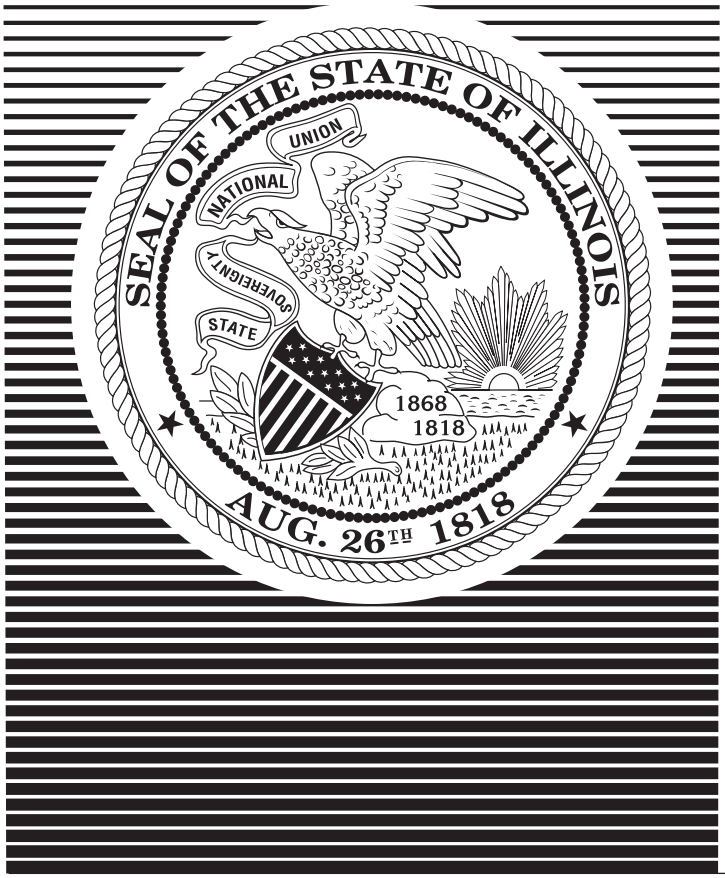
2019

ILLINOIS

REGISTER

Rules of
Governmental Agencies



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INTRODUCTION

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

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

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

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

ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 2019

Issue#	Rules Due Date	Date of Issue
1	December 26, 2018	January 4, 2019
2	December 31, 2018	January 11, 2019
3	January 7, 2019	January 18, 2019
4	January 14, 2019	January 25, 2019
5	January 22, 2019	February 1, 2019
6	January 28, 2019	February 8, 2019
7	February 4, 2019	February 15, 2019
8	February 11, 2019	February 22, 2019
9	February 19, 2019	March 1, 2019
10	February 25, 2019	March 8, 2019
11	March 4, 2019	March 15, 2019
12	March 11, 2019	March 22, 2019
13	March 18, 2019	March 29, 2019
14	March 25, 2019	April 5, 2019
15	April 1, 2019	April 12, 2019
16	April 8, 2019	April 19, 2019
17	April 15, 2019	April 26, 2019
18	April 22, 2019	May 3, 2019
19	April 29, 2019	May 10, 2019
20	May 6, 2019	May 17, 2019
21	May 13, 2019	May 24, 2019

22	May 20, 2019	May 31, 2019
23	May 28, 2019	June 7, 2019
24	June 3, 2019	June 14, 2019
25	June 10, 2019	June 21, 2019
26	June 17, 2019	June 28, 2019
27	June 24, 2019	July 5, 2019
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36	August 26, 2019	September 6, 2019
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38	September 9, 2019	September 20, 2019
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40	September 23, 2019	October 4, 2019
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42	October 7, 2019	October 18, 2019
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45	October 28, 2019	November 8, 2019
46	November 4, 2019	November 15, 2019
47	November 12, 2019	November 22, 2019
48	November 18, 2019	December 2, 2019
49	November 25, 2019	December 6, 2019
50	December 2, 2019	December 13, 2019
51	December 9, 2019	December 20, 2019
52	December 16, 2019	December 27, 2019

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Standards and Requirements For Potable Water Supply Well Surveys and For Community Relations Activities Performed in Conjunction With Agency Notices of Threats From Contamination

2) Code Citation: 35 Ill. Adm. Code 1600

3)

Section Numbers:	Proposed Actions:
1600.100	Repealed
1600.105	Repealed
1600.110	Amendment
1600.115	Amendment
1600.200	Amendment
1600.205	Amendment
1600.210	Amendment
1600.300	Amendment
1600.305	Amendment
1600.310	Amendment
1600.315	Amendment
1600.320	Amendment
1600.325	Amendment
1600.330	Amendment
1600.335	Amendment
1600.340	Amendment
1600.Appendix A	Amendment

4) Statutory Authority: Implementing and authorized by Sections 25d-3(c), 25d-7(a), and 27 of the Environmental Protection Act [415 ILCS 5/25d-3(c), 25d-7(a), 27].

5) A Complete Description of the Subjects and Issues Involved: In the summer of 2016, the Board began reviewing its rules to identify obsolete or otherwise unnecessary language. On January 10, 2018, the Illinois Environmental Protection Agency (IEPA) filed a proposal to update multiple provisions of the Board's rules. IEPA's proposal arose from Executive Order 2016-13, which required agencies to identify outdated, repetitive, confusing, or unnecessary rules and then amend or repeal them. Although IEPA proposed to amend numerous Board rules, its proposal did not include amendments to the Board's Right-to-Know (RTK) rules. On its own motion, the Board proposed amendments to this part, all of which are intended to be non-substantive clarifications to the RTK rules.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

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

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

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objective: This proposed rulemaking does not create or enlarge a State mandate, as defined in Section 3(b) of the State Mandates Act. [30 ILCS 805/3(b)].

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: The Board will accept written public comments on this proposal for a period of 45 days after the date of publication in the *Illinois Register*. Public comments should reference docket number R18-30 and be filed electronically through the Clerk's Office On-Line (COOL) on the Board's website at pcb.illinois.gov. Comments may also be filed with the Clerk of the Board and be addressed to:

Clerk's Office
Illinois Pollution Control Board
James R. Thompson Center
100 W. Randolph St., Suite 11-500
Chicago IL 60601

Interested persons may request copies of the Board's opinion and order in R18-30 by calling the Clerk's office at 312/814-3620 or may download copies from the Board's website at pcb.illinois.gov.

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: None, the amendments are non-substantive.

B) Reporting, bookkeeping or other procedures required for compliance: None beyond those required to comply with current rules.

C) Types of professional skills necessary for compliance: None beyond those required to comply with current rules.

14) Small Business Impact Analysis: This rulemaking should not affect small business because the proposed amendments are non-substantive. As written, this rule continues to apply to soil, soil gas, and groundwater contamination threatening potable water supply wells and the response action required in handling these threats.

15) Regulatory Agenda on which this rulemaking was summarized: July 2018

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

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE O: RIGHT TO KNOW
CHAPTER I: POLLUTION CONTROL BOARD

PART 1600
STANDARDS AND REQUIREMENTS FOR POTABLE WATER SUPPLY WELL SURVEYS AND FOR COMMUNITY RELATIONS ACTIVITIES PERFORMED IN CONJUNCTION WITH AGENCY NOTICES OF THREATS FROM CONTAMINATION

SUBPART A: GENERAL

Section
1600.100 Purpose and Scope (Repealed)
1600.105 Applicability (Repealed)
1600.110 Definitions
1600.115 Severability

SUBPART B: STANDARDS AND REQUIREMENTS FOR POTABLE WATER SUPPLY WELL SURVEYS

Section
1600.200 Purpose and Scope
1600.205 Applicability
1600.210 Procedures for Potable Water Supply Well Surveys

SUBPART C: STANDARDS AND REQUIREMENTS FOR COMMUNITY RELATIONS ACTIVITIES

Section
1600.300 Purpose and Scope
1600.305 Applicability
1600.310 Notices and Community Relations Plans for Limited Community Relations Activities
1600.315 Notices, Fact Sheets and Community Relations Plans for Expanded Community Relations Activities
1600.320 Establishment of Document Repository
1600.325 Submission of Notices, Contact Lists, Fact Sheets and Community Relations Plans for Review

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

1600.330 Agency Reviews of Notices, Contact Lists, Fact Sheets and Community Relations Plans
1600.335 Implementation of Community Relations Plans and Distribution of Notices and Fact Sheets; Records Retention
1600.340 Compliance

1600.APPENDIX A Contents of a Model Community Relations Plan

AUTHORITY: Implementing Sections 25d-3(c) and 25d-7(a) and authorized by Section 25d-7(a) of the Environmental Protection Act [415 ILCS 5].

SOURCE: Adopted in R06-23 at 30 Ill. Reg. 15756, effective September 15, 2006; amended in R14-23 at 39 Ill. Reg. 3968, effective February 26, 2015; amended in R18-30 at 43 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL

Section 1600.100 Purpose and Scope (Repealed)

~~a) The purpose of this Part is to set forth in accordance with Section 25d-7 of the Act [415 ILCS 5/25d-7] the minimum procedures for conducting potable water supply well surveys pursuant to applicable Board rules and for the documentation and reporting of the results of those surveys to the Agency. In addition, the purpose of this Part is to set forth in accordance with Section 25d-7 of the Act standards and requirements for the performance of community relations activities when the Agency has authorized a person to provide the notice pursuant to subsections (a) and (c) of Section 25d-3 of the Act [415 ILCS 5/25d-3(a) and (c)] as part of the Agency-approved community relations activities.~~

~~b) Subsection (a) of Section 25d-3 of the Act requires that the Agency provide notice under certain specified circumstances while subsection (c) of Section 25d-3 provides that the Agency may authorize a person who has implemented community relations activities to provide the notice in place of the Agency.~~

~~c) The standards and requirements in Subpart C of this Part are for community relations activities performed by parties authorized to provide notice in place of the Agency. This Part establishes the minimum standards and requirements for the performance of the potable water supply well surveys and the development, review, implementation and distribution of notices, fact sheets and community~~

~~relations plans and the establishment and maintenance of document repositories. Nothing in this Part relieves an authorized party from reporting and notice obligations under other federal and State environmental laws.~~

(Source: Repealed at 43 Ill. Reg. _____, effective _____)

Section 1600.105 Applicability (Repealed)

~~Subparts B and C of this Part contain separate and independent applicability provisions.~~

(Source: Repealed at 43 Ill. Reg. _____, effective _____)

Section 1600.110 Definitions

Unless otherwise provided~~Except as stated~~ in this Section, or unless a different meaning of a word or term is clear from the context, the definitions of the Environmental Protection Act apply to the same words or terms in this Part ~~shall be the same as that applied to the same words or terms in Title I or Title VI-D of the Environmental Protection Act~~.

"Act" means the Environmental Protection Act [415 ILCS 5].

"Agency" is the Illinois Environmental Protection Agency. [415 ILCS 5/3.105]

"Authorized party" means a person authorized by the Agency under ~~subsection (c) of~~ Section 25d-3(c) of the Act [415 ILCS 5~~/25d-3(c)~~] and Subpart C ~~of this Part~~ to provide notice as part of Agency-approved community relations activities in lieu of a notice required to be given by the Agency.

"Board" is the Pollution Control Board. [415 ILCS 5/3.130]

"Building control technology" means any technology or barrier that affects air flow or air pressure within a building for purposes of reducing or preventing contaminant migration to the indoor air.

"Class I groundwater quality standards" means the Class I groundwater quality standards specified in~~located at~~ 35 Ill. Adm. Code 620.410.

"Contaminant" is any solid, liquid or gaseous matter, any odor, or any form of energy, from whatever source. [415 ILCS 5/3.165]

"CRP" means the community relations plan required under Title VI-D of the Act and Subpart C ~~of this Part~~.

"Person" means individual, trust, firm, joint stock company, joint venture, consortium, commercial entity, corporation (including a government corporation), partnership, association, state, municipality, commission, political subdivision of a state, or any interstate body, including the United States Government and each department, agency, and instrumentality of the United States. [415 ILCS 5/58.2]

"Person performing a response action" means the person or persons taking responsibility for addressing a release by authorizing or approving the performance of a response action (e.g., Leaking Underground Storage Tank Program owner or operator, Site Remediation Program Remediation Applicant, permittees). The phrase does not include persons who have been hired or authorized to perform the response action by the person taking responsibility for the release or persons with whom the person taking responsibility for the release has contracted or subcontracted to perform the response action.

"Release" means any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment, but excludes any release which results in exposure to persons solely within a workplace, with respect to a claim which such persons may assert against the employer or such persons; emissions from the engine exhaust of a motor vehicle, rolling stock, aircraft, vessel, or pipeline pumping station engine; release of source, byproduct, or special nuclear material from a nuclear incident, as those terms are defined in the federal Atomic Energy Act of 1954, if such release is subject to requirements with respect to financial protection established by the Nuclear Regulatory Commission under Section 170 of such Act; and the normal application of fertilizer. [415 ILCS 5/3.395]

"Response action" means any action or series of actions taken to address a release of contaminants or its effects as may be necessary or appropriate to protect human health or the environment. A response action may include, but is not limited to, release investigation and characterization, soil remediation, and groundwater remediation.

"Soil gas" means the air existing in void spaces in the soil between the

groundwater table and the ground surface. [415 ILCS 5/25d-1]

"Tier 1 remediation objectives" means the Tier 1 remediation objectives specified inlocated at 35 Ill. Adm. Code 742.

"Volatile chemicals" means chemicals with a Dimensionless Henry's Law Constant of greater than 1.9 x 10^{-2} or a vapor pressure greater than 0.1 Torr (mmHg) at 25°C. For purposes of the indoor inhalation exposure route, elemental mercury is included in this definition.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1600.115 Severability

If any provision of this Part is adjudged invalid, or itsif the application to any person or in any circumstance is adjudged invalid, the adjudicationsuch invalidity will not affect the validity of this SubtitlePart as a whole or any Subpart, Section, subsection, sentence or clause thereof not adjudged invalid.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

SUBPART B: STANDARDS AND REQUIREMENTS FOR POTABLE WATER SUPPLY WELL SURVEYS

Section 1600.200 Purpose and Scope

The purpose of this Subpart B establishesis to establish minimum standards and requirements for performing potable water supply well surveys to ensure that these wells are accurately identified and located to determine theso that impacts and potential impacts to thesesuch wells from soil, soil gas, or groundwater contamination, or both, can be identified. The effects of soil contamination on groundwater contamination are evaluated as the soil component of the groundwater ingestion exposure route using modeling as referenced in this Subpart B. This Subpart B sets forth the procedures persons subject to this Subpart B must use when performing theseto perform potable water supply well surveys and documentingfor the documentation of the results of well surveys in reports to the Agency.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

Section 1600.205 Applicability

a) ~~Except as provided in subsection (b) of this Section, this~~ Subpart B applies to persons required under Board rules to perform~~performing~~ response actions for soil and groundwater contamination. The~~pursuant to applicable Board rules. Whenever a response action for soil or groundwater contamination, or both, is required pursuant to applicable Board rules, the person subject to those rules must comply with the~~ standards and requirements of this Subpart apply if, as part of the response action,~~B when~~ a well survey is required to determine the existence and location of potable water supply wells. The~~When determining the existence and location of these wells, the~~ person performing the well survey must also ~~must~~ identify and locate setback zones and regulated recharge areas associated with the wells.

1) ~~This~~ Subpart B does not contain an independent requirement to perform a potable water supply well survey. If ~~the~~ Board rules governing the response action require ~~the performance of~~ a well survey as part of the response action, ~~this~~ Subpart B sets forth the minimum standards and requirements for~~that must be satisfied when~~ performing that well survey and documenting it~~preparing the documentation~~ for submission to the Agency. The Board's response action rules also govern~~In addition, the~~ submission and review of well survey documentation and appeals of Agency final determinations regarding~~concerning~~ well survey procedures and reporting~~ are subject to the rules governing the response action~~.

2) ~~Applicable~~ Board rules requiring potable water supply well surveys as part of response actions may supersede the requirements of ~~this~~ Subpart B only to the extent their express provisions are equivalent to, or more stringent than, the standards and requirements of this Subpart ~~B~~.

~~b) Persons performing response actions pursuant to applicable Board rules who already have initiated the response action for a release as of September 15, 2006 may be required by the Agency to perform an otherwise required potable water supply well survey in accordance with this Subpart B if:~~

~~1) The Agency requires the performance of a well survey in accordance with the applicable Board rules; and~~

~~2) The well survey:~~

~~A)~~ ~~has not been performed as of September 15, 2006; or~~

~~B)~~ ~~has been performed but has not been approved by the Agency as of September 15, 2006 and the well survey performed does not satisfy the requirements of this Subpart B.~~

bc~~)~~ Nothing in ~~this~~ Subpart B is intended to prohibit the use of all or some of the standards and requirements set forth in this Subpart ~~B~~ in other rules or contexts as authorized by those rules, Board or court orders, or other applicable law.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1600.210 Procedures for Potable Water Supply Well Surveys

a) When ~~applicable~~ Board rules require a well survey to determine the existence and location of potable water supply wells, the following must be identified:

1) All~~persons subject to this Subpart B must identify all~~ private, semi-private, and non-community water system wells located at the property where the release occurred or within 200 feet of the property where the release occurred;~~,~~

2) All~~all~~ community water system ("CWS") wells located at the property where the release occurred or within 2,500 feet of the property where the release occurred;~~,~~ and

3) All~~all~~ setback zones and regulated recharge areas in which all or any portion of the property where the release occurred is located.

b) The person performing the well survey must take action~~Actions taken~~ to identify the wells and associated protected areas, including ~~must include, but are not limited to,~~ the following:

1) Contacting the Agency's Division of Public Water Supplies to identify community water system wells and associated setback zones and regulated recharge areas;

2) Using current information from the Illinois State Geological Survey, the Illinois State Water Survey, and the Illinois Department of Public Health (or the county or local health department delegated by the Illinois Department of Public Health to permit potable water supply wells) to identify potable water supply wells, other than community water system wells, and their setback zones; and

3) Contacting the local public water supply entities to identify properties that receive potable water from a public water supply.

c) In addition to ~~identifying potable water supply wells and associated protected areas pursuant to~~ subsections (a) and (b) ~~of this Section~~, persons subject to ~~this~~ Subpart B may be required to~~must~~ expand the area of the potable water supply well survey.

1) An expanded well survey is required if measured or modeled groundwater contamination extends beyond a boundary of the property where the release occurred in concentrations exceeding the ~~applicable~~ remediation objectives of 35 Ill. Adm. Code 742.Appendix B: Table E for the groundwater ingestion exposure route or the ~~applicable~~ groundwater quality standards at 35 Ill. Adm. Code 620 (e.g., Class I, Class III).

A) If there is no Table E objective or Part 620 standard, the Agency will determine or approve an objective according to~~shall be determined or approved by the Agency in accordance with~~ 35 Ill. Adm. Code 620.Subpart F.

B~~1~~) The extent of modeled groundwater contamination must be determined using the procedures of 35 Ill. Adm. Code 742 or another model ~~or methodology~~ approved by the Agency. When modeling the extent of groundwater contamination, the modeling must include the impact from soil contamination in concentrations exceeding the ~~applicable~~ remediation objectives for the soil component of the groundwater ingestion exposure route.

