014)

**Section 690.1010 Incorporated and Referenced Materials (Renumbered)**

(Source: Renumbered to Section 690.20 at 38 Ill. Reg. 5533, effective February 11, 2014)

SUBPART ~~J~~ REGISTRIES

---

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF ADOPTED AMENDMENTS

**Section 690.1500 Extensively Drug-Resistant Organism Registry**

- a) This Section establishes an Extensively Drug-Resistant Organism (XDRO) Registry to collect data on persons entering health care facilities who have been diagnosed with an XDRO infection. Options for treating patients with XDRO infections are often limited, and XDRO infections are associated with increased lengths of stay, costs and mortality. The Registry is established to protect patients and to stop the spread of communicable disease in health care facilities.
- b) XDROs to be included in the registry include non-duplicative XDROs considered to be of epidemiologic importance due to either severity of clinical disease, potential for transmission of genetic elements, or opportunities for effective control efforts.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Universities Retirement
- 2) Code Citation: 80 Ill. Adm. Code 1600
- 3) Section Number: 1600.500                      Adopted Action:  
Amend
- 4) Statutory Authority: 40 ILCS 5/15-177
- 5) Effective Date of Rule: February 11, 2014
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rule is on file at the SURS office and is available for public inspection.
- 9) Notices of Proposed published in the *Illinois Register*: October 4, 2013; 37 Ill. Reg. 15728
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: Various grammatical and technical changes have been made since this rule was published on first notice.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Section 1600.500 is intended to update the Rules of Practice – Nature and Requirements of Formal Hearings.
- 16) Information and questions regarding this adopted rule shall be directed to:

Michael B. Weinstein, General Counsel

---

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF ADOPTED AMENDMENT

State Universities Retirement System  
1901 Fox Drive,  
Champaign IL 61820

217/378-8825 or 217/378-8838

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

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES  
SUBTITLE D: RETIREMENT SYSTEMS  
CHAPTER II: STATE UNIVERSITIES RETIREMENT SYSTEMPART 1600  
UNIVERSITIES RETIREMENT

## SUBPART A: GENERAL

## Section

- 1600.100 Definitions
- 1600.110 Freedom of Information Act
- 1600.120 Open Meetings Act
- 1600.130 Procurement

## SUBPART B: CONTRIBUTIONS AND SERVICE CREDIT

## Section

- 1600.202 Return to Employment
- 1600.203 Independent Contractors
- 1600.205 Compensation Subject to Withholding
- 1600.210 Crediting Interest on Participant Contributions and Other Reserves
- 1600.220 Election to Make Contributions Covering Leave of Absence at Less Than 50% Pay
- 1600.230 Election to Pay Contributions Based upon Employment that Preceded Certification as a Participant
- 1600.240 Election to Make Contributions Covering Periods of Military Leave Protected under USERRA
- 1600.241 Survivor Benefits for Members Who Die While on Military Leave Protected under USERRA
- 1600.250 Sick Leave Accrual Schedule
- 1600.260 Part-time/Concurrent Service Adjustment
- 1600.270 Employer Contributions for Benefit Increases Resulting from Earnings Increases Exceeding 6%

## SUBPART C: CLAIMS PROCEDURE AND EVIDENTIARY REQUIREMENTS

## Section

- 1600.300 Effective Beneficiary Designations
- 1600.305 Full-Time Student Survivors Insurance Beneficiaries

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

- 1600.310 Dependency of Beneficiaries
- 1600.320 Disability Claims Procedures

## SUBPART D: BENEFIT CALCULATION AND PAYMENT

## Section

- 1600.400 Determination of Final Rate of Earnings Period
- 1600.410 Twenty Percent Limitation on Final Rate of Earnings Increases
- 1600.420 Making Preliminary Estimated Payments
- 1600.430 Excess Benefit Arrangement
- 1600.431 Indirect Payments to Minors and Legally Disabled Persons
- 1600.432 Indirect Payments to Child Survivors Through the Surviving Spouse
- 1600.440 Voluntary Deductions from Annuity Payments
- 1600.450 Overpayment Recovery

## SUBPART E: ADMINISTRATIVE REVIEW

## Section

- 1600.500 Administrative Staff Determinations and Rules for Appeal – Nature and Requirements of Formal Hearings

## SUBPART F: QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDERS

## Section

- 1600.600 Definitions
- 1600.605 Requirements for a Valid Qualified Illinois Domestic Relations Order
- 1600.610 Invalid Orders
- 1600.615 Filing a QILDRO with the System
- 1600.620 Modified QILDROs
- 1600.625 Benefits Affected by a QILDRO
- 1600.630 Effect of a Valid QILDRO
- 1600.635 QILDROs Against Persons Who Became Members Prior to July 1, 1999
- 1600.640 Alternate Payee's Address
- 1600.645 Electing Form of Payment
- 1600.650 Automatic Annual Increases
- 1600.655 Expiration of a QILDRO
- 1600.660 Reciprocal Systems QILDRO Policy Statement
- 1600.665 Providing Benefit Information for Divorce Purposes

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

## SUBPART G: BOARD TRUSTEE ELECTION

## Section

1600.700	Nomination of Candidates
1600.705	Election Date/Election Day – Defined
1600.710	Petitions
1600.715	Eligible Voters
1600.720	Election Materials
1600.725	Marking of Ballots
1600.730	Return of Ballots and Ballot Counting Process
1600.735	Certification of Ballot Counting
1600.740	Challenges to Election Results
1600.745	Candidate Informational Communication
1600.750	Filling a Vacancy in the Term of an Elected Trustee

AUTHORITY: Implementing and authorized by Section 15-177 of the Illinois Pension Code [40 ILCS 5/15-177].

SOURCE: Amended September 2, 1977; amended at 2 Ill. Reg. 31, p.53, effective July 30, 1978; amended at 7 Ill. Reg. 8139, effective June 29, 1983; codified at 8 Ill. Reg. 19683; amended at 11 Ill. Reg. 15656, effective September 9, 1987; amended at 13 Ill. Reg. 18939, effective November 21, 1989; amended at 14 Ill. Reg. 6789, effective April 20, 1990; emergency amendment at 21 Ill. Reg. 4864, effective March 26, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 6095, effective May 2, 1997; amended at 21 Ill. Reg. 11962, effective August 13, 1997; amended at 21 Ill. Reg. 12653, effective August 28, 1997; amended at 22 Ill. Reg. 4116, effective February 9, 1998; amended at 23 Ill. Reg. 13667, effective November 1, 1999; amended at 25 Ill. Reg. 10206, effective July 30, 2001; amended at 28 Ill. Reg. 2292, effective January 23, 2004; expedited correction at 28 Ill. Reg. 7575, effective January 23, 2004; amended at 29 Ill. Reg. 2729, effective March 1, 2005; amended at 29 Ill. Reg. 11819, effective July 12, 2005; amended at 29 Ill. Reg. 14060, effective September 1, 2005; amended at 29 Ill. Reg. 14351, effective September 6, 2005; amended at 30 Ill. Reg. 6170, effective March 21, 2006; amended at 30 Ill. Reg. 7778, effective April 5, 2006; amended at 30 Ill. Reg. 9911, effective May 9, 2006; amended at 30 Ill. Reg. 17509, effective October 19, 2006; amended at 31 Ill. Reg. 4267, effective February 22, 2007; amended at 31 Ill. Reg. 4927, effective March 12, 2007; recodified at 31 Ill. Reg. 10194; amended at 32 Ill. Reg. 16515, effective September 25, 2008; emergency amendment at 33 Ill. Reg. 6525, effective April 27, 2009, for a maximum of 150 days; emergency expired September 23, 2009; amended at 33 Ill. Reg. 10757, effective July 1, 2009; amended at 33 Ill. Reg. 16755, effective November 23, 2009; amended at 34 Ill. Reg. 9523, effective June 25, 2010; amended at 35 Ill. Reg. 10952, effective June 22, 2011; amended

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

at 36 Ill. Reg. 3938, effective February 22, 2012; amended at 37 Ill. Reg. 1309, effective January 15, 2013; amended at 37 Ill. Reg. 3866, effective March 15, 2013; amended at 37 Ill. Reg. 10698, effective June 26, 2013; amended at 37 Ill. Reg. 15517, effective September 12, 2013; amended at 38 Ill. Reg. 5659, effective February 11, 2014.