2) At a minimum, the expanded well survey must identify the following:

A) All private, semi-private, and non-community water system wells located within 200 feet, and all community water system wells

located within 2,500 feet, of the measured orand modeled extent of groundwater contamination exceeding the applicable remediation objectives of Part 742 for the groundwater ingestion exposure route or the applicable Part 620 groundwater quality standards; and

B) All setback zones and regulated recharge areas in which any portion of the measured or modeled extent of groundwater contamination exceeding the applicable remediation objectives of Part 742 for the groundwater ingestion exposure route or Part 620 remediation objectives is located.

d) The Agency may, based on site-specific circumstances or information collection deficiencies (e.g., incomplete, conflicting or imprecise information, information assembled from unverified sources), require additional investigation to determine the existence or location of potable water supply wells, setback zones or regulated recharge areas. The additional investigation may include, but is not limited to, physical well surveys (e.g., interviewing property owners, investigating individual properties for wellheads, distributing door hangers or other materials requesting information about the existence of potable water supply wells).

e) Documentation of a potable water supply well survey conducted underin accordance with this Section must include, but is not limited to, the following:

1) One or more maps to a scale depictingclearly showing the following:

A) The locations of the community water system wells and other potable water supply wells identified underpursuant to this Section; and

B) The location and extent of setback zones and regulated recharge areas identified underpursuant to this Section; and.

C2) The maps showing the well locations, setback zones and regulated recharge areas pursuant to subsection (e)(1) of this Section must show those areas identified in subsections (A) and (B) in relation to the measured or modeled extent of groundwater contamination exceeding the applicable remediation objectives of Part 742 for the groundwater ingestion exposure route or the applicable Part 620 groundwater quality standards;.

POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

23) One or more tables listing the ~~applicable~~ setback zones and regulated recharge areas for each community water system well and other potable water supply wells identified under~~pursuant to~~ this Section; and~~.~~

34) A narrative that, at a minimum, lists~~identifies~~ each entity contacted to identify potable water supply wells and protected areas ~~pursuant to this Section~~, the name and title of each person contacted ~~at each entity~~, and any field observations while identifying and locating~~, if any, associated with the identification and location of~~ potable water supply wells.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

SUBPART C: STANDARDS AND REQUIREMENTS FOR COMMUNITY RELATIONS ACTIVITIES

Section 1600.300 Purpose and Scope

a) ~~The purpose of this~~ Subpart C establishes~~is to establish the~~ minimum standards and requirements for an authorized party developing and implementing~~the development and implementation of~~ community relations activities under Title IV-D of the Act. ~~in accordance with Section 25d-7 of the Act when the Agency has authorized a person to provide the notice pursuant to subsections (a) and (c) of Section 25d-3 of the Act as part of the Agency-approved community relations activities. In addition, it is the purpose of this Part to ensure that these~~ Community~~community~~ relations activities must fully inform communities and individuals in a timely manner about offsite impacts or potential impacts from soil, soil gas, or groundwater contamination~~, or any combination thereof~~ and the responses to those~~such~~ impacts. ~~This~~ Subpart C contains the minimum requirements for the content, submission for review, distribution and implementation of notices, contact lists, fact sheets and CRPs, and the establishment and maintenance of document repositories.

b) Subpart C Not a Limitation:

1) ~~This Subpart C establishes minimum requirements for community relations activities when such activities are to be performed in place of a notice by the Agency in accordance with subsection (a) of Section 25d-3 of the Act.~~ Nothing in this Subpart ~~C~~ is intended to prohibit ~~or prevent~~ a

person from implementing other community relations activities sooner than required, by this Subpart or under circumstances in addition to those described, in this Subpart. The Agency may recommend alternative times and other circumstances for performingthat community relations activities be performed at other times and under other circumstances and may assist in developingoffer assistance with development and implementing theseimplementation of such activities where resources permit.

2) Nothing in this Subpart C is intended to limit in any way the Agency's authority to provide independent notice of threatenedthreats of exposure to the public from soil, soil gas, or groundwater contamination, according toor any combination thereof, in accordance with Title VI-D of the Act [415 ILCS 5/25d-1 through 25d-10] and implementing rules or under any other authority.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1600.305 Applicability

a) WhenWhenever the Agency determines that it must provide notice underpursuant to subsection (a) of Section 25d-3(a) of the Act, the Agency may authorize a person to provide the notice as part of the Agency-approved community relations activities developed and implemented underin accordance with this Subpart C.

b) A person must developNothing in this Subpart C requires the development and implementimplementation of community relations activities underin accordance with this Subpart only ifunless:

1) The Agency informsnotifies the person in writing that a notice must be issued under subsection (a) of Section 25d-3(a) of the Act;

2) In that same writingAs a part of the written notice to the person, the Agency offers the person the opportunity to provide the notice in lieu of the Agency issuing itthe notice; and

3) The person accepts the Agency's offer and notifies the Agency in writing within seven days after receivingreceipt of the Agency's offer letter (unless a longer period of time is provided in the offerAgency's notice letter) that the personit intends to provide the notice in place of the

Agency as part of the community relations activities developed and implemented underin accordance with Subpart C of this Part in lieu of the Agency providing the notice.

c) Nothing in this Subpart C is intended to prohibit the use of all or some of the standards and requirements underset forth in this Subpart C in other rules or contexts as authorized by those rules, Board or court orders, or other applicable law.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1600.310 Notices and Community Relations Plans for Limited Community Relations Activities

a) An authorized partyAuthorized parties must develop a notice and CRP consisting of a contact list and fact sheet undercomply with community relations requirements in this Section if, at five or fewer offsite properties or potable supply wells other than a community water supply well, the:

1) Measured or modeled groundwater contamination from the site where the release occurred (including the impact from soil contamination in concentrations exceeding the applicable remediation objectives for the soil component of the groundwater ingestion exposure route) poses a threat above the Class I groundwater quality standards at five or fewer offsite private, semi-private, or non-community water system wells;

2) Measured offsite groundwater contamination from volatile chemicals from the site where the release occurred poses a threat of indoor inhalation exposure above the appropriate Tier 1 remediation objectives for the current use or uses at five or fewer offsite properties;

3) Offsite soil contamination from the site where the release occurred poses a threat of exposure above the appropriate Tier 1 remediation objectives for the current use or uses at five or fewer offsite properties; or

4) Measured offsite soil gas contamination from the site where the release occurred poses a threat of exposure above the appropriate Tier 1 remediation objectives for the current use or uses at five or fewer offsite properties.

b) Notice and CRP~~An authorized party, within the limits set forth in subsection (a) of this Section, must develop a notice and CRP consisting of a contact list and fact sheet in accordance with this subsection (b).~~

1) Notices issued under this Section~~subsection (c) of Section 25d-3 of the Act and this Part~~ must be distributed to the contact list according to~~in accordance with~~ Section 1600.335~~ of this Part to the contact list as derived from subsection (b)(2) of this Section~~ and may contain the following information:

A) *The name and address of the site or facility where the release occurred or is suspected to have occurred;*

B) *The identification of the contaminant released or suspected to have been released;*

C) *Information as to whether the contaminant was released or suspected to have been released into the air, land, or water;*

D) *A brief description of the potential adverse health effects posed by the contaminant;*

E) *A recommendation that water systems with wells impacted or potentially impacted by the contamination be appropriately tested; and*

F) *The name, business address, and phone number of persons at the Agency from whom additional information about the release or suspected release can be obtained.* [415 ILCS 5/25d-3(c)]

2) A contact list must be prepared by the~~The~~ authorized party consisting~~must prepare a contact list, which must consist~~ of affected, potentially affected, and interested persons, including~~, but not limited to~~:

A) Owners of offsite properties served by private, semi-private, or non-community water system wells that have been or may be impacted by groundwater contamination from the release;

B) Owners of offsite properties without potable water supply wells but with groundwater that has been or may be impacted by groundwater contamination from the release;

C) Owners of offsite properties with buildings located above groundwater with measured contamination from volatile chemicals posing~~that poses~~ a threat of indoor inhalation exposure above the appropriate Tier 1 remediation objectives for the current ~~use or~~ uses;

D) Owners of offsite properties with soil contamination posing a threat of exposure above the appropriate Tier 1 remediation objectives for the current ~~use or~~ uses;

E) Owners of offsite properties with measured soil gas contamination posing a threat of exposure above the appropriate Tier 1 remediation objectives for the current ~~use or~~ uses;

F) Occupants of the properties identified in subsections (b)(2)(A), (b)(2)(C), (b)(2)(D), and (b)(2)(E) ~~of this Section~~ to the extent reasonably practicable, including~~. The contact list must include~~ the methods used in attempting~~by which the authorized party has attempted~~ to identify the occupants; and

G) Government officials~~Officials of units of government~~ serving the affected or potentially affected properties, including ~~but not limited to~~ State and federal legislators, county board chairs and county clerks, mayors or village presidents, city or village clerks, and environmental health administrators for State and local health departments. Officials of specialized districts (e.g., school, drainage, park districts) may be excluded from the contact list unless required under~~pursuant to~~ subsections (b)(2)(A) through (b)(2)(F)~~ of this Section~~.

3) A fact sheet for the release and response action must be developed by the authorized party and~~The authorized party must develop a fact sheet for the release and response action. The fact sheet must be~~ distributed to the contact list according to~~in accordance with~~ Section 1600.335~~ of this Part to the contact list as derived from subsection (b)(2) of this Section~~. The

fact sheet must be written clearly and concisely in non-technical, non-legal terminology. The fact sheet and any required updates must contain, at a minimum, the following information if~~to the extent~~ available:

A) The nature and extent of the ~~contaminant or~~ contaminants identified onsite~~on~~ and offsite~~off the site~~ where the release occurred;

B) A brief description of the potential exposure~~pathway or~~ pathways ~~of potential exposure~~ and the potential adverse public health effects posed by the ~~contaminant or~~ contaminants;

C) A description of the appropriate actions that affected or potentially affected persons should take to evaluate the potential ~~for~~ threats to human health via a completed exposure pathway, including potable water supply well sampling, soil gas sampling, and any other actions, as well as any precautionary measures necessary to avoid or reduce public health impacts, if appropriate;

D) A non-technical description of the proposed steps ~~that are proposed~~ to address the contamination, such as~~including, but not limited to,~~ soil excavation and treatment, disposal or redistribution, pump-and-treat, bio-remediation, reliance on engineered barriers or institutional controls, groundwater monitoring, building control technologies, and so forth;

E) The anticipated remediation schedule through completion of the project, including any operation, maintenance, or monitoring following construction of the remedy;

F) The closure documentation expected from the Agency (e.g., focused or comprehensive No Further Remediation (NFR) Letter, permit modification, or Section 4(y) letter) and a summary of ~~the contents of~~ the closure documentation (e.g., reliance on engineered barriers, institutional controls, or building control technologies);

G) Responses to key community concerns as expressed by affected, potentially affected, and interested persons;

H) The ~~date of~~ preparation date of the fact sheet, the name and contact information of ~~the representative or representatives of~~ the business, site, or facility representatives from whom information and site-related documents may be obtained~~, and e-mail address, postal address and telephone number where the representative or representatives can be reached~~; ~~and~~

I) The name and contact information~~, e-mail address, postal address, and telephone number~~ of the Agency's designated staff person; and

J) An explanation of how additional information and site-related documentation can be obtained, including how to contact~~a statement that additional information and site-related documents may be available by contacting~~ the Agency's designated staff person or file a request with the Agency under~~by filing a request for site-specific information with the Agency in accordance with~~ the Freedom of Information Act [5 ILCS 140].

c) If any information under subsection (b)(3) is unavailable when submitting~~For information that is not available when a fact sheet is prepared pursuant to subsection (b)(3) of this Section, the submission of~~ the fact sheet to the Agency, ~~for review must be accompanied by~~ an explanation detailing~~of~~ why the information is unavailable is required. An~~at the time of the submission of the fact sheet and an~~ estimate of when the missing information will be supplied in a revised fact sheet must also be included.

d) Fact sheets and contact lists developed under~~in accordance with~~ this Section must be updated and redistributed whenever new information is obtained or ~~developed or circumstances change so that~~ there is a material change to the information required or provided in the fact sheet (e.g., completion of site investigation and characterization of the nature and extent of contaminants, higher concentrations of contaminants than previously detected, evidence of additional contaminants of concern or of a larger area affected by contamination, approval of plans or reports, completion of response action activities).

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1600.315 Notices, Fact Sheet and Community Relations Plans for Expanded Community Relations Activities

a) An authorized party~~Authorized parties~~ must develop a notice, CRP, and fact sheet under~~comply with the community relations requirements in~~ this Section if:

1) At more than five offsite properties or potable water supply wells other than a community water supply well, the:

A) Measured or modeled groundwater contamination from the site where the release occurred (including the impact from soil contamination in concentrations exceeding the applicable remediation objectives for the soil component of the groundwater ingestion exposure route) poses a threat above the Class I groundwater quality standards~~ at more than five offsite private, semi-private, or non-community water system wells or one or more community water system wells~~;

B~~2~~) Measured offsite groundwater contamination from volatile chemicals from the site where the release occurred poses a threat of indoor inhalation exposure above the appropriate Tier 1 remediation objectives for the current ~~use or~~ uses~~ at more than five offsite properties~~;

C~~3~~) Offsite soil contamination from the site where the release occurred poses a threat of exposure above the appropriate Tier 1 remediation objectives for the current ~~use or~~ uses~~ at more than five offsite properties~~; or

D~~4~~) Measured offsite soil gas contamination from the site where the release occurred poses a threat of exposure above the appropriate Tier 1 remediation objectives for the current ~~use or~~ uses; or~~ at more than five offsite properties.~~

2) At one or more community water supply wells, measured or modeled groundwater contamination from the site where the release occurred (including the impact from soil contamination in concentrations exceeding the applicable remediation objectives for the soil component of the groundwater ingestion exposure route) poses a threat above the Class I groundwater quality standards.

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b) Notice, CRP, and Fact Sheet~~An authorized party exceeding the limits set forth in subsection (a) of this Section must develop a notice and a CRP and fact sheet in accordance with this subsection (b). Appendix A of this Part contains the outline of a model CRP that may be appropriate for a site subject to this Section.~~

1) Notices must be developed according to~~in accordance with subsection (b)(1) of~~ Section 1600.310(b)(1) ~~of this Part~~ and distributed to the contact list according to~~in accordance with~~ Section 1600.335 ~~of this Part to the contact list as derived from subsection (b)(2)(D) of this Section~~.

2) The CRP must be implemented according to~~in accordance with~~ Section 1600.335 ~~of this Part~~ and must include~~, but is not limited to,~~ the following elements to the extent related to the ~~contaminant or~~ contaminants ~~being~~ addressed in the response action:

A) A description of the site or facility and details of the release, including~~and~~ any related soil, soil gas, or groundwater contamination;

B) A list of community issues and concerns collected from affected, potentially affected, and interested persons identified through~~though~~ the process outlined in subsection (b)(2)(D) ~~of this Section~~;

C) A community relations program including elements of outreach, methods for maintaining a dialogue with affected, potentially affected, and interested persons, and a schedule for activities and objectives; and

D) A contact list, along with the~~The~~ process for identifying and updating the ~~contact~~ list, consisting~~which must consist~~ of affected, potentially affected, and interested persons, including~~, but not limited to~~:

i) Owners of offsite properties served by private, semi-private, or non-community water systems that have been or may be impacted by groundwater contamination from the release;

ii) Owners and operators of community water system wells that have been or may be impacted by groundwater contamination from the release;

iii) Owners of offsite properties without potable water supply wells but with groundwater that has been or may be impacted by groundwater contamination from the release;

iv) Owners of offsite properties with buildings located above groundwater with measured contamination from volatile chemicals posing~~that poses~~ a threat of indoor inhalation exposure above the appropriate Tier 1 remediation objectives for the current ~~use or~~ uses;

v) Owners of offsite properties with soil contamination posing a threat of exposure above the appropriate Tier 1 remediation objectives for the current ~~use or~~ uses;

vi) Owners of offsite properties with measured soil gas contamination posing a threat of exposure above the appropriate Tier 1 remediation objectives for the current ~~use or~~ uses;

vii) Occupants of the properties identified in subsections (b)(2)(D)(i), (b)(2)(D)(iv), (b)(2)(D)(v), and (b)(2)(D)(vi) ~~of this Section to~~ the extent reasonably practicable. The CRP must include the methods by which the authorized party will attempt to identify the occupants;

viii) Government officials~~Officials of units of government~~ serving the affected and potentially affected properties, including ~~but not limited to~~ federal and State legislators, county board chairpersons and county clerks, mayors or village presidents, city or village clerks, and environmental health administrators for State and county health departments. Officials of specialized districts (e.g., school, drainage, park districts) may be excluded from the contact list unless required under~~pursuant to~~ subsections

(b)(2)(D)(i) through (b)(2)(D)(vii), or (b)(2)(D)(ix) ~~of this Section~~; and

ix) Citizens, identified groups, organizations or businesses within a minimum of 1,000 feet from the site where the release occurred that may have an interest in learning about affected and potentially affected properties. These persons may include ~~(e.g.,~~ public and private school administrators, parent organization leaders; day care center, senior center, and nursing home management; neighborhood or homeowner association or other community leaders as identified; hospital and clinic management; and recognized environmental or citizen advisory groups~~)~~. If approved by the Agency, the initial minimum distance of 1,000 feet may be expanded or contracted as the CRP and contact list are updated based on new information developed during the response action.