## SUBPART E: ADMINISTRATIVE REVIEW

**Section 1600.500 Administrative Staff Determinations and Rules for Appeal ~~Rules of Practice~~ – Nature and Requirements of Formal Hearings**

- a) Administrative Determination  
The Board of Trustees hereby delegates to the SURS administrative staff the responsibility~~shall be responsible~~ for the daily claims-processing function of SURS, including making initial determinations as to all applications for annuities and processing of all claims for benefits, ~~or~~ service credit, or any other claims against or relating to SURS, consistent with the provisions of the Illinois Pension Code.
- b) Review by Director of Member Services  
Any participant, annuitant or beneficiary adversely affected by the disposition of a claim by the administrative staff may file a written request for review by the SURS Director of Member Services or such other person as may be designated by the Executive Director. The designee shall have all the powers and duties of the Director of Member Services, as set forth in this subsection (b). A request for review by the Director of Member Services must be received within 35 days from the date of the decision from which review is sought. The Director of Member Services' review will be based upon all materials contained in the file, as well as any additional materials the claimant attaches to the written request for review filed with the Director of Member Services pertaining to the claim. All filings or submissions, whether optional or required under this Section, shall be considered timely if date stamped by SURS within the time prescribed. The Director of Member Services' decision shall be served on the participant, annuitant or beneficiary by delivery to a third-party commercial carrier or by registered or certified mail, return receipt requested.
- c) Review by the Claims Panel
  - 1) A Claims Panel shall hear all administrative contested matters. The Panel shall meet periodically as determined by the Executive Director.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

- 2) Request for Review. Any participant, annuitant or beneficiary (hereinafter "claimant") adversely affected by the disposition of a claim by the Director of Member Services may request, in writing, a review by the Claims Panel and, at the same time, as well as a copy of all relevant documents from the claimant's file. A request for review must be received by the General Counsel of SURS, or his or her designee, within 35 days from the date of the decision from which review is sought.
- 3) Notice of Hearing. Upon receipt of a claimant's Request for Review, the Director of Member Services, or his or her designee, shall assign the claim a docket number; schedule the claim for the first available meeting of the Claims Panel; and notify the claimant, by a Notice of Hearing, that he or she is required to file a single Statement of Claim. The Notice of Hearing may be accompanied by any relevant documentation from the claimant's file.
- 4) Statement of Claim. The Statement of Claim must be received by the SURS General Counsel, or his or her designee, no later than 35 days from the date of the mailing of the Notice of Hearing. The Statement of Claim shall include: a formal Appearance, containing the claimant's name, SURS identification number and address; the name and address of the claimant's authorized representative, if any; a statement of the facts forming the basis for the appeal; any documents or other materials the claimant wishes to be considered in conjunction with the appeal, in addition to those already contained in the claimant's file; whether the claimant desires a hearing or whether the claimant desires to waive a hearing and allow the Claims Panel to reach a decision based upon the Statement of Claim and the relevant documents in the claimant's file; a list of witnesses, if any, the claimant intends to present at a hearing; and an explanation of the relief sought. The Statement of Claim shall not exceed 15 pages in length, unless an exception is granted by the Claims Panel Hearing Officer. The Hearing Officer may grant a motion to Strike/Dismiss all or part of the Statement of Claim.
- 5) Response to Statement of Claim. SURS staff may submit a Response to the Statement of Claim, which shall also not exceed 15 pages in length, unless an exception is granted by the Claims Panel Hearing Officer.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

- 6) Notification. The Notice of Hearing shall also provide a claimant *with written notice of: the date, time and place of the hearing; the subject matter of the hearing; and relevant procedural and substantive statutory and regulatory provisions* [5 ILCS 100/10-25]. The Notice shall inform the claimant that he or she will be afforded the opportunity to provide a statement of his or her position, present oral evidence, and conduct examination and cross-examination of witnesses as necessary for full and true disclosure of the facts. Notice shall also be given to the claimant that he or she is required to provide written confirmation, at least 14 days prior to the scheduled date of the hearing, of his or her intent to appear at the hearing, whether in person or by telephone conference call. The claimant is not required to physically appear at the hearing. The claimant may appear at the hearing by telephone conference call. The claimant may also choose to affirmatively waive his or her appearance at the hearing. In the absence of the claimant, the Claims Panel will consider the claimant's Statement of Claim and such other matters as may be properly brought before it at the hearing.
- 76) Pre-hearing Conference. Upon request of the General Counsel or upon the decision of the Hearing Officer, a pre-hearing conference shall be held for the purpose of simplification or definition of issues or procedures at the hearing.
- 87) Representation. The claimant and SURS may be represented by counsel or a designated spokesperson at the hearing.
- 98) Burden of Proof. It shall be the burden of the claimant to establish a right to the benefit claimed, or the right to the continuation of the benefit claimed in cases of revocation of the benefit by SURS, by establishing that right by a preponderance of the evidence.
- d) Discovery. All discovery is at the discretion of the Hearing Officer. Requests to take discovery must be made in writing to the Hearing Officer with notice to the other party. Discovery may be taken with the prior permission of the Hearing Officer only upon good cause shown, that is, if the evidence sought is material and cannot be obtained in any other way. Failure to comply with orders of the Hearing Officer may be sanctioned by the Hearing Officer, by means including, but not limited to, dismissal of a claim.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

## e) Depositions

- 1) The Hearing Officer may order the taking of evidence depositions of a person, specifying the subject matter to be covered, under oral examination or written questions, for use as evidence at the hearing, provided:
  - A) The Hearing Officer has determined upon request that there is a need to preserve a person's testimony. The need to preserve a person's testimony shall be determined using criteria similar to that set forth under Illinois Supreme Court Rule 212(b);
  - B) The request is made on motion by a party who gives notice of the motion to the other party; and
  - C) The Hearing Officer has determined that an evidence deposition containing oral testimony will be necessary to the Claims Panel in determining the merits of the claim.
- 2) The taking of depositions shall be in accordance with the provisions for taking depositions in civil cases, and the order for the taking of a deposition may provide that any designated books, papers, documents or tangible objects that are not privileged shall be produced at the same time and place.
- 3) Any party to the hearing shall, during any deposition process, have the right to confront and cross-examine any witness whose deposition testimony is to be presented to the Claims Panel.
- 4) Depositions shall be taken in the county of residence or employment of the witness, unless the witness waives that right in writing.
- 5) Depositions shall be taken at the cost of the party requesting the deposition.

## f) Subpoenas

- 1) The Hearing Officer may request the Secretary of the Board to issue a subpoena to compel the attendance of a witness at an evidence deposition

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

or the production of documents when the witness has, or such documents contain, relevant evidence. A party may also request the Hearing Officer to request the Secretary of the Board to issue a subpoena to compel the attendance of a witness at an evidence deposition or the production of documents. The request shall either be in writing or on the record and shall:

- A) Identify the witness or document sought; and
  - B) State the facts that will be proven by each witness or document sought.
- 2) The Hearing Officer shall grant or deny the request, either in writing or on the record. If the request for subpoena is granted, the Hearing Officer shall, if necessary, reschedule the hearing to a specific date. The request for subpoena shall be denied if the Hearing Officer finds that the evidence sought is immaterial, irrelevant or cumulative. If the request for subpoena is denied, the specific reasons for denial of the request shall be made part of the record on appeal.
  - 3) If a witness fails to obey a subpoena, the party seeking enforcement of the subpoena shall prepare an application to the circuit court of the county in which the subpoenaed witness resides requesting enforcement of the subpoena, and shall present the application to the Hearing Officer, at the same time serving a copy of the application upon the other party. If satisfied that the subpoena was properly served and that the application is in proper form, the Hearing Officer shall sign a subpoena to be submitted with the application and the party seeking the subpoena may then file and prosecute the application in the circuit court, in the name of the Board. The petitioner in the application shall be styled as "Name of Petitioner ex rel. Board of Trustees of the State Universities Retirement System of Illinois" unless the petitioner is SURS, in which case the petition shall be brought in the name of the Board. In the event of an application being filed with the circuit court, the matter shall be continued pending the outcome of the application to enforce the subpoena.
  - 4) The fees of witnesses for attendance and travel shall be the same as fees of witnesses before the circuit courts of this State and shall be paid by the party seeking the subpoena.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

- g) Conduct of the Hearing
- 1) Hearing Officer. The hearing shall be conducted by the Hearing Officer. Other members of the Claims Panel may, but are not required to, attend the hearing. Members may attend hearings either in-person or by video or teleconference.
    - A) The Hearing Officer shall have full power to conduct the hearing and the presence of any other members of the Claims Panel is not required. The Hearing Officer shall be one of the members of the Claims Panel chosen by the Panel to be the Hearing Officer.
    - B) The Claims Panel shall consist of:
      - i) the Executive Director of SURS;
      - ii) an attorney licensed to practice law in the State of Illinois approved by the Board; and
      - iii) one other person, selected by the Chairperson of the Board of Trustees of SURS, who shall be a member of the Board, a participant in SURS or an attorney licensed to practice law in the State of Illinois.
    - C) Each member of the Panel shall be reimbursed for travel or other related expenses incurred in connection with his or her duties as a member of the Panel. If he or she is not a member of the Board or currently employed by one of the employers covered by SURS, the member shall receive reasonable compensation, as recommended by the Executive Director and approved by the Board, for time spent in reviewing claims and attending Panel hearings. At a minimum, the members of the Claims Panel shall have a general familiarity with the provisions of the Illinois Pension Code, this Part and the internal operating procedures of SURS.
  - 2) Procedures
    - A) The Hearing Officer shall conduct a full and fair hearing, receive

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

testimony of the claimant and admit exhibits into evidence, avoid delay, maintain order and make a sufficient record for a full and true disclosure of the facts and issues.