3) A fact sheet for the release and response action must be developed by the authorized party and~~Along with the development of a notice and CRP in accordance with subsections (b)(1) and (b)(2) of this Section, the authorized party must develop and distribute a fact sheet for the release and response action. The fact sheet must be~~ distributed to the contact list according to~~in accordance with~~ Section 1600.335 ~~of this Part to the contact list as derived from subsection (b)(2)(D) of this Section~~. The fact sheet must be written clearly and concisely in non-technical, non-legal terminology. If a significant portion of the population surrounding the site where the release occurred is non-English speaking, the fact sheet and any updates to the fact sheet must be produced and distributed in English and any other predominant languages spoken in the affected area. The fact sheet and any required updates must contain, at a minimum, the following information if~~to the extent~~ available:

A) The nature and extent of the ~~contaminant or~~ contaminants identified on-site and off-site ~~of the site~~ where the release occurred;

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B) A brief description of the potential exposure pathways~~pathway or pathways of potential exposure~~ and the ~~potential~~ adverse public health effects posed by the ~~contaminant or~~ contaminants;

C) A description of the appropriate actions that affected or potentially affected persons should take to evaluate the potential ~~for~~ threats to human health via a completed exposure pathway, including potable water supply well sampling, soil gas sampling, and any other actions, and, if appropriate,~~as well as~~ any precautionary measures necessary to avoid or reduce public health impacts~~, if appropriate~~;

D) A non-technical description of the proposed steps ~~that are proposed~~ to address the contamination, including~~, but not limited to,~~ soil excavation and treatment, disposal or redistribution, pump-and-treat, bio-remediation, reliance on engineered barriers or institutional controls, groundwater monitoring, building control technologies, and so forth;

E) The anticipated remediation schedule through completion of the project, including any operation, maintenance, or monitoring following construction of the remedy;

F) The closure documentation expected from the Agency (e.g., focused or comprehensive NFR Letter, permit modification, or Section 4(y) letter) and a summary of ~~the contents of~~ the closure documentation (e.g., reliance on engineered barriers, institutional controls, or building control technologies);

G) Responses to key community concerns ~~as~~ expressed by affected, potentially affected, and interested persons;

H) The website~~World Wide Web address~~ of the document repository~~Document Repository~~ established under~~pursuant to~~ Section 1600.320 ~~of this Part~~ and, if a physical location is also required, its ~~the~~ address and hours ~~of the document repository established at a physical location, if also required pursuant to Section 1600.320 of this Part~~;

I) The date ~~of preparation of~~ the fact sheet was prepared, the name and contact information of the individual~~representative or representatives of the business, site or facility~~ from whom information and copies of repository and other site-related documents may be obtained~~, and e-mail address, postal address and telephone number where the representative or representatives can be reached~~; ~~and~~

J) The name and contact information~~, e-mail address, postal address and telephone number~~ of the Agency's designated staff person; and

K) An explanation of how additional information and site-related documentation can be obtained, including how to contact~~a statement that additional information and site-related documents may be available by contacting~~ the Agency's designated staff person or file a request with the Agency under the~~by filing a request for site-specific information with the Agency in accordance with the~~ Freedom of Information Act [5 ILCS 140].

c) If any information under subsection (b)(3) is unavailable when submitting~~For information that is not available when a fact sheet is prepared pursuant to subsection (b)(3) of this Section, the submission of~~ the fact sheet to the Agency, ~~for review shall be accompanied by~~ an explanation detailing~~of~~ why the information is unavailable is required. An~~at the time of the submission of the fact sheet and an~~ estimate of when the missing information will be supplied in a revised fact sheet must also be included.

d) Updates

1) Fact sheets developed under~~in accordance with~~ subsection (b)(3) ~~of this Section~~ must be updated and redistributed whenever new information is obtained or ~~developed or circumstances change so that~~ there is a material change to the information required or provided in the fact sheet (e.g., completion of site investigation and characterization of the nature and extent of contaminants, higher concentrations of contaminants than previously detected, evidence of additional contaminants of concern or of a larger area affected by contamination, approval of plans or reports, completion of response action activities).

2) The CRP ~~including, but not limited to~~, the contact list, and related documents under this Section must be reviewed on a regular basis and updated, as necessary, to ensure ~~that~~ timely and accurate information is provided to affected, potentially affected and interested persons and communities about contaminant releases ~~of contaminants~~ with actual or potential impacts to offsite wells and~~,~~ offsite property uses~~, or both~~. A current version of the publicly available CRP must be kept in the document repository described in Section 1600.320.

e) Appendix A of this Part contains the outline of a model CRP that may be appropriate for a site subject to this Section.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1600.320 Establishment of Document Repository

An authorized party~~Authorized parties~~ developing a CRP under~~pursuant to~~ Section 1600.315 ~~of this Part~~ also must establish a document repository for document viewing and copying~~the purpose of displaying documents and providing copies of those documents~~. The document repository must be available online~~established at a World Wide Web site~~. A document repository at a physical location, as described under subsection (c)~~, of this Section~~ also must be established if a request for one~~a repository~~ at a physical location is made to the authorized party or ~~to~~ the Agency.

a) The document repository must include the notice, CRP, all public notices (e.g., proof of publication for newspaper or other published notices, letters, door hangers, or other forms of public notification), all fact sheets, all applications, plans and reports submitted to the Agency for review and approval and subsequent Agency comment packages, and all final determinations by the Agency, such as an NFR Letter, permit modification, or other project completion documentation.

1) The authorized party must update the repository promptly and continuously as notices, fact sheets, plans, reports, comment packages, and Agency decisions are generated throughout the process.

2) The documents must be created, organized and indexed so that affected, potentially affected, or interested persons can identify, locate, and download documents of interest.

3) The repository must include the business, site or facility representative's contact informatione-mail, postal address, and telephone number where inquiries can be directed and persons can request copies of repository documents and other site-related documents by mail.

b) Online Repositories at World Wide Web Sites

1) DocumentsThe documents must be in a readily available format for downloading and printing (e.g., portable document format (.pdf), graphic interchange format (.gif), tagged image file format (.tiff), joint photographic group format (.jpg)) with links to downloadweb sites where software for viewingto view and printingprint the documents may be downloaded.

2) Documents that cannot be converted to a readily available format for downloading and printing must be described in the document index, identified as available upon request, and made available according toin accordance with subsection (a)(3) of this Section.

3) System capacity must be sufficient to accommodate the anticipated number of viewers and to support the viewing and downloading of the documents in the repository documentsand to accommodate the anticipated number of viewers.

c) Repositories at Physical Locations

1) Repositories established at physical locations must be established no later than 10ten business days after receiving eitherreceipt of a request for a repository at a physical location or Agencyreceipt of the Agency's notification that a request has been made to the Agency, whichever is earlier.

2) Repositories established at a physical location must be at a public location (e.g., public library, city hall) and open to the public at times convenient to affected, potentially affected, or interested persons.

d) Information deemed trade secrets or non-disclosable underin accordance with Board procedures at 35 Ill. Adm. Code 130 or Agency procedures at 2 Ill. Adm.

Code 1828 may be redacted or excluded from the repository ~~consistent with the requirement for providing the public all documents that have not been deemed confidential~~. Information to be added to the document repository also must be screened to ensure that personal information identifying affected, potentially affected, or interested persons or their exact property locations is not disclosed.

e) The document repository must remain accessible for at least~~may be discontinued no less than~~ 180 days after the recording of the NFR Letter or Agency~~the~~ issuance of other project completion documentation ~~by the Agency~~ (e.g., permit modification, closure letter, "4(y) letter" (see 415 ILCS 5/4(y))).

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1600.325 Submission of Notices, Contact Lists, and Fact Sheets and Community Relations Plans for Review

a) Except as provided in subsection (b) ~~of this Section~~ or Section 1600.330(d) ~~of this Part~~, within 30 days after the date of acceptance, the authorized party~~parties~~ must~~, within 30 days after the date of their acceptance~~:

1) Submit to the Agency a notice and CRP satisfying the requirements of Section 1600.310(b) ~~of this Part~~ or a notice, CRP, fact sheet, and contact list satisfying the requirements of Section 1600.315(b) ~~of this Part~~; and

2) Establish an online~~a World Wide Web site~~ document repository if required under~~in accordance with~~ Section 1600.320 ~~of this Part~~.

b) Updates of CRPs, fact sheets or ~~both and updates of~~ contact lists ~~prepared pursuant to Section 1600.310(d) or Section 1600.315(d) of this Part~~ also must be submitted to the~~for~~ Agency for review ~~in accordance with subsection (a) of this Section, except that the updates must be submitted to the Agency~~ within 10~~ten~~ days after preparing the revised CRP or developing or obtaining new information that would materially change the information required or provided ~~in the fact sheet~~.

c) If authorized by the Agency, CRPs, notices, contact lists or fact sheets may be filed in specified electronic formats.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1600.330 Agency Reviews of Notices, Contact Lists, Fact Sheets and Community Relations Plans

a) The Agency has 30 days from receipt of a notice, contact list, fact sheet, CRP, or related updates ~~of such documents~~ to conduct a review approving, approving with conditions or modifications,~~and approve~~ or disapproving~~disapprove of~~ the documents~~document(s) or approve of the document(s) with conditions or modifications~~. All reviews must be based on the standards for review set forth in subsection (b) ~~of this Section~~.

1) The Agency's record of the date it received~~of receipt of~~ a notice, contact list, fact sheet, or CRP will be deemed conclusive unless a contrary date is proved by a signed, dated receipt from the Agency or certified mail or registered mail.

2) An authorized party~~parties~~ may waive the ~~time~~ period for review ~~upon a request from the Agency or at the authorized party's discretion~~.

b) When reviewing documents under this Section,~~a notice, contact list, fact sheet or CRP,~~ the Agency must consider:

1) Whether the notice complies with Section 1600.310(b)(1) or Section 1600.315(b)(1)~~the requirements of subsection (b) of Section 1600.310(b) of this Part or Section 1600.315(b) of this Part~~;

2) Whether the CRP contains the elements required by Section 1600.315(b)(2) ~~of this Part~~;

3) Whether the fact sheet contains the elements required by Section 1600.310(b)(3) ~~of this Part~~ or Section 1600.315(b)(3) ~~of this Part including, but not limited to, any explanation of why specified information is unavailable at the time of the submission of the fact sheet and an estimate of when the missing information will be supplied in a revised fact sheet~~;

4) Whether the information in the notice, contact list, fact sheet or CRP is consistent with the information contained in the Agency's records and any field observations; and

5) Whether the authorized party hasparties have clearly defined:

A) Persons required to be included in the contact list for notices and fact sheets underin accordance with Section 1600.310(b) of this Part or Section 1600.315(b) of this Part; or

B) The demographics of nearby populations potentiallythat may be affected by or concerned about site activities for notification purposes of notification under the CRP, including, but not limited to, residences, businesses, day care centers, schools, nursing homes, hospitals and clinics.

c) Upon completingcompletion of the review, the Agency must notify the authorized party in writing whether the notices, contact list, fact sheet, or CRP is approved, approved with conditions or modifications, or disapproved. The notification must be made by certified mail or registered mail postmarked with a date stamp and with return receipt requested, or by email with consent of the recipient. If the Agency disapproves a document, or approves a document with conditions or modifications, the notification must contain the following information, as applicable:

1) An explanation of the specific information or documentation, if any, that the Agency determines is lacking, missing,the authorized party did not provide or is inconsistent with the information contained in the Agency's records and any field observations;

2) A list of the provisions of this Part that may be violated if the document is approved as submitted;

3) A statement of the reasons why the provisions cited in subsection (c)(2) of this Section may be violated if the document is approved as submitted; and

4) An explanation justifying the inclusion of anythe reasons for conditions or modifications if conditions or modifications are required.

d) If the Agency disapproves of a document under this Sectionnotice, contact list, fact sheet or CRP or approves itof a notice, contact list, fact sheet or CRP with conditions or modifications, the authorized party must submit a revised version of

the document to the Agency within 10~~ten~~ days after receiving the Agency's decision~~disapproval or approval with conditions or modifications~~.

e) If a revised notice, contact list, fact sheet or CRP is not received by the Agency within 10~~ten~~ days, or if a revised document is not approved on the second Agency review, the Agency, in addition to any other remedies that may be available, may provide notice to the public and seek cost recovery from the authorized party under~~pursuant to~~ Title VI-D of the Act, or pursue an enforcement action against the authorized party for failure to develop and implement an Agency-approved notice, contact list, fact sheet or CRP.

1) In addition to any other defenses that may be available to the authorized party, it is~~shall be~~ a defense to an Agency action to obtain cost recovery for notification or for an alleged violation of the requirement to develop and implement an Agency-approved notice, contact list, fact sheet, or CRP that the document submitted to and rejected by the Agency satisfies the requirements of~~for such documents as set forth in~~ Sections 1600.310 or~~and~~ 1600.315~~ of this Part~~.

2) The defense described in subsection (e)(1) does not limit the use of this defense in other circumstances where appropriate.

f) To~~The Agency will, to~~ the extent consistent with review deadlines, the Agency will provide the authorized party with a reasonable opportunity to correct deficiencies within a notice, contact list, fact sheet, or CRP prior to sending a disapproval ~~of a notice, contact list, fact sheet or CRP~~ or an approval with conditions or modifications of these documents. However, resubmitting a document to correct~~the correction of such~~ deficiencies ~~by the submission of additional information~~ may, in the sole discretion of the Agency, restart the time for review.

g) If the Agency does not issue its final determination on the notice, contact list, fact sheet, CRP, or updates of these~~such~~ documents within 30 days after receiving~~the receipt of~~ the document, the document will be deemed approved as submitted.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1600.335 Implementation of Community Relations Plans and Distribution of Notices and Fact Sheets; Records Retention

a) ImplementingImplementation of the CRP or distributingdistribution of a notice or fact sheet must begin within five days after receivingreceipt of the Agency's approval of the document or within 10ten days after the date the document is deemed approved underpursuant to Section 1600.330(g)(f) of this Part.

b) The authorized partyAuthorized parties must:

1) Provide to the Agency copies of all public notices (including, but not limited to, proof of publication for newspaper or other published notices, news releases, letters, door hangers, or other forms of public notification); and

2) Inform the Agency in writing two weeks priorin advance of plans to holdinghold public meetings or press conferences about site activities or developments.

c) The authorized partyAuthorized parties must retain records and documents demonstrating compliance with the requirements of this Subpart C for at least one year after the recording of the NFR Letter or the issuance of other project completion documentation by the Agency (e.g., permit modification, closure letter, "4(y) letter" (see 415 ILCS 5/4(y))). The retention period for the records and documents is extended automatically during the course of any disputes or unresolved enforcement actions regarding the community relations activities or as requested in writing by the Agency. Records may be preserved and presented in an electronic format.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 1600.340 Compliance

An authorized party must comply with the requirements of this Subpart C or the provisions of community relations activities approved by the Agency.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

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Section 1600.APPENDIX A Contents of a Model Community Relations Plan

This Appendix A lists the four key elements of a CRP for an authorized party proceeding under Section 1600.315 ~~of this Part~~ and several factors that might be included with each element in a CRP prepared for the site where the release occurred. Unless otherwise required by rule, all the factors listed with each element may not be necessary for each site developing and implementing a CRP underpursuant to this Part, but each factor should be considered when developing the CRP.

1. Site/Facility Description: The CRP should provide a brief overview of the site where the release occurred, including~~, but not limited to,~~ a description of the business, site or facility, its current operations, previous land uses and previous remedial activities; the nature and extent of known contamination; and the known or potential threat to public health and the environment. The overview should include a map to an appropriate scale detailing the site location and surrounding area and showing roads and streets, homes and businesses, and geographic and other significant features.

2. Community Issues and Concerns: The CRP should provide a brief summary of the demographics of the area surrounding the site where the release occurred, including~~, but not limited to,~~ the approximate percentage of non-English speaking persons among the affected, potentially affected and interested persons and their preferred language~~ or languages~~, key community concerns, and ~~any~~ preferred methods of communication as learned through research~~ work~~, interviews, and surveys of a representative sample of affected, potentially affected, and interested persons identified through the process outlined in the fourth element below.

3. Community Relations Program: The CRP should describe the community relations program objectives, action plan, and schedule to keep affected, potentially affected, and interested persons apprised of site conditions~~ at the site~~, response actions, and actual or potential public health impacts. This section also should explain how the public will be notified of mailings or meetings. The contact persons and contact information for public inquiries should be clearly defined. Additionally, details about the location of, and access to, the document repository should be outlined in this section of the CRP.

4. Contact List: The CRP should outline the process for identifying and updating a contact list and developing a contact database of affected, potentially affected, and interested persons, including~~, but not limited to~~:

A. Owners of offsite properties served by private, semi-private, or non-community water systems that have been or may be impacted by groundwater contamination from the release;

B. Owners and operators of community water system wells that have been or may be impacted by groundwater contamination from the release;

C. Owners of offsite properties without potable water supply wells but with groundwater that has been or may be impacted by groundwater contamination from the release;

D. Owners of offsite properties with buildings located above groundwater with measured contamination from volatile chemicals that poses a threat of indoor inhalation exposure above the appropriate Tier 1 remediation objectives for the current ~~use or~~ uses;

E. Owners of offsite properties with soil contamination posing a threat of exposure above the appropriate Tier 1 remediation objectives for the current ~~use or~~ uses;

F. Owners of offsite properties with measured soil gas contamination posing a threat of exposure above the appropriate Tier 1 remediation objectives for the current ~~use or~~ uses;

G. Occupants of properties identified in paragraphs A, D, E, and F to the extent reasonably practicable. The CRP must include the methods by which the authorized party will attempt to identify the occupants;

H. Government officials~~Officials of units of government~~ serving the affected and potentially affected properties, including ~~but not limited to~~ federal and State legislators, county board chairpersons and county clerks, mayors or village presidents, city or village clerks, and environmental health administrators for State and county health departments. Officials of specialized districts (e.g., school, drainage, park districts) may be excluded from the contact list unless required underpursuant to Section 1600.315(b)(2)(D)(i) through (b)(2)(D)(vii), or (b)(2)(D)(ix); and

I. Citizens, identified groups, organizations, or businesses within a minimum of 1,000 feet from the site where the release occurred that may have an interest in learning about affected and potentially affected properties. These persons may

include ~~(e.g.,~~ public and private school administrators, parent organization leaders; day care center, senior center and nursing home management; neighborhood or homeowner association or other community leaders as identified; hospital and clinic management; and recognized environmental or citizen advisory groups~~)~~. If approved by the Agency, the initial minimum distance of 1,000 feet may be expanded or contracted as the CRP and contact list are updated based on new information developed during the response action.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

ILLINOIS STUDENT ASSISTANCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: AIM HIGH Grant Pilot Program

2) Code Citation: 23 Ill. Adm. Code 2766

3)

Section Numbers:	Proposed Actions:
2766.30	Amendment
2766.40	Amendment

4) Statutory Authority: Implementing and authorized by Section 65.100 of the Higher Education Student Assistance Act [110 ILCS 947/65.100].

5) A Complete Description of the Subjects and Issues Involved: Recent legislation (PA 100-1183) eliminated the previously required return of unexpended program funds each fiscal year, resulting in necessary revisions to this Part.

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

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

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

9) Does this rulemaking contain incorporations by reference? No

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

11) Statement of Statewide Policy Objective: This rulemaking does not create or expand a State mandate as defined in Section 3(b) of the State Mandates Act [30 ILCS 805/3(b)] and does not necessitate a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

Jackie Eckley
Agency Rules Coordinator
Illinois Student Assistance Commission
500 West Monroe, 3rd Floor

ILLINOIS STUDENT ASSISTANCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Springfield IL 62704

217/782-5161
jackie.eckley@illinois.gov

13) Initial Regulatory Flexibility Analysis:

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

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

C) Types of professional skills necessary for compliance: None

14) Small Business Impact Analysis: None

15) Regulatory Agenda on which this rulemaking was summarized: January 2019

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

ILLINOIS STUDENT ASSISTANCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER XIX: ILLINOIS STUDENT ASSISTANCE COMMISSION

PART 2766
AIM HIGH GRANT PILOT PROGRAM

Section
2766.10 Summary and Purpose
2766.15 Definitions
2766.20 Institutional Applicant Eligibility
2766.30 Program Procedures
2766.40 Institutional Procedures
2766.50 Student Applicant and Recipient Eligibility

AUTHORITY: Implementing and authorized by Section 65.100 of the Higher Education Student Assistance Act [110 ILCS 947].

SOURCE: Former Part 2766 repealed at 31 Ill. Reg. 9523, effective July 1, 2007; new Part 2766 adopted by emergency rulemaking at 42 Ill. Reg. 17265, effective September 13, 2018, for a maximum of 150 days; new Part adopted at 43 Ill. Reg. 2263, effective February 1, 2019; amended at 43 Ill. Reg. _____, effective _____.