- B) To accomplish these ends, the Hearing Officer shall make all procedural and evidentiary rulings necessary for the conduct of the hearing.
  - C) All testimony shall be taken under oath before an officer authorized to administer oaths by the laws of this State or of the United States or of the place where the testimony is to be given.
  - D) As a general matter, *the rules of evidence as applied in civil cases in the circuit courts of the State of Illinois shall be followed; however, evidence inadmissible under those rules may be admitted (except where precluded by statute) if it is of a type commonly relied upon by reasonably prudent persons in the conduct of their affairs. Any part of the evidence may be received in written form, provided that the interests of the parties will not be prejudiced. Notice may be taken of generally recognized technical facts within SURS' specialized knowledge and SURS' experience, technical competence and specialized knowledge may be used in evaluation of the evidence.* [5 ILCS 100/10-40]
  - E) The Hearing Officer, and any member of the Claims Panel attending the hearing, may ask questions necessary for better understanding of the facts or law.
  - F) The Hearing Officer shall have the authority to impose reasonable time limits for each party to present its case and shall, in general, have the power to manage and control the hearing process.
  - G) The hearing shall be open to the public unless the Hearing Officer, for good cause shown, determines otherwise.
- 3) Record of Proceedings. Two records of proceedings shall be kept that shall be in the form of:
- A) a non-verbatim "bystander's report"; and

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

- B) either a stenographic transcription or a tape recording. The claimant may obtain a stenographic transcription or a copy of a tape recording of the hearing by making a timely request within 21 days after the close of the hearing and paying the actual cost entailed.
- 4) Disqualification; Ex Parte Communications
- A) Disqualification
- i) *A Hearing Officer* or other member of the Claims Panel *may be disqualified on grounds of bias or conflict of interest.* A motion to disqualify a Hearing Officer or other member of the Claims Panel for bias or conflict of interest shall be made to the Hearing Officer by any party to the hearing at least 14 days prior to the commencement of the hearing, with a copy of the motion to be simultaneously submitted to the General Counsel. The motion shall be heard, considered and ruled upon by the Hearing Officer at or prior to the commencement of the hearing. The movant shall have the burden of proof with respect to the motion to disqualify. Either an *adverse ruling* or the fact that a Hearing Officer or other member of the Claims Panel is an employee of SURS or has a contract with SURS, standing alone, *shall not constitute bias or conflict of interest.* [5 ILCS 100/10-30]
- ii) The Executive Director may not be called as a witness unless it is demonstrated that the Executive Director has relevant noncumulative personal knowledge of facts bearing upon the claim. The Executive Director may not be disqualified as a member of the Claims Panel on the basis that the Executive Director is responsible for the overall administration of SURS.
- iii) In the event that a Hearing Officer or other member of the Claims Panel is disqualified or is otherwise unable to serve, the Board Chairperson may appoint another person to the

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

Claims Panel and shall appoint another person if the Claims Panel is reduced to fewer than two members, or the Claims Panel shall appoint another Hearing Officer from among its members, as the case may be.

- B) *Ex Parte Communications Prohibited. Except in the disposition of matters that SURS is authorized by law to entertain or dispose of on an ex parte basis, the members of the Claims Panel shall not, after receiving notice of a hearing in a contested matter, communicate, directly or indirectly, in connection with any issue of fact, with any party, or in connection with any other issue with any party, or the representative of any party, except upon notice and opportunity for all parties to participate. However, an employee of SURS may communicate with other employees of SURS and an employee of SURS or member of the Claims Panel may have the aid and advice of one or more assistants. An ex parte communication received by any member of the Claims Panel shall be made a part of the record of the pending matter, including all written communications, all written responses to the communications, and a memorandum stating the substance of all oral communications and all responses made and the identity of each person from whom the ex parte communication was received. Communications regarding matters of procedure and practice, such as the format of pleadings, number of copies required, manner of service, and status of proceedings, are not considered ex parte communications. [5 ILCS 100/10-60]*
- 5) Decisions of the Claims Panel and Executive Committee
- A) Claims Panel Decisions
- i) The record of proceedings shall be completed upon conclusion of the hearing by the Hearing Officer, unless the Hearing Officer determines to re-open the proceedings. Upon conclusion of all evidence and arguments, the Claims Panel shall privately deliberate and make a Decision as to the disposition of the claim based on the evidence of record. The Claims Panel Decision shall be served on all parties and their agents, if any, by delivery to a third-party