Section 2766.30 Program Procedures

a) Each year, in the month of August, ISAC will request from each public university campus the number of undergraduate students who are residents of Illinois and citizens or eligible noncitizens of the U.S. and who were enrolled at that public university campus in the previous academic year.

b) ISAC will determine for each public university campus its proportionate allocation of appropriated funds for the upcoming academic year using enrollment data provided in subsection (a).

c) After determining the allocation of the appropriation for each public university campus, ISAC will inform each public university campus of the amount of its available allocation for the upcoming academic year.

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d) Annually, each public university campus may opt to apply for all or part of its allocation of appropriated funds.

e) If a public institution does not request all or part of its allocation, ISAC will reallocate those unclaimed funds, using the same methodology as the initial allocation determination, among the remaining universities that have indicated a desire to receive an additional allocation.

f) In order to receive a disbursement of AIM HIGH funds, the university campus shall complete an application that shall be in a form provided by ISAC and shall include, at a minimum, the following information and documentation:

1) the amount of the allocation the university has claimed for the upcoming academic year;

2) the total university campus funds used to match funds received from ISAC in the previous academic year, if any;

3) the total number of undergraduate students who are residents of Illinois from the previous academic year;

4) all information and certifications that demonstrate eligibility as described in Section 2766.20; and

5) any other information or certifications required by law or the Grant Agreement.

g) If the application is incomplete, ISAC will notify the applicant, who will have an opportunity to furnish the missing information. The application will only be considered for processing as of the date the completed application is received at ISAC's Springfield office at 500 West Monroe, 3rd Floor, Springfield IL 62704.

h) A university that does not submit a complete and timely application may not be eligible to receive its allocation. Instead, its share may be distributed by ISAC using the allocation determination methodology in subsection (a) to make the remaining funds available for other universities that filed timely applications and indicate a desire for an additional allocation.

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i) The total amount of grant funds to be distributed among eligible applicant universities in a given academic year is contingent upon available funding from the previous fiscal year and whether all eligible institutions elect to receive their full allocation.

j) No funds shall be distributed to the public university campus until all AIM HIGH funds from the previous academic year have been reconciled, including any claimed and unexpended funds that were retained by the public university campus~~and any awarded funds not used to fund awards in compliance with Section 2766.20 have been returned~~.

k) Depending upon the number of academic years and the degree to which the public university campus fails to make its matching requirement or MOE, the university campus may be suspended from participating in AIM HIGH in an academic year, but shall be eligible to regain eligibility in the academic year following the suspension.

l) When making the determination to reduce an award under Section 2766.20(b)(2) and (3), or suspend a university campus from AIM HIGH for not meeting its matching requirement or MOE under subsection (k), ISAC shall take into account the circumstances that may have contributed to this failure, such as, but not limited to:

1) a reduction in State appropriations to fund the public university campus in that academic year;

2) the number of matching requirements or MOE qualifying awards offered by the public institution, but not accepted by students in that academic year; and

3) the commitment demonstrated by the public university campus to maintaining level tuition and mandatory fees for Illinois residents over multiple academic years.

(Source: Amended at 43 Ill. Reg. _____, effective _____)

Section 2766.40 Institutional Procedures

ILLINOIS STUDENT ASSISTANCE COMMISSION

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a) In addition to complying with Section 2766.30, the public university campus shall be responsible for administering and making awards to students in compliance with this Section, Section 2766.50 and the policies of the university campus. For its own awards using its AIM HIGH allocation, a public university campus shall:

1) *establish the amount of the award* based *on an individual or broad basis* in compliance with Section 2766.50 [110 ILCS 947/65.100];

2) establish reasonable criteria consistent with eligibility criteria in Section 2766.50;

3) use grant funds solely to fund awards of non-loan financial aid at that university campus during the academic year, not including summer terms;

4) renew the award each year for each student who meets the renewal criteria established by the public university campus, consistent with the renewal eligibility criteria in Section 2766.50, in amounts not less than the amount provided in the student's first year at that university campus;

5) give preference to eligible renewal applicants in any academic year funding is insufficient to award to all eligible applicants;

6) use its best efforts to delegate grant funds amongst a racially diverse range of students and not use a student's race, color, religion, sex (including gender identity, sexual orientation, or pregnancy), national origin, age, disability, or genetic information to disqualify him or her from receiving an AIM HIGH award (see P.A. 100-587 and P.A. 100-1015);

7) post on its website the criteria and eligibility requirements and the amount of the AIM HIGH award and provide that information to ISAC and the Illinois Board of Higher Education (IBHE) to post on their respective websites (www.isac.org and www.ibhe.org);

8) indicate in each initial student award application the renewal criteria for each academic year and not change those criteria for that recipient;

9) make each renewal award contingent upon the availability of funding for the academic year in which the award is used; and

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10) reconcile ~~and return~~ the amount of claimed and unexpended AIM HIGH funds that were retained but not used for awards in the academic year for which funds were granted before receiving the distribution of its allocation for the next academic year.

b) Each institution shall be responsible for meeting its statutorily-mandated matching requirement and MOE to remain eligible for its allocation. (See Sections 2766.15 and 2766.20.)

c) Annually, on or about the end of each academic year, in a format determined by ISAC, each participating public university campus shall report the following information to ISAC:

1) *the Program's impact on tuition revenue and enrollment goals and increase in access and affordability at the public university campus;*

2) *total funds received by the public university campus under the Program;*

3) *total non-loan financial aid awarded to undergraduate students attending the public university campus;*

4) *total amount of funds matched by the public university campus;*

5) *total amount of claimed and unexpended funds retained~~refunded to ISAC~~ by the public university campus;*

6) *the percentage of total financial aid*, including awards made with matching funds, *distributed under the Program by the public university campus; and*

7) *the total number of students receiving awards from the public university campus under the Program including awards made with matching funds and those students' name, date of birth, grade level, race, ethnicity, gender, income level, family size, Monetary Award Program eligibility, Pell Grant eligibility, ZIP code of residence, and the amount of each award and the total cost of attendance for each student after non-loan financial aid. This information shall include unit record data on those students regarding variables associated with the parameters of the public university campus' Program, including, but not limited to, a student's ACT*

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or SAT college admissions test score, high school or university cumulative grade point average, or program of study. [110 ILCS 947/65.100]

(Source: Amended at 43 Ill. Reg. _____, effective _____)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Nurse Practice Act

2) Code Citation: 68 Ill. Adm. Code 1300

3)

Section Numbers:	Adopted Actions:
1300.10	Amendment
1300.20	Amendment
1300.30	Amendment
1300.40	Amendment
1300.50	Amendment
1300.120	Amendment
1300.130	Amendment
1300.240	Amendment
1300.250	Amendment
1300.260	Amendment
1300.400	Amendment
1300.410	Amendment
1300.420	Repealed
1300.430	Amendment
1300.440	Amendment
1300.450	Amendment
1300.460	Amendment
1300.465	New Section
1300.466	New Section
1300.470	Amendment
1300.480	Amendment
1300.APPENDIX A	Repealed
1300.EXHIBIT A	Amendment

4) Statutory Authority: Implementing the Nurse Practice Act [225 ILCS 65] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

5) Effective Date of Rules: June 14, 2019

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

7) Does this rulemaking contain incorporations by reference? No

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

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

9) Notice of Proposal published in *Illinois Register*: 42 Ill. Reg. 18179; October 12, 2018

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

11) Differences between Proposal and Final Version: Several technical changes/corrections were made to the rule from the proposed version, but no substantive changes were made.

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

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

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

15) Summary and Purpose of Rulemaking: PA 100-513 was the sunset reauthorization of the Nurse Practice Act and made significant changes to the Act. These changes included the expansion of scope for advanced practice registered nurses (APRNs) who have completed the necessary training and education to be granted full practice authority, allowing them to practice without a collaborative agreement. Other changes included expanding the continuing education requirement for APRNs and modifying existing requirements to conform with current industry standards, and overall modernization of the Act. These adopted rules implement those statutory changes and create a new license for APRNs granted full practice authority, the ability to practice without a written collaborative agreement with a physician.

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

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield IL 62786

217/785-0813
fax: 217/557-4451

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1300
NURSE PRACTICE ACT

SUBPART A: GENERAL PROVISIONS

Section
1300.10 Definitions
1300.20 Nursing Delegation
1300.30 Fees
1300.40 Renewals
1300.50 Restoration
1300.60 Granting Variances
1300.70 Fines
1300.80 Public Access to Records and Meetings
1300.90 Unethical or Unprofessional Conduct
1300.100 Refusal to Issue a License Based on Criminal History Record
1300.110 Mandatory Reporting of Impaired Licensees
1300.120 Impaired Licensee − Disciplinary and Non-Disciplinary
1300.130 Continuing Education

SUBPART B: LICENSED PRACTICAL NURSE

Section
1300.200 Application for Examination or Licensure
1300.210 LPN Licensure Examination
1300.220 LPN Licensure by Endorsement
1300.230 Approval of Programs
1300.240 Standards for Pharmacology/Administration of Medication Course for Practical Nurses
1300.250 LPN Scope of Practice
1300.260 Standards for Professional Conduct for LPNs

SUBPART C: REGISTERED NURSE

Section

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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1300.300 Application for Examination or Licensure
1300.310 RN Licensure Examination
1300.320 RN Licensure by Endorsement
1300.330 Nurse Externship
1300.340 Approval of Programs
1300.350 Standards of Professional Conduct for Registered Professional Nurses
1300.360 RN Scope of Practice
1300.370 Provision of Conscious Sedation by Registered Nurses in Ambulatory Surgical Treatment Centers

SUBPART D: ADVANCED PRACTICE REGISTERED NURSE

Section
1300.400 Application for Licensure
1300.410 Written Collaborative Agreements
1300.420 Collaboration and Consultation (Repealed)
1300.430 Written Collaborative Agreement – Prescriptive Authority
1300.440 APRN~~APN~~ Scope of Practice
1300.450 Delivery of Anesthesia Services by a Certified Registered Nurse Anesthetist Outside a Hospital or Ambulatory Surgical Treatment Center
1300.460 Advanced Practice Registered Nursing in Hospitals or Ambulatory Surgical Treatment Centers
1300.465 Full Practice Authority
1300.466 Full Practice Authority Dispensing
1300.470 Advertising
1300.480 Reports Relating to APRN~~APN~~ Professional Conduct and Capacity

SUBPART E: MEDICATION AIDE

1300.600 Pilot Program
1300.610 Application for Examination or Licensure as a Medication Aide
1300.620 Medication Aide Licensure Examination
1300.630 Qualified Employers and Facilities
1300.640 Standards for Termination
1300.650 Site Visits
1300.660 Approved Curriculum
1300.670 Medication Aide Scope of Practice
1300.680 Required Reports of Qualified Facilities

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

1300.APPENDIX A Additional Certifications Accepted for Licensure as an Advanced Practice Nurse (Repealed)
1300.EXHIBIT A Sample Written Collaborative Agreement

AUTHORITY: Implementing the Nurse Practice Act [225 ILCS 65] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Adopted at 34 Ill. Reg. 14012, effective September 17, 2010; amended at 37 Ill. Reg. 9467, effective July 5, 2013; amended at 38 Ill. Reg. 15988, effective August 1, 2014; amended at 39 Ill. Reg. 15764, effective November 24, 2015; Subpart D recodified at 42 Ill. Reg. 17955; amended at 43 Ill. Reg. 6924, effective June 14, 2019.

SUBPART A: GENERAL PROVISIONS

Section 1300.10 Definitions

The following definitions shall apply to this Part:

"Act" means the Nurse Practice Act [225 ILCS 65].

"Address of Record" means the address recorded by the Division in the applicant's or licensee's application file or license file, as maintained by the Division's licensure maintenance unit.

"Advanced Practice Registered Nurse" or "APRN~~APN~~" means a person who has met the qualifications for a:

certified nurse midwife (CNM);

certified nurse practitioner (CNP);

certified registered nurse anesthetist (CRNA); or

clinical nurse specialist (CNS) and has been licensed by the Division.

All advanced practice registered nurses licensed and practicing in the State of Illinois shall use the title APRN~~APN~~ and may use specialty credentials after their name.

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NOTICE OF ADOPTED AMENDMENTS

"APRNAPN Practice Pending Licensure" means practice by an APRNAPN, under a temporary permit, who is scheduled to take the National Certification Examination. This period of practice cannot exceed 6 months from date of application for the license. APRNAPN Practice Pending Licensure does not include prescriptive authority.

"Bilingual Nurse Consortium Course or Other Comparable Course Approved by the Division" means a course specifically designed to prepare a nurse trained in another jurisdiction, and for whom English is a second language, to take the Illinois required licensure examination.

"Board" means the Board of Nursing.

"Collaboration" means a process involving 2 or more health care professionals working together, each contributing one's respective area of expertise to provide more comprehensive patient care. (Section 50-10 of the Act)

"Consultation" means the process by which *an advanced practice registered nurse seeks the advice or opinion of another health care professional.* (Section 50-10 of the Act)

"Dentist" means a person licensed to practice dentistry under the Illinois Dental Practice Act [225 ILCS 25]. (Section 50-10 of the Act)

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

"Direction" means to give authoritative instruction to another regarding tasks and/or professional responsibilities.

"Director" means the Director of the Division of Professional Regulation, with the authority delegated by the Secretary.

"Division" means the Department of Financial and Professional Regulation-Division of Professional Regulation.

"Externship" means a two-year program allowing a registered nurse who is licensed under the laws of another state or territory of the United States to practice as a nurse extern under the direct supervision of a registered professional nurse while preparing for the NCLEX-RN examination.

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"Impaired Nurse" means a nurse licensed under the~~this~~ Act who is unable to practice with reasonable judgment, skill or safety because of a physical or mental disability, as evidenced by a written determination or written consent based on clinical evidence, including loss of motor skills, abuse of drugs or alcohol, or a psychiatric disorder, of sufficient degree to diminish his or her ability to deliver competent patient care. (Section 50-10 of the Act)

"*Medication Aide" means a person who has met the qualifications for licensure under* the *Act who assists with medication administration while under the supervision of a registered professional nurse (RN) in a long term care facility*. (Section 80-5 of the Act)

"Physician" means a person licensed to practice medicine in all its branches under the Medical Practice Act of 1987 [225 ILCS 60]. (Section 50-10 of the Act)

"Physician Assistant" means a person licensed under the Physician Assistant Practice Act of 1987 [225 ILCS 95]. (Section 50-10 of the Act)

"Podiatrist" or "Podiatric Physician" means a person licensed to practice podiatry under the Podiatric Medical Practice Act of 1987 [225 ILCS 100]. (Section 50-10 of the Act)

"Professional Responsibility" includes making decisions and judgments requiring use of knowledge acquired by completion of an approved program for licensure as a practical, professional or advanced practice registered nurse.

"Qualified Facility/Employer" means a long term care facility licensed by the Department of Public Health that meets the qualifications set forth in Section 80-10 of the Act and Section 1300.630, and is chosen to participate in the pilot program established pursuant to Section 80-10 of the Act.

"Secretary" means the Secretary of the Department of Financial and Professional Regulation.

"Task" means work not requiring professional knowledge, judgment and/or decision making. (Section 50-75 of the Act)

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

Section 1300.20 Nursing Delegation

a) *For the purposes of this Section:*

"Delegation" means transferring to an individual the authority to perform a selected nursing activity or task, in a selected situation.

"Nursing Activity" means any work requiring the use of knowledge acquired by completion of an approved program for licensure, including advanced education, continuing education, and experience as a licensed practical nurse or professional nurse, as defined by this Part.

b) *Nursing shall be practiced by licensed practical nurses, registered professional nurses, and advanced practice registered nurses. In the delivery of nursing care, nurses work with many other licensed professionals and other persons. An advanced practice registered nurse may delegate to registered professional nurses, licensed practical nurses, and others persons.*

c) *A registered professional nurse shall not delegate any nursing activity requiring the specialized knowledge, judgment, and skill of a licensed nurse to an unlicensed person, including medication administration. A registered professional nurse may delegate nursing activities to other registered professional nurses or licensed practical nurses.*

d) A registered professional nurse may delegate medication administration to a licensed medication aide in a qualified facility as authorized by Section 80-20 of the Act.

e) *A registered nurse may delegate tasks to other licensed and unlicensed persons. A licensed practical nurse who has been delegated a nursing activity shall not re-delegate the nursing activity. A registered professional nurse or advanced practice registered nurse retains the right to refuse to delegate or to stop or rescind a previously authorized delegation.* (Section 50-75 of the Act)

f) Practice in End Stage Renal Dialysis Facilities

1) For the purposes of this Section only, an individual working as a dialysis technician in a Medicare-certified End Stage Renal Dialysis Facility or a

facility regulated under the End Stage Renal Disease Facility Act [210 ILCS 62] shall be considered a licensed individual for the purposes of delegation only under Section 50-75 of the Act. A person working to acquire the experience necessary to obtain certification under subsection (f)(2) may practice in accordance with this subsection (f) for a period of no more than 18 months so long as his or her practice is in compliance with the experience standards set forth by the entities listed in subsection (f)(2).

2) Delegation under this subsection (f) shall only be allowed if the individual receiving delegation currently holds, or is in the process of acquiring, the necessary experience to apply for and achieve one of the following certifications:

A) Certified Clinical Hemodialysis Technician (CCHT) by the Nephrology Nursing Certification Commission (NNCC);

B) Certified Hemodialysis Technician (CHT) by the Board of Nephrology Examiners Nursing and Technology (BONENT);

C) Certified in Clinical Nephrology Technology (CCNT) by the National Nephrology Certification Organization (NNCO).

3) Delegation under this subsection (f) shall not include medication administration except for saline flushes and application of topical anesthetics. All patient care provided by a certified dialysis technician practicing under this subsection (f) shall be under the direct and immediate on-site supervision of a licensed physician, advanced practice registered nurse, physician assistant or registered nurse.

4) Delegation under this subsection (f) shall also comply with any rules adopted under the End Stage Renal Disease Facility Act.

5) Nothing in this subsection (f) shall be construed to apply to any other facility or practice setting. This subsection (f) shall not be construed as granting a license under the Act and shall not allow individuals receiving delegation under this subsection (f) to use any title regulated by the Act.

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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Section 1300.30 Fees

The following fees shall be paid to the Department and are not refundable:

a) Application Fees

1) The fee for application for a license as a registered professional nurse, a licensed practical nurse, and a medication aide is $50. In addition, applicants for an examination shall be required to pay, either to the Division or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Division or the designated testing service, shall result in the forfeiture of the examination fee.

2) The fee for application for participation in the pilot program as a qualified facility as set forth in Section 1300.600 is $500.

3) The fee for a temporary restoration or endorsement permit for a license as an advanced practice registered nurse, a registered professional nurse and a licensed practical nurse is $25.

~~4) The fee for a nurse externship permit is $50.~~

45) The fee for application for a license as an advanced practice registered nurse or as an advanced practice registered nurse with full practice authority is $125.

56) The fee for application as an approved continuing education sponsor is $500.

b) Renewal Fees

1) The fee for the renewal of a practical nurse license shall be calculated at the rate of $40 per year.