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

commercial carrier or by registered or certified mail, return receipt requested. If a Statement of Exceptions to the Decision is not filed pursuant to this subsection (g)(5)(A), the Decision is final for all purposes and not subject to administrative or judicial review. However, if a Statement of Exceptions to the Decision is filed or, if the members of the Panel are unable to agree on a Decision, then the claim shall be presented to the Executive Committee for a final administrative decision.

- ii) If a Statement of Exceptions is filed, it must be received by SURS, along with a brief in support, within 21 days after the date of mailing of the Claims Panel Decision. Any responsive brief shall be received within 21 days after the filing of the Statement of Exceptions. Any reply brief shall be received within 14 days after the filing of the responsive brief. The filing of any responsive or reply brief is optional. The Executive Director, or his or her designee, shall provide the Executive Committee with a summary of the decision of the Claims Panel. The Executive Committee will make a final administrative decision based on the Claims Panel Decision, any dissenting opinion, any Statement of Exceptions and briefs properly filed.
- iii) If the claim is presented to the Executive Committee because the members of the Claims Panel are unable to agree on a Decision, the Executive Committee shall make a final administrative decision based on any opinions of the Claims Panel members, the record and any briefs properly filed by the claimant or SURS. The filing of any opening, responsive or reply brief in response to the Claims Panel decision is optional. Any opening brief shall be received by SURS within 21 days after receiving notification from the Hearing Officer that the Claims Panel was unable to agree on a Decision. Any responsive brief shall be received within 21 days after the filing of any opening brief. Any reply brief shall be received within 14 days after the filing of any responsive brief.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

- iv) All filings shall be served upon the opposing party and shall contain a certificate of service. Filing deadlines in this subsection (g)(5)(A) may be continued to a date certain by the Hearing Officer for good cause shown on written application filed with SURS prior to the expiration of the deadline sought to be continued.

## B) Executive Committee Decision

- i) When necessary pursuant to subsection (g)(5)(A), the Executive Committee of the Board shall make a decision on the claim. No oral argument shall be permitted before the Executive Committee unless otherwise determined by the Executive Committee.
- ii) The Executive Committee shall render one of the following decisions with respect to the claim: affirmance of the administrative action, reversal of the administrative action, or remand of the case to the administrative staff for further consideration. Remand of the case to the administrative staff shall not be considered a final decision of the Executive Committee. A decision by the Executive Committee either reversing or affirming the decision of the administrative staff shall constitute a final decision for the purpose of review under the Administrative Review Law [735 ILCS 5/Art. III]. *A final decision of the Executive Committee shall be in writing or stated in the record.*
- iii) The Executive Committee may adopt, as its own, the findings of fact and conclusions of law of the Claims Panel. *Findings of fact, if set forth in statutory language, shall be accompanied by a concise and explicit statement of the underlying facts supporting the findings.*
- iv) *All decisions of the Executive Committee shall specify whether they are final and subject to the Administrative Review Law. [5 ILCS 100/10-50]*
- v) Parties and their agents, if any, shall be notified, personally,

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF ADOPTED AMENDMENT

by delivery to a third-party commercial carrier, or by registered or certified mail, return receipt requested, of any decision of the Executive Committee. The date of mailing of the decision shall constitute the date of service for purposes of the Administrative Review Law or any other applicable law.

(Source: Amended at 38 Ill. Reg. 5659, effective February 11, 2014)

## DEPARTMENT OF REVENUE

## NOTICE OF PUBLIC HEARING ON PROPOSED RULES

- 1) Heading of the Parts: Home Rule County Retailers' Occupation Tax  
Home Rule Municipal Retailers' Occupation Tax  
Regional Transportation Authority Retailers' Occupation Tax  
Metro East Mass Transit District Retailers' Occupation Tax  
Metro East Park and Recreation District Retailers' Occupation Tax  
County Water Commission Retailers' Occupation Tax  
Special County Retailers' Occupation Tax For Public Safety  
Salem Civic Center Retailers' Occupation Tax  
Non-Home Rule Municipal Retailers' Occupation Tax  
County Motor Fuel Tax
  
- 2) Code Citations: 86 Ill. Adm. Code 220.115  
86 Ill. Adm. Code 270.115  
86 Ill. Adm. Code 320.115  
86 Ill. Adm. Code 370.115  
86 Ill. Adm. Code 395.115  
86 Ill. Adm. Code 630.120  
86 Ill. Adm. Code 670.115  
86 Ill. Adm. Code 690.115  
86 Ill. Adm. Code 693.115  
86 Ill. Adm. Code 695.115
  
- 3) Register Citation to the Notice of Proposed Rules:  
  
86 Ill. Adm. Code 220.115 - 38 Ill. Reg. 3502; February 7, 2014  
86 Ill. Adm. Code 270.115 - 38 Ill. Reg. 3504; February 7, 2014  
86 Ill. Adm. Code 320.115 - 38 Ill. Reg. 3506; February 7, 2014  
86 Ill. Adm. Code 370.115 - 38 Ill. Reg. 3508; February 7, 2014  
86 Ill. Adm. Code 395.115 - 38 Ill. Reg. 3510; February 7, 2014  
86 Ill. Adm. Code 630.120 - 38 Ill. Reg. 3512; February 7, 2014  
86 Ill. Adm. Code 670.115 - 38 Ill. Reg. 3514; February 7, 2014  
86 Ill. Adm. Code 690.115 - 38 Ill. Reg. 3516; February 7, 2014  
86 Ill. Adm. Code 693.115 - 38 Ill. Reg. 3518; February 7, 2014  
86 Ill. Adm. Code 695.115 - 38 Ill. Reg. 3520; February 7, 2014
  
- 4) Date, Time and Location of Public Hearing: This hearing will be held simultaneously at the Department's offices in Springfield and Chicago and will be simulcast as a video conference. Photo identification is required for entry to the hearing at each location.

## DEPARTMENT OF REVENUE

## NOTICE OF PUBLIC HEARING ON PROPOSED RULES

Springfield: March 21, 2014  
10:00 a.m. – 12:00 p.m.  
Media Room  
Illinois Department of Revenue  
101 West Jefferson  
Springfield IL 62794

Chicago: March 21, 2014  
10:00 a.m. – 12:00 p.m.  
Illinois Department of Revenue  
JRTC – 7<sup>th</sup> Floor, Room 7-216  
100 West Randolph  
Chicago IL 60601

- 5) Other Pertinent Information: Persons interested in presenting testimony are advised that the Department will adhere to the following procedures:
- a. Each person intending to present testimony at the hearing must provide a written summary of his or her testimony to the Department on or before the close of business on Monday, March 17, 2014. The summary should be mailed or submitted by e-mail to Paul Berks at the address listed below.
  - b. Persons who submit written summaries before the deadline and request the opportunity to speak at the hearing will be allotted 5 minutes within which to present testimony.
  - c. To allow for an orderly hearing process, the Department reserves the right to limit duplicative testimony.

- 6) Name and Address of Agency Contact Person:

Paul Berks  
Deputy General Counsel  
Illinois Department of Revenue  
100 West Randolph Street, 7th Floor  
Chicago IL 60601

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC HEARING ON PROPOSED RULES

312/814-4680

Paul.Berks@Illinois.gov

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF MODIFICATION TO MEET THE OBJECTION TO AND SUSPENSION OF  
THE JOINT COMMITTEE ON ADMINISTRATIVE RULES

- 1) Heading of the Part: Reimbursement for Nursing Costs for Geriatric Facilities
- 2) Code Citation: 89 Ill Adm. Code 147
- 3) Section Number: 147.335                      Proposed Action:  
New
- 4) Date Originally Published in the Illinois Register: January 10, 2014; 38 Ill. Reg. 1205
- 5) JCAR Statement of Objection Published in the Illinois Register: January 31, 2014; 38 Ill. Reg. 3385
- 6) Summary of Action Taken by the Agency: On January 14, 2014, JCAR objected to and suspended Section 147.335(a)(7)(B), and repealed Section 147.355(b) of the Department of Healthcare and Family Services' emergency rule titled "Reimbursement for Nursing Costs for Geriatric Facilities" (89 Ill. Adm. Code 147; 38 Ill. Reg. 1205). In their objection, JCAR stated that "HFS has not shown sufficient cause for reducing the enhanced care add-on rate for ventilator care to a level that covers only the cost of supplies when the add-on rate had previously included the cost of ventilator care services."