2) The fee for the renewal of a registered professional nurse license shall be calculated at the rate of $40 per year.

3) The fee for the renewal of a license as an advanced practice registered nurse or an advanced practice registered nurse with full practice authority shall be calculated at the rate of $40 per year.

4) The fee for renewal of an APRN~~APN~~, LPN or RN continuing education sponsor approval is $250 for 2 years.

c) General Fees

1) The fee for the restoration of a license other than from inactive status is $50 plus payment of all lapsed renewal fees, but not to exceed $250.

~~2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed or for the issuance of a license with a change of name or address other than during the renewal period is $20. No fee is required for name and address changes on Division records when no duplicate license is issued.~~

2~~3~~) The fee for a certification of a licensee's record for any purpose is $20.

3~~4~~) The fee to have the scoring of an examination authorized by the Division reviewed and verified is $20 plus any fees charged by the applicable testing service.

~~5) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.~~

~~6) The fee for a roster of persons licensed as registered professional nurses, licensed practical nurses, or medication aides in this State shall be the actual cost of producing such a roster.~~

4~~7~~) The fee for processing a fingerprint card by the Department of State Police is the cost of processing, which shall be made payable to the State Police Services Fund and shall be remitted to the State Police for deposit into the Fund.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.40 Renewals

a) Every APRN~~APN~~ license issued under the Act, including APRNs granted full practice authority, shall expire on May 31 of each even-numbered year. The holder of a license may renew the license during the month preceding the expiration date by paying the fee required by Section 1300.30. During every renewal, a renewal applicant will be required to complete 80~~50~~ hours of continuing education as set forth in Section 1300.130. A licensee's registered nurse license shall be renewed in order to renew the advanced practice registered nurse license. At the time of renewal, APRNs~~APNs licensed after October 5, 2007~~ shall attest to~~show proof of~~ continued, current national certification in their specialty, except an advanced practice registered nurse who has continuously held an unencumbered license under the Act since 2001 and does not meet the educational requirements necessary to obtain national certification as provided in Section 65-15(c) of the Act.

b) Every registered professional nurse license issued under the Act shall expire on May 31 of each even-numbered year. The holder of a license may renew the license during the month preceding the expiration date by paying the fee required by Section 1300.30. During~~Beginning with the May 31, 2012 renewal and~~ every renewal ~~thereafter~~, a renewal applicant will be required to complete 20 hours of continuing education as set forth in Section 1300.130.

c) Every licensed practical nurse license issued under the Act shall expire on January 31 of each odd-numbered year. The holder of a license may renew the license during the month preceding the expiration date by paying the fee required by Section 1300.30. During~~Beginning with the January 31, 2013 renewal and~~ every renewal ~~thereafter~~, a renewal applicant will be required to complete 20 hours of continuing education as set forth in Section 1300.130.

d) It is the responsibility of each licensee to notify the Division of any change of address or email address. Failure to receive a renewal form from the Division shall not constitute an excuse for failure to pay the renewal fee.

e) Practice on a license that has expired is the unlicensed practice of nursing and shall be grounds for discipline pursuant to Section 70-5 of the Act.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.50 Restoration

a) A licensee seeking restoration of a license that has expired for 5 years or less shall have the license restored upon payment of the fees required by Section 1300.30.

b) A licensee seeking restoration of a license that has been placed on inactive status for 5 years or less shall have the license restored upon payment of the current renewal fee set forth in Section 1300.30(b).

c) A licensee seeking restoration of a licensed practical nurse license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Division, together with the restoration fee specified in Section 1300.30(c)(1), when restoring an expired license, or the current renewal fee set forth in Section 1300.30(b), when restoring an inactive license. The licensee shall also submit proof of fitness to practice, which includes one of the following:

1) Certification of active practice in another jurisdiction. This certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of the active practice; or

2) An affidavit attesting to military service as provided in Section 55-20(c) of the Act. If application is made within 2 years after discharge, and if all other provisions of Section 55-10 of the Act are satisfied, the applicant will be required to pay the current renewal fee, but not the restoration fee, but not the restoration fee; or

3) Proof of successful completion of a Division-approved LPN licensure examination.

d) A licensee seeking restoration of an RN license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Division, together with the restoration fee specified in Section 1300.30(c)(1), when restoring an expired license, or the current renewal fee set forth in Section 1300.30(b), when restoring an inactive license. The licensee shall also submit proof of fitness to practice, which includes one of the following:

1) Certification of active practice in another jurisdiction. This certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of the active practice; or

2) An affidavit attesting to military service as provided in Section 60-25(c) of the Act. If application is made within 2 years after discharge, and if all other provisions of Section 60-10 of the Act are satisfied, the applicant will be required to pay the current renewal fee, but not the restoration fee; or

3) Proof of the successful completion of a Division-approved RN licensure examination.

e) A licensee seeking restoration of an APRN~~APN~~ license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Division, together with the restoration fee specified in Section 1300.30(c)(1), when restoring an expired license, or the current renewal fee set forth in Section 1300.30(b), when restoring an inactive license. The licensee shall also submit proof of fitness to practice, which includes one of the following:

1) Certification of active practice in another jurisdiction. This certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of the active practice; or

2) An affidavit attesting to military service as provided in Section 65-20(c) of the Act. If application is made within 2 years after discharge, and if all other provisions of Section 65-5 of the Act are satisfied, the applicant will be required to pay the current renewal fee, but not the restoration fee; or

3) Verification of fingerprint processing from the Illinois Department of State Police (DSP), or its designated agent. Applicants shall contact a DSP approved fingerprint vendor for fingerprint processing. Out-of-state residents unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the DSP~~Illinois Department of State Police~~ or one set of

fingerprint cards issued by the Federal Bureau of Investigation (FBI), accompanied by the processing fee specified in Section 1300.30(c)(7). Fingerprints shall be taken within the 60 days prior to application; or

4) For any APRN~~APN~~ licensed after October 5, 2007 or any APRN~~APN~~ who holds a license that has been placed in non-renewed, inactive, suspended or revoked status since October 5, 2007, proof of continued, current national certification in the APRN's~~APN's~~ specialty prior to restoration.

f) Individuals applying for restoration of an inactive or non-renewed license may apply to the Division, on forms provided by the Division, to receive a temporary restoration permit that allows the applicant to work pending the issuance of a license by restoration.

1) The temporary restoration permit application shall include:

A) A completed signed restoration application, along with the restoration fee required by Section 1300.30(c)(1). All supporting documents shall be submitted to the Division before a permanent license by restoration shall be issued;

B) Either:

i) Photocopies of all current active nursing licenses and/or temporary permits/licenses from other jurisdictions (current active licensure in at least one United States jurisdiction is required); or

ii) Verification of employment in nursing practice within the last 5 years in a United States jurisdiction;

C) Verification that fingerprints have been submitted to the Division or the DSP~~Illinois Department of State Police~~ or its designated agent; and

D) The temporary restoration permit fee required by Section 1300.30(a)(2).

2) The Division will issue a temporary restoration permit no later than 14 days after receipt of a completed application as set forth in this Section.

3) Temporary permits shall be terminated upon:

A) The issuance of a permanent license by restoration;

B) Failure to complete the application process within 6 months from the date of issuance of the permit;

C) A finding by the Division that the applicant has been convicted within the last 5 years of any crime under the laws of any jurisdiction of the United States that is:

i) a felony; or

ii) a misdemeanor directly related to the practice of nursing;

D) A finding by the Division that, within the last 5 years, the applicant has had a license or permit related to the practice of nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois; or

E) Upon notification that the Division intends to deny restoration of licensure for any reason.

4) The Division will notify the applicant by certified or registered mail of the intent to deny licensure pursuant to subsections (f)(3)(C) and (D) of this Section and/or Section 70-5 of the Act.

5) A temporary permit shall be extended beyond the 6-month period, upon recommendation of the Board and approval of the Director, due to hardship, defined as:

A) Serving full-time in the Armed Forces;

B) An incapacitating illness as documented by a currently licensed physician;

C) Death of an immediate family member; or

D) Extenuating circumstances beyond the applicant's control, as approved by the Secretary.

g) When the accuracy of any submitted documentation, or the relevance or sufficiency of the course work or experience is questioned by the Division because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the licensee will be requested to:

1) Provide information as may be necessary; and/or

2) Appear for an oral interview before the Board to explain the relevance or sufficiency, clarify information, or clean up any discrepancies or conflicts in information. Upon recommendation of the Board and approval by the Division, an applicant shall have the license restored.

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.120 Impaired Licensee − Disciplinary and Non-Disciplinary

a) Disciplinary and Non-Disciplinary Options for the Impaired Licensee. The Division shall establish by rule a program of care, counseling and treatment for the impaired licensee. This program shall allow an impaired licensee to self-refer to the program.

b) Eligibility for consideration for a care, counseling and treatment agreement shall include but not be limited to the following:

1) licensee must self report to the Division before a complaint has been filed;

2) licensee must have no prior disciplinary action in any jurisdiction concerning practice issues related to substance abuse;

3) licensee has not been convicted criminally of any felony or drug-related misdemeanor, nor is any such criminal action pending;

4) licensee acknowledges addiction and/or chemical dependence; and

5) licensee has appeared for and submitted to an assessment by a physician who is a certified addictionist or an advanced practice registered nurse with specialty certification in addiction and has followed the recommendations of the assessment.

c) Individual licensee health care records shall be privileged and confidential, unavailable for use in any proceeding, and not subject to disclosure. Nothing in this Section shall impair or prohibit the Division from taking disciplinary action based upon the grounds set forth in Section 70-5 of the Act.

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.130 Continuing Education

a) Continuing Education (CE) Requirements

1) As required by the Act, all nurses shall complete continuing education as follows:

A) AllBeginning with the January 31, 2013 renewal, all licensed practical nurses shall complete 20 hours of approved continuing education per 2 year license renewal cycle.

B) AllBeginning with the May 31, 2012 renewal, all registered nurses shall complete 20 hours of approved continuing education per 2 year license renewal cycle.

C) All advanced practice registered nurses shall complete 8050 hours of approved continuing education in the advanced practice registered nurse's specialty per 2 year license renewal cycle. Completion of the 8050 hours under this subsection (a)(1)(C) shall satisfy the continuing education requirements for renewal of a registered professional nurse license. An APRNAPN holding more than one APRNAPN license is required to complete 8050 hours of continuing education total per license renewal period. The 80 hours of continuing education required shall be completed as follows:

i) A minimum of 50 hours of the continuing education shall be obtained in continuing education programs that shall include no less than 20 hours of pharmacotherapeutics, including 10 hours of opioid prescribing or substance abuse education.

ii) A maximum of 30 hours of credit may be obtained by presentations in the APRN's clinical specialty, evidence-based practice, or quality improvement projects, publications, research projects, or preceptor hours.

2) The following time equivalencies shall apply:

1 contact hour	=	60 minutes
1 academic semester hour	=	15 contact hours
1 academic quarter hour	=	12.5 contact hours
1 CME	=	1 contact hour
1 CNE	=	1 contact hour
1 AMA	=	1 contact hour

3) All CE must be completed in the 24 months preceding expiration of the license.

4) A renewal applicant shall not be required to comply with CE requirements for the first renewal of an Illinois license.

5) Nurses licensed in Illinois but residing and practicing in other states shall comply with the CE requirements set forth in this Section.

6) Continuing education hours used to satisfy the CE requirements of another jurisdiction may be applied to fulfill the CE requirements of the State of Illinois pursuant to the provisions set forth in subsection (e).

b) Approved Continuing Education

1) CE hours shall be earned by verified attendance at (e.g., certificate of attendance or certificate of completion) or participation in a program or course (program) that is offered or sponsored by an approved CE sponsor

who meets the requirements set forth in subsection (c), except for those activities provided in subsections (b)(2), (3) and (4).

2) Independent study that is approved for CE credits as set forth in subsection (c) may be used, i.e., home study programs, articles from journals, and other health discipline independent study modules.

3) Academic credits may be used to fulfill CE requirements if the course content is consistent with subsection (c)(3). CE hours are awarded as outlined in subsection (a)(4).

A) College/university courses that are audited may not be used for CE credit.

B) Degree "core" or general education credits such as English, literature, history, math, music and physical education may not be used.

4) Presenter/lecturer presentations made to other health professionals on topics related to the certification area may be used for CE credit. Each different individual, non-repetitive 60-minute lecture may be used for 5 CE hours. Full-time educators may not use presentations/lectures that are part of their job expectations, but may use guest lectures and other presentations made outside the duties of their job.

5) CE hours may be earned for authoring papers, publications, articles, dissertations, book chapters or research projects. These must be applicable to the practice area. The research project must be completed during the prerenewal period. Authoring a paper or publishing articles may be used for 10 CE hours. Authoring a book chapter, dissertation or research project may be used for 20 CE hours. APRNs may obtain a maximum of 30 CE hours earned under this subsection (b)(5).

6) Up to 5 CE hours may be earned for completion of skills certification courses. A maximum of 2 hours in cardiopulmonary resuscitation certified by the American Red Cross, American Heart Association, or other qualified organization may be accepted, while a maximum of 3 hours may be accepted for certification or recertification in Basic Life

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Support for Healthcare Providers (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS) or their equivalent.

7) CE Options for APRNs~~APNs~~

A) CE hours may be earned through preceptorship of an APRN~~APN~~ student. Preceptors must provide clinical supervision and education to the APRN~~APN~~ student. Documentation must be provided from the school of nursing in which the student is enrolled. Precepting one student for an academic semester or quarter may be used for 10 CE hours. Not more than 30~~20~~ CE hours in each renewal period may come from precepting.

B) Successful completion, during the prerenewal period, of a recertification exam in the APRN's~~APN's~~ area of specialty as recognized in Section 1300.10 may be used for 60~~50~~ CE hours.

c) Approved CE Sponsors and Programs

1) Sponsor, as used in this Section, shall mean:

A) Approved providers of recognized certification bodies as outlined in Section 1300.400(a).

B) Any conference that provides approved Continuing Medical Education (CME) as authorized by the Illinois Medical Practice Act.

C) American Nurses Credentialing Center (ANCC) accredited or approved providers.

D) Illinois Society for Advanced Practice Nursing (ISAPN).

~~E)~~ ~~American College of Nurse Practitioners.~~

E~~F~~) American Academy of Nurse Practitioners.

F~~G~~) Nurse Practitioner Association for Continuing Education (NPACE).

GH) American Association of Nurse Anesthetists, or National Board of Certification and Recertification for Nurse Anesthetists.

HI) National Association of Clinical Nurse Specialists (NACNS).

IJ) American College of Nurse Midwives.

JK) Illinois Nurse Association or its affiliates.

KL) Providers approved by another state's board of nursing.

~~M) Any other professional association, established prior to 2007 and approved by the Division upon recommendation of the Board, that provides CE in a form and manner consistent with this Section.~~

LN) Nursing education programs approved under Section 1300.230 or 1300.340 wishing to offer CE courses or programs.

MO) Employers licensed under the Hospital Licensing Act [210 ILCS 85] or the Ambulatory Surgical Treatment Center Act [210 ILCS 5].

NP) Any other accredited school, college or university, ~~or~~ State agency, federal agency, county agency or municipality that provides CE in a form and manner consistent with this Section.

2) An entity seeking approval as a CE sponsor, not specifically listed in subsection (c)(1), shall submit an application, on forms supplied by the Division, along with the application fee specified in Section 1300.30(a)(5). The application shall include:

A) Certification:

i) That all programs offered by the sponsor for CE credit will comply with the criteria in subsection (c)(3) and all other criteria in this Section;

ii) That the sponsor will be responsible for verifying full-time continuous attendance at each program and provide a certificate of attendance as set forth in subsection (c)(7);

iii) That, upon request by the Division, the sponsor will submit evidence (e.g., certificate of attendance or course material) necessary to establish compliance with this Section. Evidence shall be required when the Division has reason to believe that there is not full compliance with the statute.

B) A copy of a sample program with faculty, course materials and syllabi.

3) All programs shall:

A) Contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the licensee in the practice of nursing;

B) Foster the enhancement of general or specialized nursing practice and values;

C) Be developed and presented by persons with education and/or experience in the subject matter of the program;

D) Specify the course objectives, course content and teaching methods to be used; and

E) Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal.

4) Each CE program shall provide a mechanism for evaluation of the program and instructor by the participants. The evaluation may be completed on-site immediately following the program/presentation, or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.

5) A sponsor approved pursuant to subsection (c)(1) may subcontract with individuals or organizations to provide approved programs. All advertising, promotional materials and certificates of attendance must identify the approved sponsor. The presenter of the program may also be identified, but should be identified as a presenter. When an approved sponsor subcontracts with a presenter, the sponsor retains all responsibility for monitoring attendance, providing certificates of attendance and ensuring the program meets all of the criteria established by the Act and this Part, including the maintenance of records.

6) To maintain approval as a sponsor approved under subsection (c)(2), each sponsor shall submit to the Division by May 31 of each even-numbered year a renewal application and~~,~~ the renewal fee specified in Section 1300.30(b) ~~and a list of courses and programs offered within the last 24 months. The list shall include a brief description, location, date and time of each course given by the sponsor and by any subcontractor~~.

7) Certification of Attendance. It shall be the responsibility of a sponsor to provide each participant in a program with a certificate of attendance or participation. The sponsor's certificate of attendance shall contain:

A) The sponsor's name and, if applicable, sponsor approval number;

B) The name of the participant;

C) A brief statement of the subject matter;

D) The number of hours attended in each program;

E) The date and place of the program; and

F) The signature of the sponsor.

8) The sponsor shall maintain attendance records for not less than 5 years.

9) The sponsor shall be responsible for assuring that no renewal applicant will receive CE credit for time not actually spent attending the program.

10) Upon the failure of a sponsor to comply with any of the requirements of this subsection (c), the Division, after notice to the sponsor and hearing before and recommendation by the Board (see 68 Ill. Adm. Code 1110), shall thereafter refuse to accept for CE attendance at or participation in any of that sponsor's CE programs until such time as the Division receives assurances of compliance with this Section.

11) Notwithstanding any other provision of this Section, the Division or Board may evaluate any sponsor of any approved CE program at any time to ensure compliance with requirements of this Section.

d) Certification of Compliance with CE Requirements

1) Each renewal applicant shall certify, on the renewal application, full compliance with the CE requirements set forth in subsections (a) and (b).

2) The Division may require additional evidence demonstrating compliance with the CE requirements (e.g., certificates of attendance). This additional evidence shall be required in the context of the Division's random audit. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance.

3) When there appears to be a lack of compliance with CE requirements, an applicant shall be notified in writing and may request an interview with the Board. At that time the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100~~/10-65~~].

e) Continuing Education Earned in Other Jurisdictions

1) If a licensee has earned CE hours offered in another jurisdiction not given by an approved sponsor for which the licensee will be claiming credit toward full compliance in Illinois, the applicant shall submit an individual program approval request form, along with a $25 processing fee, prior to participation in the program or within 90 days prior to expiration of the license. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (c)(3).

2) If a licensee fails to submit an out-of-state CE approval form within the required time frame, late approval may be obtained by submitting the approval request with the $25 processing fee plus a late fee of $50 per CE hour, not to exceed $300. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (c)(3) ~~of this Section~~.

f) Restoration of Nonrenewed License
Upon satisfactory evidence of compliance with CE requirements, the Division shall restore the license upon payment of the fee required by Section 1300.30(c)(1).

g) Waiver of CE Requirements

1) Any renewal applicant seeking renewal of a license without having fully complied with these CE requirements shall file with the Division a renewal application, along with the required fee set forth in Section 1300.30(b), a statement setting forth the facts concerning noncompliance and a request for waiver of the CE requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Division, upon the written recommendation of the Board, finds from the affidavit or any other evidence submitted that extreme hardship has been shown for granting a waiver, the Division will waive enforcement of CE requirements for the renewal period for which the applicant has applied.

2) Extreme hardship shall be determined on an individual basis by the Board and be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:

A) Full-time service in the Armed Forces of the United States during a substantial part of the prerenewal period;

B) An incapacitating illness documented by a ~~statement from a~~ currently licensed health care provider;

C) A physical inability to access the sites of approved programs documented by a currently licensed health care provider; or

D) Any other similar extenuating circumstances.

3) When the licensee is requesting a waiver due to physical or mental illness or incapacity, the licensee shall provide a current fitness to practice statement from a currently licensed health care provider familiar with the licensee's medical history.

4) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section shall be deemed to be in good standing until the final decision on the application is made by the Division.

~~5) Any renewal applicant seeking renewal of the license or certificate without having fully complied with these CE requirements shall file with the Division a renewal application, a statement setting forth the facts concerning the noncompliance, a request for waiver or extension of the CE requirements on the basis of those facts and, if desired, a request for an interview before the Board. If the Division finds, based on the statement or any other evidence submitted, that good cause has been shown for granting a waiver or extension of the CE requirements, or any part of those requirements, the Division will waive enforcement of the requirements for the renewal period for which the applicant has applied.~~

~~6) Good cause shall be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:~~

~~A) Full-time service in the Armed Forces of the United States during a substantial part of the renewal period;~~

~~B) A temporary, incapacitating illness documented by a licensed health care provider. A second consecutive request for a CE waiver pursuant to this subsection (g)(6)(B) shall be prima facie proof that the renewal applicant has a physical illness, mental illness or other impairment, including without limitation deterioration through the aging process, mental illness or disability that results in the inability to practice the profession with reasonable judgment, skill and safety, in violation of the Act, and shall be grounds for denial of the renewal or other discipline;~~

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~~C)~~ ~~Temporary undue hardship (e.g., hospitalization, being disabled and unable to practice on a temporary basis).~~

~~7)~~ ~~If an interview is requested at the time the request for waiver or extension is filed with the Division, the renewal applicant shall be given at least 20 days written notice of the date, time and place of the interview by certified mail, return receipt requested.~~

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

SUBPART B: LICENSED PRACTICAL NURSE

Section 1300.240 Standards for Pharmacology/Administration of Medication Course for Practical Nurses

a) Approved licensed practical nursing programs shall include a course designed to educate practical nursing students and/or licensed practical nurses to administer medications via oral, topical, subcutaneous, intradermal and intramuscular routes under the direction of a registered professional nurse, advanced practice registered nurse, physician assistant, physician, dentist or podiatric physician ~~podiatrist~~ that contains the following minimum components:

1) Prerequisites

A) Basic computational math and high school algebra with proficiency in the following concepts, including, but not limited to, ratios and proportions and metric, apothecary and household measurements as documented via examination and/or coursework completed.

B) Basic scientific knowledge, including, but not limited to, microbiology/asepsis and anatomy and physiology with a basic understanding of fluid and electrolytes, the inflammatory response, the immune response, and body systems as documented via examination or coursework.

2) Pharmacology

A) An introduction to pharmacology, including the areas of:

i) Terminology and abbreviations

ii) Federal and State laws related to pharmacology (e.g., Illinois Controlled Substances Act [720 ILCS 570]; federal Food, Drug and Cosmetic Act (21 USC 360))

iii) Drug standards and references (i.e., United States Pharmacopoeia/National Formulary)

iv) Generic versus brand name drugs

v) Misuse/abuse of drugs

B) Classifications of drugs (with commonly used examples), including:

i) Action/Physiological effect

ii) Interactions

iii) Side effects and contraindications

iv) Dosages and routes

v) Nursing implications (including legal implications)

3) Administration of Medication

A) Following procedures of safety as described in subsections (a)(3)(C), (D), (E) and (F) in administering medications.

B) Developmental adaptations for administering medications to patients of all ages.

C) Assessment of patient condition.

D) Planning for administration of medication, including:

i) Checking for an order from an advanced practice registered nurse, physician assistant, physician, dentist or podiatric physician ~~podiatrist~~

ii) Securing proper equipment

iii) Verifying proper packaging of medication

E) Implementation of administration of medication, including:

i) Site selection

ii) Verifying route of administration

iii) Administering the medication

iv) Recording medication administration

v) Patient education for compliance

F) Evaluation of patient response, including:

i) Effects/side effects/allergic responses

ii) Recording/reporting of effects

b) This Section does not preclude a flexible curriculum that would provide appropriate integration into other practical nursing courses.

c) The course/instruction shall include at least 32 hours of theory and 64 hours of lab and clinical with administration of medication to patients performed under direct supervision of qualified faculty as set forth in subsection (d).

d) Nurse faculty of pharmacology and administration of medication courses shall have:

1) At least 2 years experience in clinical nursing practice;

2) A baccalaureate degree with a major in nursing;

3) A current Illinois Registered Professional Nurse license.

e) Approved licensed practical nursing programs shall include a curriculum designed to educate practical nursing students and/or licensed practical nurses to perform the following activities related to intravenous therapy under the supervision of a registered professional nurse, advanced practice registered nurse, physician assistant, physician, dentist or podiatric physician~~podiatrist~~:

1) Monitoring the flow rate of existing intravenous lines.

2) Regulating peripheral fluid infusion rates for a continuous infusion of fluids or for intermittent infusions, through an IV access device. A peripheral IV line is defined as a short catheter inserted through the skin terminating in a peripheral vein.

3) Observing sites for local reaction and reporting results to the registered nurse.

4) Discontinuing intravenous therapy with an order from an advanced practice registered nurse, physician assistant, physician, dentist or podiatric physician~~podiatrist~~.

5) Adding pharmacy pre-mixed antibiotic solutions to existing patent lines.

6) Changing peripheral intravenous tubings and dressings.

7) Monitoring existing transfusions of blood and blood components.

8) Documenting intravenous procedures performed and observations made.

f) This curriculum shall prepare the LPN to start peripheral intravenous therapy that consists of a short catheter inserted through the skin into a peripheral vein.

g) The curriculum shall not include the following procedures:

1) Administering chemotherapeutic agents via intravenous routes.

2) Starting or adding blood or blood components.

3) Administering medications via intravenous push or administering heparin in heparin locks.

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.250 LPN Scope of Practice

Practice as a licensed practical nurse means a scope of basic nursing practice, with or without compensation, as delegated by a registered professional nurse or an advanced practice registered nurse or as directed by a physician assistant, physician, dentist or podiatric physician~~podiatrist~~, and includes all of the following and other activities requiring a like skill level for which the LPN is properly trained:

a) *Collecting data and collaborating in the assessment of the health status of a patient.*

b) *Collaborating in the development and modification of the registered professional nurse's or advanced practice registered nurse's comprehensive nursing plan of care for all types of patients.*

c) *Implementing aspects of the plan of care as delegated.*

d) *Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of patients, as delegated.*

e) *Serving as an advocate for the patient by communicating and collaborating with other health service personnel, as delegated.*

f) *Participating in the evaluation of patient responses to interventions.*

g) *Communicating and collaborating with other health care professionals, as delegated.*

h) *Providing input into the development of policies and procedures to support patient safety.* (Section 55-30 of the Act)

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

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Section 1300.260 Standards for Professional Conduct for LPNs

a) The licensed practical nurse shall, but is not limited to, upholding the following professional standards:

1) Practice in accordance with the Act and this Part;

2) Practice nursing only when in functional physical and mental health;

3) Be accountable for his or her own nursing actions and competencies;

4) Practice or offer to practice, including delegated nursing activities, only within the scope permitted by law and within the licensee's own educational preparation and competencies;

5) Perform nursing activities as delegated;

6) Seek instruction from a registered professional nurse or advanced practice registered nurse when implementing new or unfamiliar nursing activities;

7) Report unsafe, unethical or illegal health care practice or conditions to appropriate authorities and to the Division;

8) Assume responsibility for continued growth and education to reflect knowledge and understanding of current nursing care practice.

b) Violations of this Section may result in discipline as specified in Section 70-5 of the Act. All disciplinary hearings shall be conducted in accordance with 68 Ill. Adm. Code 1110.

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

SUBPART D: ADVANCED PRACTICE REGISTERED NURSE

Section 1300.400 Application for Licensure

a) An applicant for licensure as an advanced practice registered nurse shall file an application on forms provided by the Division. The application shall include:

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1) Current Illinois registered professional nurse license number.

2) Proof of current national certification, which includes completion of an examination, from one of the following:

A) Nurse Midwife certification from:

i) the American College of Nurse Midwives (ACNM); ~~or~~

ii) the American Midwifery Certification Board; or~~.~~

iii) other certifications approved by the Department under subsection (a)(3).

B) Nurse Practitioner certification from:

i) American Academy of Nurse Practitioners Certification Program as a Nurse Practitioner;

ii) American Nurses Credentialing Center as a Nurse Practitioner;

iii) The Pediatric Nursing~~Nurse~~ Certification Board as a Nurse Practitioner;

iv) The National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties as a Nurse Practitioner; or

v) other certifications approved by the Department under subsection (a)(3).~~The Certification Board for Urologic Nurses and Associates as a Urologic Nurse Practitioner~~.

C) Registered Nurse Anesthetist certification from:

i) National Board of Certification & Recertification~~Council on Certification of the American Association~~ of Nurse Anesthetists; or

~~ii)~~ ~~Council on Recertification of the American Association of Nurse Anesthetists.~~

ii) other certifications approved by the Department under subsection (a)(3).

D) Clinical Nurse Specialist certification from:

i) American Nurses Credentialing Center (ANCC) as a Clinical Nurse Specialist ~~(acceptable certifications are listed in Appendix A)~~;

ii) American Association of Critical Care Nurses (AACN) as a Clinical Nurse Specialist; or

~~iii)~~ ~~Rehabilitation Nursing Certification Board as a Certified Rehabilitation Registered Nurse-Advanced;~~

~~iv)~~ ~~Oncology Nursing Certification Corporation as an Advanced Oncology Nurse (AOCN);~~

~~v)~~ ~~Certification Board for Urologic Nurses and Associates as Urologic Clinical Nurse Specialist; or~~

iii~~vi~~) other ~~Other~~ certifications approved by the Department under subsection (a)(3)~~listed in Appendix A~~.

3) The Board, in addition to the certifications listed in subsection (a)(2), may review and make a recommendation to the Division to accept a certification if the certifying body meets the following requirements ~~(certifications are listed in Appendix A)~~:

A) is national in the scope of credentialing;

B) has no requirement for an applicant to be a member of any organization;

C) has an examination that represents a specialty practice category;

D) has an examination that evaluates knowledge, skills and abilities essential for the delivery of safe and effective specialty nursing care;

E) has an examination whose content and distribution are specified in a test plan;

F) has examination items reviewed for content validity, cultural sensitivity and correct scoring, using an established mechanism, both before use and periodically;

G) has an examination evaluated for psychometric performance;

H) has a passing standard established using acceptable psychometric methods and is re-evaluated periodically;

I) has examination security maintained through established procedures;

J) issues a certification based upon passing the examination;

K) has mechanisms in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status and changes in the certification program, including qualifications, test plan and scope of practice; and

L) has an evaluation process to provide quality assurance in its certification program.

4) Proof of successful completion of a graduate degree appropriate for national certification in the clinical advanced practice registered nursing specialty or a graduate degree or post-master's certificate from a graduate level program in a clinical advanced practice registered nursing specialty.

5) An applicant seeking licensure in more than one advanced practice registered nursing category shall have met the requirements for at least one advanced practice registered nursing specialty; and

A) Submit proof of possession of an additional graduate education that results in a certificate for another clinical APRN~~APN~~ category and that meets the requirements for the national certification from the appropriate nursing specialty; and

B) Submit proof of a current, national certification from the appropriate certifying body for that additional advanced practice registered nursing category.

6) Verification of licensure as an APRN~~APN~~ from the state in which an applicant was originally licensed, current state of licensure or~~and~~ any other state in which the applicant has been actively practicing as an APRN~~APN~~ within the last 5 years, if applicable, stating:

A) The time during which the applicant was licensed in that state, including the date of the original issuance of the license; and

B) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

7) The fee required in Section 1300.30(a)(4).

b) An applicant for licensure as an APRN under Section 65-5 of the Act~~APN~~ may apply to the Division for a temporary permit, on forms provided by the Division, to practice as an APRN~~APN~~ prior to the issuance of the APRN~~APN~~ license. Temporary permits will not be issued prior to granting an APRN full practice authority under Section 65-43 of the Act.

1) Application Requirements

A) The application shall include a completed, signed application for licensure, as set forth in subsection (a).

B) The application shall include documentation from an approved certifying body set forth in subsection (a)(2) indicating the date the applicant is scheduled to sit for the examination. Upon successful completion of the examination, proof of certification shall be submitted to the Division from the certifying body.

C) An APRN~~APN~~ who will be practicing in a hospital or ambulatory surgical treatment center in accordance with Section ~~210 ILCS 5/~~6.5 of the Ambulatory Surgical Treatment Center Act shall not be required to have prescriptive authority or a written collaborative agreement pursuant to the Act and this Part.

D) An APRN~~APN~~ applicant who will be practicing outside of a hospital or ambulatory surgical treatment center shall provide a certifying statement indicating that the APRN~~APN~~ applicant has entered into a written collaborative agreement as required by Section 65-35 of the Act.

E) The applicant shall include the processing fee set forth in Section 1300.30(a)(4).

2) Practice Pending Licensure

A) The Division will provide a letter to each applicant indicating the ability to practice pending licensure.

B) Practice pending licensure shall be terminated upon:

i) the issuance of a permanent license;

ii) failure to complete the application process within 6 months from the date of application;

iii) a finding by the Division that the applicant has violated one or more of the grounds for discipline set forth in Section 70-5 of the Act;

iv) a finding by the Division that, within the last 5 years, the applicant has had a license or permit related to the practice of advanced practice registered nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois; or

v) a finding by the Division that the applicant does not meet the licensure requirements set forth in this Section.

C) The Division shall notify the applicant in writing of the termination and shall notify the applicant by email~~certified or registered mail~~ of the intent to deny licensure.

c) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Division or the Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure shall be requested to:

1) Provide information as may be necessary; and/or

2) Appear for an interview before the Board to explain the relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts in information.

d) An APRN~~APN~~ license may be issued when the applicant meets the requirements set forth in this Section.

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.410 Written Collaborative Agreements

a) *A written collaborative agreement is required for all advanced practice registered nurses engaged in clinical practice, except for:*

1) *those APRNs who practice in a hospital, hospital affiliate or ambulatory surgical treatment center* under Section 65-45 of the Act; and

2) *those APRNs who are granted full practice authority by Section 65-43 of the Act.* (Section 65-35(a))

b~~a~~) *A written collaborative agreement shall describe the ~~working~~ relationship of the advanced practice registered nurse with the collaborating physician ~~or podiatrist~~ and shall describe~~authorize~~ the categories of care, treatment or procedures to be provided~~performed~~ by the advanced practice registered nurse.* (Section 65-35(b)

of the Act) A written collaborative agreement with a dentist must be in accordance with Section 65-35(c-10) of the Act. A written collaborative agreement with a podiatric physician must be in accordance with Section 65-35(c-5) or (c-15) of the Act.

c~~b~~) The agreement shall be defined to promote the exercise of professional judgment by the advanced practice registered nurse commensurate with his or her education and experience. The written agreement does not require an employment relationship. Methods of communication shall be available for consultation with the collaborating physician (for CRNAs, a physician, anesthesiologist, dentist or podiatric physician) in person or by telecommunications or electronic communications as set forth in the written agreement. *Absent an employment relationship the written collaborative agreement may not:*

1) *restrict the categories of patients within the scope of the APRN training and experience;*

2) *limit third party payors or government health programs; or*

3) *limit the geographic area or practice location of the APRN.* (Section 65-35(b) of the Act) For nurse practitioners, clinical nurse specialists and nurse midwives, the collaborative agreement shall not be construed to require the personal presence of the physician. ~~*The services to be provided by the advanced practice nurse shall be services that the collaborating physician or podiatrist generally provides to his or her patients in the normal course of his or her clinical medical practice* except as set forth in Section 1300.450 (Delivery of Anesthesia Services by a Certified Registered Nurse Anesthetist Outside a Hospital or Ambulatory Surgical Treatment Center). *The agreement need not describe the exact steps that an advanced practice nurse must take with respect to each specific condition, disease or symptom, but must specify which authorized procedures require a physician's or podiatrist's presence as the procedures are being performed. The collaborative relationship under an agreement shall not be construed to require the personal presence of a physician or podiatrist at all times at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating physician or podiatrist in person or by telecommunications in accordance with established written guidelines as set forth in the written agreement.* (Section 65-35(b) of the Act)~~

d) For anesthesia services provided by a CRNA, the written collaborative agreement may be between the CRNA and an anesthesiologist, physician, dentist or podiatric physician who shall participate through discussion of and agreement with the anesthesia plan and remain physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation and treatment of emergency medical conditions.

e) For any APRN who had a written collaborative agreement with a podiatric physician immediately before September 20, 2017, the APRN may continue in that collaborative relationship until the collaborative agreement ends or enter into a new written collaborative relationship with a podiatric physician per Section 65-35(c-15) of the Act.

f~~e~~) *A copy of the signed, written collaborative agreement must be available to the Department~~Division~~ upon request from both the advanced practice registered nurse and the collaborating physician, dentist or podiatric physician~~podiatrist~~. An advanced practice registered nurse shall inform each collaborating physician, dentist or podiatric physician ~~podiatrist~~ of all collaborative agreements he or she has signed and provide a copy of these to any collaborating physician, dentist or podiatric physician~~podiatrist~~, upon request.* (Section 65-35(d) and (f) of the Act)

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.420 Collaboration and Consultation (Repealed)

~~a)~~ ~~*A physician licensed to practice medicine in all its branches,* or a podiatrist licensed under the Podiatric Medical Practice Act, *in active clinical practice may collaborate with an advanced practice nurse in accordance with the requirements of the Nurse Practice Act. Collaboration is for the purpose of providing medical consultation, and no employment relationship is required. A written collaborative agreement shall conform to the requirements of Section 65-35 of the Nurse Practice Act. The written collaborative agreement shall be for services the collaborating physician* or podiatrist *generally provides to his or her patients in the normal course of clinical medical practice*, except as set forth in Section 1300.450 (Delivery of Anesthesia Services by a Certified Registered Nurse Anesthetist Outside a Hospital or Ambulatory Surgical Treatment Center). *A written collaborative agreement shall be adequate with respect to collaboration with advanced practice nurses if all of the following apply:*~~

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~~1)~~ ~~*The agreement is written to promote the exercise of professional judgment by the advanced practice nurse commensurate with his or her education and experience. The agreement need not describe the exact steps that an advanced practice nurse must take with respect to each specific condition, disease or symptom, but must specify those procedures that require a physician's presence as the procedures are being performed.*~~

~~2)~~ ~~*Practice guidelines and orders are developed and approved jointly by the advanced practice nurse and collaborating physician*~~ or podiatrist, ~~*based on the practice of the practitioners. Such guidelines and orders and the patient services provided thereunder are periodically reviewed by the collaborating physician*~~ or podiatrist.