HFS did not reduce the ventilator rate to include "only" the cost of supplies, while excluding the cost of ventilator care services. HFS did retain the supply add-on at \$174, the level in effect since 2011. HFS eliminated the add on static payment that existed for ventilator care services prior to Resource Utilization Groups (RUGS) reform because this add-on is a duplicate payment under the RUGS methodology. It is critical to understand that the service spending for the vent-dependent Medicaid individuals residing in the 23 nursing homes which elect to serve this population will increase under the new RUGs methodology by approximately \$10 million, from \$20 million to \$30+ million. This \$10 million increase is directly attributable to ventilator care services.

JCAR's action indicates that its members intended to increase the rates for the 23 nursing homes beyond the \$10 million increase for ventilator care services spent through the new RUGs methodology. It is the opinion of the HFS General Counsel that JCAR action – by objecting to and suspending the new section, and un-repealing the old section – will not accomplish the purpose intended by the Committee. Despite the fact that the nursing home lobby has stated otherwise, HFS believes that it is not possible to pay the ventilator

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF MODIFICATION TO MEET THE OBJECTION TO AND SUSPENSION OF  
THE JOINT COMMITTEE ON ADMINISTRATIVE RULES

add-on (\$174) plus the value of services (\$30-\$34) paid under the old methodology in the manner directed by JCAR.

HFS would like to resolve this impasse in an amicable manner and move forward to implement the RUGs methodology, as mandated in statute. Accordingly, HFS intends to file a new emergency rule for Section 147.335(a)(7)(B) to increase the vent add-on for supplies and services to \$208, to be effective January 1<sup>st</sup>, 2014 and re-repeal 147.355(b), if so approved by JCAR.

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 February 11, 2014 through February 18, 2014. The rulemakings are scheduled for review at the Committee's March 19, 2014 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
3/29/14	<u>Department of Financial and Professional Regulation</u> , Private Detective, Private Alarm, Private Security, Fingerprint Vendor and Locksmith Act of 2004 (68 Ill. Adm. Code 1240)	12/27/13 37 Ill. Reg. 20571	3/19/14
3/30/14	<u>Department of Healthcare and Family Services</u> , Hospital Services (89 Ill. Adm. Code 148)	11/15/13 37 Ill. Reg. 18011	3/19/14

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

Rules acted upon in Volume 38, Issue 9 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.

**PROPOSED RULES**

83 - 736	.....	5441
83 - 737	.....	5475
86 - 100	.....	5503

**ADOPTED RULES**

35 - 303	2/13/2014 .....	5517
77 - 527	2/11/2014 .....	5527
77 - 690	2/11/2014 .....	5533
80 - 1600	2/11/2014 .....	5659

**AGENCY MODIFICATION IN  
RESPONSE TO A STATEMENT OF  
OBJECTION**

89 - 147	.....	5679
----------	-------	------

## ORDER FORM

<input type="checkbox"/> Print Version of the Illinois Register <input type="checkbox"/> New <input type="checkbox"/> Renewal	\$290.00 (annually)
<input type="checkbox"/> Back Issues of the Illinois Register (2012-2013 Only) Volume # _____ Issue# _____ Date _____	\$ 10.00 (each)
<input type="checkbox"/> Microfiche sets of the Illinois Register (1977 – 2003) Specify Year(s) _____	\$ 200.00 (per set)
<input type="checkbox"/> Cumulative/Sections Affected Indices (2010) Specify Year(s) _____	\$ 5.00 (per set)
(Processing fee for credit cards purchases, if applicable.)	\$ 2.00
<b>TOTAL AMOUNT OF ORDER</b>	\$ _____

--	--

Check    Make Checks Payable To: **Secretary of State**

<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <small>(There is a \$2.00 processing fee for credit card purchases.)</small>
Card #: _____ Expiration Date: _____
Signature: _____

**Send Payment To:** Secretary of State  
 Department of Index  
 Administrative Code Division  
 111 E. Monroe  
 Springfield, IL 62756

**Fax Order To:** (217) 557-8919

Name:	Attention:	ID #:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail:

Published by **JESSE WHITE** • Secretary of State  
[www.cyberdriveillinois.com](http://www.cyberdriveillinois.com)