~~3)~~ ~~*The advanced practice nurse provides services the collaborating physician*~~ or podiatrist ~~*generally provides to his or her patients in the normal course of clinical practice*~~, except as set forth in Section 1300.450. ~~*With respect to labor and delivery, the collaborating physician must provide delivery services in order to participate with a certified nurse midwife.*~~

~~4)~~ ~~*The collaborating physician*~~ or podiatrist ~~*and advanced practice nurse meet in person at least once a month to provide collaboration and consultation.*~~

~~5)~~ ~~*Methods of communication are available with the collaborating physician*~~ or podiatrist ~~*in person or through telecommunications for consultation, as needed to address patient care needs.*~~

~~6)~~ ~~*The agreement contains provisions detailing notice for termination or change of status involving a written collaborative agreement, except when such notice is given for just cause.* [225 ILCS 60/54.5(b)]~~

~~b)~~ ~~Licensed dentists may only enter into a written collaborative agreement with a CRNA and the agreement shall comply with Section 65-35 of the Act and Sections 1300.410 and 1300.420.~~

(Source: Repealed at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.430 Written Collaborative Agreement – Prescriptive Authority

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a) A collaborating physician or podiatric physician who delegates prescriptive authority to an advanced practice registered nurse shall include that delegation in the written collaborative agreement. This authority may include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, medical gases, and controlled substances categorized as any Schedule III through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician or podiatric physician must have a valid current Illinois controlled substances ~~substance~~ license and federal registration to delegate authority to prescribe delegated controlled substances.

b) Pursuant to Section 65-40(d) of the Act, a collaborating physician may, but is not required to, delegate authority to an advanced practice registered nurse to prescribe any Schedule II controlled substances by oral dosage or topical or transdermal application if all the following conditions apply:

1) The delegated Schedule II controlled substance is specifically identified by either brand name or generic name. *For the purposes of this Section* generic substitution pursuant to Section 25 of the Pharmacy Practice Act [225 ILCS 85] shall be allowed under this Section when not prohibited by a prescriber's indication on the prescription that the pharmacist "may not substitute".

2) The delegated Schedule II controlled substances are routinely prescribed by the collaborating physician or podiatric physician.

3) Any Schedule II controlled substance prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the collaborating physician or podiatric physician.

4) *The advanced practice registered nurse must discuss the condition of any patients for whom a* Schedule II *controlled substance is prescribed monthly with the delegating physician* or podiatric physician.

5) The advanced practice registered nurse meets the education requirements of Section 303.05 of the Illinois Controlled Substances Act [720 ILCS 570].

c) An APRN~~APN~~ who has been given controlled substances prescriptive authority shall be required to obtain an Illinois mid-level practitioner controlled substances license in accordance with 77 Ill. Adm. Code 3100. The physician or podiatric physician shall file a notice of delegation of prescriptive authority with the Division and the Prescription Monitoring Program. The delegation of authority form shall be submitted to the Division and the Prescription Monitoring Program prior to the issuance of a mid-level controlled substances ~~substance~~ license.

d) The APRN~~APN~~ may only prescribe and dispense Schedule II controlled substances that the collaborating physician or podiatric physician prescribes. Licensed dentists may not delegate prescriptive authority.

e) All prescriptions written and signed by an advanced practice nurse shall indicate the name of the collaborating physician or podiatric physician. The collaborating physician's or podiatric physician's signature is not required. The APRN~~APN~~ nurse shall sign his/her own name when writing and signing prescriptions. The collaborating physician's or podiatric physician's signature is not required.

f) An APRN~~APN~~ may receive and dispense samples per the collaborative agreement.

g) Medication orders shall be reviewed periodically by the collaborating physician or podiatric physician.

h) Nothing in this Section shall be construed to apply to an APRN granted full practice authority pursuant to Section 65-43.

i) Nothing in this Section shall apply to any prescribing authority, including Schedule II controlled substances, of an APRN providing care in a hospital, hospital affiliate, or ambulatory surgical treatment center (see Section 65-45 of the Act).

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.440 APRN~~APN~~ Scope of Practice

a) *Advanced practice registered nursing by certified nurse practitioners, certified nurse anesthetists, certified nurse midwives, or clinical nurse specialists is based*

on knowledge and skills acquired throughout an advanced practice registered nurse's nursing education, training and experience.

b) *Practice as an advanced practice registered nurse means a scope of nursing practice, with or without compensation, and includes the registered nurse scope of practice.*

c) *The scope of practice of an advanced practice registered nurse includes, but is not limited to, each of the following:*

1) *Advanced nursing patient assessment and diagnosis.*

2) *Ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the advanced practice registered nurse or another health care professional.*

3) *Ordering treatments, ordering or applying appropriate medical devices, and using nursing, medical, therapeutic, and corrective measures to treat illness and improve health status.*

4) *Providing palliative and end-of-life care.*

5) *Providing advanced counseling, patient education, health education, and patient advocacy.*

6) *Prescriptive authority as defined in Section 65-40 of the Act.*

7) *Delegating selected nursing interventions~~activities or tasks~~ to a licensed practical nurse, a registered professional nurse, or other personnel.* (Section 65-30 of the Act)

d) An Illinois-licensed advanced practice registered nurse certified as a nurse practitioner, certified nurse midwife or clinical nurse specialist may be granted the authority to practice without a written collaborative agreement as set forth in Section 65-43 of the Act and Section 1300.465 of this Part.

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

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Section 1300.450 Delivery of Anesthesia Services by a Certified Registered Nurse Anesthetist Outside a Hospital or Ambulatory Surgical Treatment Center

a) A certified registered nurse anesthetist (CRNA) who provides anesthesia services outside of a hospital or ambulatory surgical treatment center shall enter into a written collaborative agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches or the podiatric physician ~~podiatrist~~ performing the procedure. Outside of a hospital or ambulatory surgical treatment center, the CRNA may provide only those services that the collaborating podiatric physician ~~podiatrist~~ is authorized to provide pursuant to the Podiatric Medical Practice Act of 1987 and rules adopted under that Act. A certified registered nurse anesthetist may select, order, and administer medication, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or the operating physician or operating podiatric physician~~podiatrist~~.

b) A certified registered nurse anesthetist may be delegated prescriptive authority under Section 65-40 of the Act in a written collaborative agreement meeting the requirements of Section 65-35 of the Act.~~*A certified registered nurse anesthetist may be delegated prescriptive authority under Section 65-40 of the Act in a written collaborative agreement meeting the requirements of Section 65-35 of the Act.* (Section 15-25(e) of the Act)~~

c) In a physician's office, the CRNA may only provide anesthesia services if the physician has training and experience in the delivery of anesthesia services to patients. The physician's training and experience ~~shall be documented in the written collaborative agreement and the training and experience~~ shall meet the requirements set forth in 68 Ill. Adm. Code 1285.340.

d) In addition, in a physician's office, any CRNA and physician who enter into a collaborative agreement shall obtain and maintain current Advanced Cardiac Life Support (ACLS) certification.

e) A CRNA who provides anesthesia services in a dental office shall enter into a written collaborative agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches or the operating dentist performing the procedure. The agreement shall describe the working relationship of the CRNA and dentist and shall authorize the categories of care, treatment or procedures to

be performed by the CRNA. In a collaborating dentist's office, the CRNA may only provide those services that the operating dentist with the appropriate permit is authorized to provide pursuant to the Illinois Dental Practice Act and rules adopted under that Act. For anesthesia services, an anesthesiologist, physician or operating dentist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation and treatment of emergency medical conditions. A CRNA may select, order and administer medication, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the operating dentist.

f) In a podiatric physician's ~~podiatrist's~~ office, the CRNA may only provide those services the podiatric physician ~~podiatrist~~ is authorized to provide pursuant to the Podiatric Medical Practice Act of 1987 and 68 Ill. Adm. Code 1360. Podiatric physicians ~~Podiatrists~~ may not administer general anesthetics.

g) A CRNA providing anesthesia services in a physician, dental or podiatric physician ~~podiatrist~~ office shall do so with the active participation, approval, presence and availability of the physician, dentist or podiatric physician ~~podiatrist~~ as well as in accordance with Standards 1 through 11 of the "Standards for Office Based Anesthesia Practice", American Association of Nurse Anesthetists, 222 South Prospect Avenue, Park Ridge, Illinois 60068 (2005), which are hereby incorporated by reference, with no later editions or amendments. If there is a conflict between the Nurse Practice Act or this Part and those standards, the Act and this Part shall prevail.

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.460 Advanced Practice Registered Nursing in Hospitals or Ambulatory Surgical Treatment Centers

a) An advanced practice registered nurse may provide services in a licensed hospital or hospital affiliate as defined in the Hospital Licensing Act or the University of Illinois Hospital Act [110 ILCS 330], or a licensed ambulatory surgical treatment center without prescriptive authority or a written collaborative agreement pursuant to Section 65-35 of the Act. An APRN~~APN~~ must possess clinical privileges recommended by the hospital medical staff and granted by the hospital or the consulting medical staff committee and ambulatory surgical treatment

center in order to provide services. The medical staff or consulting medical staff committee shall periodically review the services of all APRNs~~advanced practice nurses~~ granted clinical privileges. Authority may also be granted to individual APRNs~~APNs~~ to select, order and administer medications, including controlled substances as permitted under the Act and this Part, to provide delineated care. The attending physician shall determine an APRN's~~APN's~~ role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.

b) An APRN who does not meet the requirements of Section 65-43 of the Act and who is privileged to order medications, including controlled substances, may complete discharge prescriptions provided the prescription is in the name of the APRN and the attending or discharging physician.

c) An APRN granted full practice authority by Section 65-43 of the Act may be privileged to complete discharge orders and prescriptions under the APRN's name.

d) An APRN granted full practice authority by Section 65-43 of the Act practicing in a hospital affiliate may be, but is not required to be, privileged to prescribe Schedule II through V controlled substances when that authority is recommended by the appropriate physician committee of the hospital affiliate and granted by the hospital affiliate. To prescribe controlled substances in a hospital affiliate, the APRN must obtain a controlled substances license. Medication orders for controlled substances shall be reviewed periodically by the appropriate hospital affiliate physicians committee or its physician designee.

e) The hospital affiliate shall file with the Department notice of a grant of prescriptive authority and termination of the grant of authority for all APRNs who do not meet the requirements of Section 65-43 of the Act.

f~~b~~) For anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, physician, dentist, or podiatric physician ~~podiatrist~~ shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation and treatment of emergency medical conditions, unless hospital policy adopted pursuant to Section 10.7(4)(B) of the Hospital Licensing Act or ambulatory surgical treatment center policy adopted pursuant to Section 6.5(4)(B) of the Ambulatory Surgical Treatment

Center Act provides otherwise. A CRNA may select, order and administer medication for anesthesia services under the anesthesia plan agreed to by the anesthesiologist, physician, podiatric physician ~~podiatrist~~ or dentist, in accordance with hospital alternative policy or the medical staff consulting committee policies of a licensed ambulatory surgical treatment center.

g~~c~~) An advanced practice registered nurse who provides services in a hospital shall do so in accordance with Section 10.7 of the Hospital Licensing Act and the University of Illinois Hospital Act, and in an ambulatory surgical treatment center, in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.

h) Nothing in this Section shall be construed to require an APRN to have a collaborative agreement to practice in a hospital, hospital affiliate or ambulatory surgical treatment center.

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.465 Full Practice Authority

a) An Illinois-licensed advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist may be granted the privilege of full practice authority, which provides the ability under this Section to practice without a written collaborative agreement.

b) An APRN certified as a nurse midwife, clinical nurse specialist, or nurse practitioner seeking full practice authority shall submit a form provided by the Department indicating he/she has met the necessary requirements in Section 65-43 of the Act. The documentation shall include:

1) Current APRN license number and current registered professional nurse license number. Only applicants whose APRN license and registered professional nurse license are current, active and unrestricted are eligible for full practice authority.

2) Notarized attestation, signed by the APRN, of completion of at least 250 hours of continuing education or training. Documentation of successful completion of this requirement shall be provided to the Department upon request.

A) Continuing education and training, as used in this Section, shall include, but not be limited to:

i) formal CE hours conducted by approved CE sponsors and programs as set forth in Section 1300.130(c)(1);

ii) completion of graduate education at universities or colleges;

iii) CE programs required for certification or recertification by appropriate professional associations;

iv) other educational opportunities that comply with the continuing education standards in Section 1300.130.

B) The continuing education or training hours required shall be in the APRN's area of certification.

3) Notarized attestation of completion of at least 4000 hours of clinical experience after first attaining national certification. The clinical experience must be in the APRN's area of certification. The clinical experience shall be in collaboration with a physician or physicians. Completion of the clinical experience must be attested to by the collaborating physician or physicians and the APRN. For APRNs working in a hospital setting, the clinical experience may be attested to by the hospital medical staff committee or designee. Documentation of successful completion of this requirement shall be provided to the Department upon request.

4) The fee required by Section 1300.30(a)(5).

c) The scope of practice of an APRN granted full practice authority includes:

1) All matters included in Section 65-30(c) of the Act;

2) Practicing without a written collaborative agreement in all practice settings consistent with national certification;

3) Authority to prescribe both legend drugs and Schedule II through V controlled substances; this authority includes prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, and controlled substances categorized as any Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies;

4) Prescribing benzodiazepines or Schedule II narcotic drugs, such as opioids, only in a consultation relationship with a physician;

A) this consultation relationship shall be recorded in the Prescription Monitoring Program website, pursuant to Section 316 of the Illinois Controlled Substances Act, by the physician and advanced practice registered nurse with full practice authority;

B) consultation is not required to be filed with the Department;

C) the specific Schedule II narcotic drug must be identified by either brand name or generic name;

D) may be administered by oral dosage or topical or transdermal application;

E) delivery by injection or other route of administration is not permitted;

F) at least monthly, the APRN and the physician must discuss the condition of any patients for whom a benzodiazepine or opioid is prescribed;

G) nothing in this subsection (c)(4) shall be construed to require a prescription by an APRN granted full practice authority to indicate a physician's name on the prescription; and

H) all consultation records shall be available to the Department upon request;

5) Authority to obtain an Illinois controlled substances license and a federal Drug Enforcement Administration number;

6) Use of only local anesthetic; and

7) The scope of practice of an APRN does not include operative surgery.

d) Upon issuance of an APRN license with full practice authority, the regular APRN license will go inactive.

e) Prior to prescribing as an APRN granted full practice authority, the APRN must apply for a practitioner license under the Illinois Controlled Substances Act.

f) *Nothing in the Act shall be construed to authorize an advanced practice registered nurse with full practice authority to provide health care services required by law or rule to be performed by a physician, including, but not limited to, those acts to be performed by a physician in Section 3.1 of the Illinois Abortion Law of 1975* [720 ILCS 510]. (Section 65-43(e) of the Act)

(Source: Added at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.466 Full Practice Authority Dispensing

a) Except when dispensing manufacturers' samples or other legend drugs in a maximum 72-hour supply, APRNs shall maintain a book or file of prescriptions as required in the Pharmacy Practice Act. Any person licensed under that Act who dispenses any drug or medicine shall dispense the drug or medicine in good faith and shall affix to the box, bottle, vessel or package containing the drug or medication a label indicating:

1) the date on which the drug or medicine is dispensed;

2) the name of the patient;

3) the last name of the person dispensing the drug or medicine;

4) the directions for use of the drug or medication; and

5) the proprietary name or names or, if there are none, the established name or names, of the drug or medicine and the dosage and quantity, except as otherwise authorized by regulation of the Department.

b) The labeling requirements set forth in subsection (a) shall not apply to drugs or medicines in a package that bears a label of the manufacturer containing information describing its contents that is in compliance with requirements of the Federal Food, Drug, and Cosmetic Act (21 USC 301) and the Illinois Food, Drug, and Cosmetic Act [410 ILCS 620]. "Drug" and "medicine" have the meanings ascribed to them in the Pharmacy Practice Act. "Good faith" has the meaning ascribed to it in Section 102(u) of the Illinois Controlled Substances Act.

c) Prior to dispensing a prescription to a patient, the APRN shall offer a written prescription to the patient that the patient may elect to have filled by the APRN or any licensed pharmacy.

d) A violation of any provision of this Section shall constitute a violation of the Act and shall be grounds for disciplinary action provided for in the Act.

(Source: Added at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.470 Advertising

a) Advertising shall contain all information necessary to make the communication informative and not misleading. Advertising shall identify the type of license held by the licensee whose services are being promoted. The form of advertising shall be designed to communicate information to the public in a direct, dignified and readily comprehensible manner.

b) If an advertisement is communicated to the public over television or radio, it shall be prerecorded and approved for broadcast by the advanced practice registered nurse and a recording of the actual transmission, including videotape, shall be retained, for at least 5 years, by the advanced practice registered nurse.

c) If an advanced practice registered nurse has a doctorate degree, when identifying himself or herself as "doctor" in a clinical setting, the APRN must clearly state that his or her educational preparation is not in medicine and that he or she is not a medical doctor or physician.

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dе) Advertising shall otherwise comply with Section 65-55 of the Act.

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

Section 1300.480 Reports Relating to APRN~~APN~~ Professional Conduct and Capacity

a) All reports filed under Section 65-65 of the Act must contain sufficient current information to enable the Division to evaluate the impairment and determine the appropriateness of the supervision or the program of rehabilitation. If the Board finds the supervision or treatment plan submitted by the institution is not sufficient to meet the needs of the individual, the Board may direct the facility to work with the Division to revise the plan or treatment to meet the specific objections.

b) Contents of Reports. Reports under this Section shall be submitted in writing on forms provided by the Division that shall include but not be limited to the following information:

1) The name, address, telephone number and title of the person making the report;

2) The name, address, telephone number and type of health care institution where the maker of the report is employed;

3) The name, address, telephone number and professional license number of the person who is the subject of the report;

4) A brief description of the facts that gave rise to the issuance of the report, including but not limited to the dates of any occurrences deemed to necessitate the filing of the report;

5) If court action is involved, the identity of the court in which the action is filed, the docket number, and the date of filing of the action;

6) Any further pertinent information that the reporting party deems to be an aid in the evaluation of the report.

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

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Section 1300.APPENDIX A Additional Certifications Accepted for Licensure as an Advanced Practice Nurse (Repealed)

~~Pursuant to Section 1300.400(a)(3), the Division, upon recommendation of the Board, has approved the following certifications. Acceptance of these certifications is based on the absence of an advanced practice nurse examination in the area of the nursing specialty. If the certifying body develops and offers an advanced practice nurse examination in the area of the nursing specialty, then an applicant as an APN would be required to pass the advanced practice nurse examination rather than the generalist examination in order for the Division to accept the certification for licensure.~~

~~Clinical Nurse Specialists~~

~~American College of Cardiovascular Nursing~~

~~American Association of Critical Care Nurses~~

~~American Association of Neuroscience Nurses~~

~~American Board of Occupational Health Nurses, Inc.~~

~~American Holistic Nurses Association~~

~~American Nurses Credentialing Center~~

~~Clinical Specialists in Community Health Nursing~~

~~Clinical Specialists in Gerontology Nursing~~

~~Clinical Specialists in Home Health Nursing~~

~~Clinical Specialists in Medical/Surgical Adult Health~~

~~Clinical Specialists in Pediatric Nursing~~

~~Clinical Specialists in Psychiatric and Mental Health Nursing – Adults~~

~~Clinical Specialists in Psychiatric and Mental Health Nursing – Adolescent~~

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~~Psychiatric and Mental Health Nursing~~

~~Cardiac and Vascular Nurse~~

~~College Health Nurse~~

~~Perinatal Nurse~~

~~Ambulatory Care Nursing~~

~~Diabetes~~

~~American Society of Perianesthesia Nurses~~

~~American Society of Plastic Reconstructive Surgical Nurses~~

~~Association of Nurses in AIDS Care~~

~~Board of Certification of Emergency Nurses~~

~~Certification Board of Perioperative Nurses, Inc.~~

~~Certification of Pediatric Oncology Nurses~~

~~Certification Board of Gastroenterology Nurses~~

~~Dermatology Nurse Certification Board~~

~~International Board of Lactation Consultants~~

~~International Nurses Society of Addictions~~

~~Infusion Nurses Certification Corporation~~

~~Infusion Nurses Society~~

~~National Association of School Nurses, Inc.~~

~~National Board of Certification of Hospice and Palliative Nurses~~

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~~National Certification Board for Diabetes Educators~~

~~National Certification Board of Pediatric Nurse Practitioners/Nurses~~

~~National Certification Corporation for the Obstetric, Gynecological and Neonatal Nursing Specialties~~

~~National Certifying Board for Ophthalmic Registered Nurses~~

~~Nephrology Nursing Certification Board~~

~~Oncology Nursing Certification Corporation~~

~~Orthopedic Nurses Certification Board~~

~~Rehabilitation Nursing Certification Board~~

~~Vascular Nursing Certification Board~~

~~Wound, Ostomy, and Continence Society~~

(Source: Repealed at 43 Ill. Reg. 6924, effective June 14, 2019)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

Section 1300.EXHIBIT A Sample Written Collaborative Agreement

ADVANCED PRACTICE REGISTERED NURSING
WRITTEN COLLABORATIVE AGREEMENT

A. ADVANCED PRACTICE REGISTERED NURSE INFORMATION

1. NAME: _____

2. ILLINOIS RN LICENSE NUMBER: _____

   ILLINOIS APRN~~APN~~ LICENSE NUMBER: _____

   ILLINOIS CONTROLLED SUBSTANCES ~~MID-LEVEL PRACTITIONER~~ LICENSE NUMBER: _____

   FEDERAL MID-LEVEL PRACTITIONER DEA NUMBER: _____

3. AREAS OF CERTIFICATION: _____

4. CERTIFYING ORGANIZATION: _____

5. CERTIFICATION EXPIRATION DATE: _____

6. CERTIFICATION NUMBER: _____

7. PRACTICE SITES: (Attach List of Sites)

8. CONTACT NUMBER: _____

   FACSIMILE NUMBER: _____

   EMERGENCY NUMBER~~CONTACT NUMBERS~~: _____

   ~~(e.g., pager, answering service)~~

9. ATTACHMENTS:

   Copy of Certification/Recertification

   Copies of RN & APRN~~APN~~ License

   Copy of Certificate of Insurance

   Copy of Controlled Substances ~~Mid-Level Practitioner~~ License

B. COLLABORATING PHYSICIAN/PODIATRIC PHYSICIAN~~PODIATRIST~~/DENTIST INFORMATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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1. NAME: _____

2. ILLINOIS MEDICAL LICENSE NUMBER: _____

3. PRACTICE AREA OR CONCENTRATION: _____

4. BOARD CERTIFICATION (if any): _____

5. CERTIFYING ORGANIZATION: _____

6. PRACTICE SITES: (Attach List of Sites)

7. CONTACT NUMBER: _____

FAX ~~FACSIMILE~~ NUMBER: _____

EMERGENCY NUMBER ~~CONTACT NUMBERS~~: _____
~~(e.g., pager, answering service)~~

C. ADVANCED PRACTICE REGISTERED NURSE COLLABORATING PHYSICIAN/ PODIATRIC PHYSICIAN~~PODIATRIST~~/DENTIST WORKING RELATIONSHIP

1. WRITTEN COLLABORATIVE AGREEMENT REQUIREMENT

A written collaborative agreement is required for all Advanced Practice Registered Nurses (APRNs~~APNs~~) engaged in clinical practice outside of a hospital, hospital affiliate, or ambulatory surgical treatment center (ASTC) except for those APRNs granted full practice authority. An APRN~~APN~~ may provide services in a licensed hospital, hospital affiliate, or ASTC without a written collaborative agreement or delegated prescriptive authority.

2. SCOPE OF PRACTICE

Under this agreement, the APRN ~~advanced practice nurse~~ will collaborate ~~work~~ with the collaborating physician, dentist or podiatric physician ~~podiatrist~~ in an active practice to deliver health care services ~~to~~ _____. This includes, but is not limited to, advanced nursing patient assessment and diagnosis, ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the APRN~~APN~~ or another health care professional, ordering treatments, ordering or applying appropriate medical devices, using nursing, medical, therapeutic and corrective measures to treat illness and

improve health status, providing palliative and end-of-life care, providing advanced counseling, patient education, health education and patient advocacy, prescriptive authority, and delegating nursing activities or tasks to a LPN, RN or other personnel.

If applicable, the APRN ~~advanced practice nurse~~ shall maintain ~~allied health personnel~~ privileges at the following hospitals for the designated services:

Hospitals: _____

~~This written collaborative agreement shall be reviewed and updated annually.~~ A copy of this written collaborative agreement shall remain on file at all sites where the APRN ~~advanced practice nurse~~ renders service and shall be provided to the Illinois Department of Financial and Professional Regulation upon request. ~~Any joint orders or guidelines are set forth or referenced in an attached document.~~

3. COLLABORATION AND CONSULTATION

(A) Collaboration and consultation between a certified nurse midwife, certified nurse practitioner, or certified nurse specialist and ~~shall be adequate if~~ the collaborating physician includes the following ~~/podiatrist~~:

(i~~A~~) The APRN seeking the advice or opinion of the collaborating physician through the mutually agreeable methods of communication, which may be in person or through telecommunications or electronic communications (see 225 ILCS 60/54.5(b)(3) and 225 ILCS 65/65-35(b))~~participates in the joint formulation and joint approval of orders or guidelines with the advanced practice nurse, as needed based on the practice of the practitioners, and periodically reviews those orders and the services provided patients under those orders in accordance with accepted standards of medical practice and advanced practice nursing practice~~;

(ii~~B~~) Discussing the condition of any patients for whom a controlled substance has been prescribed under delegated prescriptive authority at least once a month for Schedule II controlled substances (see 225 ILCS 65/65-40(b) and (d)(4))~~meets in person with the APN at least once a month to provide collaboration and consultation~~; and

(iiiC) The APRN informing each collaborating physician of all written collaborative agreements he or she has signed with other physicians and providing a copy of these to any collaborating physician, upon request.is available in person, or through telecommunications, for consultation and collaboration on medical problems, complications or emergencies or for patient referral. (See 225 ILCS 60/54.5(b)(5).)

The written collaborative agreement shall be for services the collaborating physician or podiatrist generally provides to his or her patients in the normal course of clinical practice.

(B) Collaboration and consultation between a certified registered nurse anesthetist (CRNA) and the collaborating physician, dentist or podiatric physician includes the following: Information specific to collaboration and consultation with a CRNA is as follows:

(iA) A licensed CRNA may provide anesthesia services pursuant to the order of a licensed physician, podiatric physician podiatrist or dentist.

(iiB) For anesthesia services, an anesthesiologist, physician, podiatric physician podiatrist or dentist participates through discussion of, and agreement with, the anesthesia plan and is physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation and treatment of emergency medical conditions.

(iiiC) A CRNA may select, order and administer medications, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed to by an anesthesiologist, or the operating physician, operating podiatric physician podiatrist or operating dentist. (See 225 ILCS 65/65-35(c-5) and (c-10).)

(ivD) In a physician's office, the CRNA may only provide anesthesia services if the physician has training and experience in the delivery of anesthesia services to patients.

(vE) In a podiatric physician's podiatrist's office, the CRNA may only provide those services the podiatric physician podiatrist is authorized to provide pursuant to the Podiatric Medical Practice Act.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

(viF) A collaborative agreement between a CRNA and a dentist must be in accordance with 225 ILCS 65/65-35(c-10). In a dentist's office, the CRNA may only provide those services the dentist is authorized to provide pursuant to the Illinois Dental Practice Act.

4. COMMUNICATION, CONSULTATION AND REFERRAL

The advanced practice nurse shall consult with the collaborating physician/podiatrist by telecommunication or in person as needed. In the absence of the designated collaborating physician/podiatrist, another physician/podiatrist shall be available for consultation.

The advanced practice nurse shall inform each collaborating physician/podiatrist of all written collaborative agreements he or she has signed with other physicians/podiatrists, and provide a copy of these to any collaborating physician/podiatrist upon request.

45. DELEGATION OF PRESCRIPTIVE AUTHORITY

As the collaborating physician/podiatric physicianpodiatrist, any prescriptive authority delegated to the APRN advanced practice nurse is set forth in an attached document, which must be filed with the Department of Financial and Professional Regulation and the Department of Human Services Prescription Monitoring Program.

NOTE: ADVANCED PRACTICE REGISTERED NURSES NURSE MAY ONLY PRESCRIBE CONTROLLED SUBSTANCES UPON RECEIPT OF A FEDERAL DEA REGISTRATION AND AN ILLINOIS MID-LEVEL PRACTITIONER CONTROLLED SUBSTANCES LICENSE. (See 225 ILCS 65/65-40(a) and 68 Ill. Adm. Code 1300.430(c).)

WE THE UNDERSIGNED AGREE TO THE TERMS AND CONDITIONS OF THIS WRITTEN COLLABORATIVE AGREEMENT.

Collaborating Physician/Podiatric Physician Podiatrist/Dentist Signature/Date	Advanced Practice Registered Nurse Signature/Date

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF ADOPTED AMENDMENTS

(Physician's/Podiatric Physician's ~~Podiatrist's~~/Dentist's Typed Name)

(Advanced Practice Registered Nurse's Typed Name)

(Source: Amended at 43 Ill. Reg. 6924, effective June 14, 2019)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

1) Heading of the Part: General Administrative Provisions

2) Code Citation: 89 Ill. Adm. Code 10

3)

Section Number:	Adopted Action:
10.280	Amendment

4) Statutory Authority: Implementing Articles I through IX and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. I through IX and 12-13].

5) Effective Date of Rule: May 31, 2019

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

7) Does this rulemaking contain incorporations by reference? No

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

9) Notice of Proposal published in the *Illinois Register*: 43 Ill. Reg. 1235; January 18, 2019

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

11) Difference between Proposal and Final Version: No substantive changes were made to the text of the proposed rulemaking.

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

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

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

15) Summary and Purpose of Rulemaking: This rulemaking updates language regarding the right to appeal. It also adds language regarding the ways a client may request a hearing.

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

Tracie Drew, Chief

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield IL 62762

217/785-9772

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER a: GENERAL PROGRAM PROVISIONS

PART 10
GENERAL ADMINISTRATIVE PROVISIONS

SUBPART A: APPLICABILITY AND DEFINITIONS

Section
10.101 Incorporation by Reference
10.110 Applicability
10.120 Definitions
10.130 Assistance Programs
10.140 Assistance Program Restrictions

SUBPART B: RIGHTS AND RESPONSIBILITIES

Section
10.210 Rights of Clients
10.220 Nondiscrimination
10.225 Grievance Rights of Clients
10.230 Confidentiality of Case Information
10.235 Case Records
10.250 Reporting Change of Circumstances
10.263 Reporting Child Abuse/Neglect
10.268 Reporting Elder Abuse/Neglect
10.270 Notice to Client
10.280 Right to Appeal
10.281 Continuation of Assistance Pending Appeal
10.282 Time Limit for Filing an Appeal
10.283 Examining Department Records
10.284 Child Care
10.290 Voluntary Repayment of Assistance
10.295 Correction of Underpayments
10.300 Recovery of Assistance
10.310 Estate Claims
10.320 Real Property Liens
10.330 Filing and Renewal of Liens

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

10.340 Foreclosure of Liens
10.350 Release of Liens
10.360 Personal Injury Claims
10.370 Convictions of Fraud – Eligibility
10.380 Single Conviction of Fraud – Administrative Review Board
10.390 Request for Case Transfer

SUBPART C: APPLICATION PROCESS

Section
10.410 Application for Assistance
10.415 Local Office Action on Application for Public Assistance
10.420 Time Limitations on the Disposition of an Application
10.430 Approval of an Application and Initial Authorization of Financial Assistance
10.438 General Assistance Approval Provisions
10.440 Denial of an Application

AUTHORITY: Implementing Articles I through IX and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. I through IX and 12-13].

SOURCE: Emergency rules adopted at 21 Ill. Reg. 9515, effective July 1, 1997, for a maximum of 150 days; adopted at 21 Ill. Reg. 15515, effective November 26, 1997; amended at 22 Ill. Reg. 19816, effective November 1, 1998; amended at 23 Ill. Reg. 6944, effective June 1, 1999; amended at 24 Ill. Reg. 7856, effective May 16, 2000; amended at 24 Ill. Reg. 18153, effective November 30, 2000; amended at 25 Ill. Reg. 7170, effective May 24, 2001; amended at 28 Ill. Reg. 1083, effective December 31, 2003; amended at 28 Ill. Reg. 5650, effective March 22, 2004; amended at 29 Ill. Reg. 8148, effective May 18, 2005; amended at 31 Ill. Reg. 6962, effective April 30, 2007; amended at 31 Ill. Reg. 7638, effective May 15, 2007; amended at 32 Ill. Reg. 4375, effective March 12, 2008; amended at 33 Ill. Reg. 16814, effective November 30, 2009; amended at 33 Ill. Reg. 17345, effective December 14, 2009; amended at 34 Ill. Reg. 10079, effective July 1, 2010; amended at 35 Ill. Reg. 7670, effective April 29, 2011; emergency amendment at 36 Ill. Reg. 10421, effective July 1, 2012, for a maximum of 150 days; emergency amendment at 36 Ill. Reg. 11486, effective July 1, 2012, for a maximum of 150 days; emergency expired November 27, 2012; amended at 37 Ill. Reg. 1865, effective February 4, 2013; amended at 37 Ill. Reg. 3402, effective March 8, 2013; emergency amendment at 37 Ill. Reg. 16838, effective October 1, 2013, for a maximum of 150 days; amended at 38 Ill. Reg. 5375, effective February 7, 2014; amended at 43 Ill. Reg. 6987, effective May 31, 2019.

SUBPART B: RIGHTS AND RESPONSIBILITIES

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

Section 10.280 Right to Appeal

a) Any individual who applies for or receives financial assistance,~~or~~ medical assistance, social services or SNAP~~food stamp~~ benefits shall have the right to appeal any of the following:

1) Refusal to accept an application or reapplication;

2) Failure to act on an application within the mandated time period;

3) A decision to deny an application;

4) A decision to reduce, suspend, terminate or in any way change the amount of assistance/SNAP benefits~~food stamps~~ or manner in which it is provided;

5) Failure to make a decision or take appropriate action on any request that the client makes;

6) A decision affecting the basis of issuance of SNAP benefits~~food stamps~~ with which the client disagrees; or

7) An issue of Department policy, if the client is aggrieved by its application.

b) The appeal may be filed by the client or the client's authorized representative. The~~For food stamp clients, the~~ request for a hearing shall~~may~~ be made ~~orally or~~ in writing, except when seeking review of a decision relating to benefits issued pursuant to SNAP, which may also be requested orally. The appeal may be submitted via the Department's online ABE Appeals Portal, via facsimile transmission (fax), or in person at the Bureau of Hearings or at any Family Community Resource Center. The~~and the~~ appeal process is initiated effective with the date of the request.

(Source: Amended at 43 Ill. Reg. 6987, effective May 31, 2019)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Aid to the Aged, Blind or Disabled

2) Code Citation: 89 Ill. Adm. Code 113

3)

Section Numbers:	Adopted Actions:
113.253	Amendment
113.260	Amendment

4) Statutory Authority: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13] and 20 CFR 416.2096.

5) Effective Date of Rules: May 31, 2019

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

7) Does this rulemaking contain incorporations by reference? No

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

9) Notice of Proposal published in the *Illinois Register*: 43 Ill. Reg. 1240; January 18, 2019

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

11) Difference between Proposal and Final Version: No substantive changes were made to the text of the proposed rulemaking.

12) Have all changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? None were made.

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

14) Are there any rulemakings pending on this Part? Yes

Section Number:	Proposed Action:	*Illinois Register* Citation:
113.10	Amendment	43 Ill. Reg. 4054; April 5, 2019

15) Summary and Purpose of Rulemaking: Federal regulations require the State to pass along an increase in SSI benefits to clients who receive AABD cash (State Supplemental

payments). This rulemaking increases the AABD Grant Adjustment Allowance and Sheltered Care/Personal or Nursing Care rates by $21, the amount of the January 2019 SSI benefit increase.

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

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

217/785-9772

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 113
AID TO THE AGED, BLIND OR DISABLED

SUBPART A: GENERAL PROVISIONS

Section
113.1 Description of the Assistance Program
113.5 Incorporation By Reference

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section
113.9 Client Cooperation
113.10 Citizenship
113.20 Residence
113.30 Age
113.40 Blind
113.50 Disabled
113.60 Living Arrangement
113.70 Institutional Status
113.80 Social Security Number

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section
113.100 Unearned Income
113.101 Budgeting Unearned Income
113.102 Budgeting Unearned Income of Applicants Receiving Income on Date of Application And/Or Date of Decision
113.103 Initial Receipt of Unearned Income
113.104 Termination of Unearned Income
113.105 Unearned Income In-Kind
113.106 Earmarked Income
113.107 Lump Sum Payments and Income Tax Refunds
113.108 Protected Income (Repealed)

DEPARTMENT OF HUMAN SERVICES

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113.109 Earned Income (Repealed)
113.110 Budgeting Earned Income (Repealed)
113.111 Protected Income
113.112 Earned Income
113.113 Exempt Unearned Income
113.114 Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
113.115 Initial Employment
113.116 Budgeting Earned Income For Contractual Employees
113.117 Budgeting Earned Income For Non-contractual School Employees
113.118 Termination of Employment
113.120 Exempt Earned Income
113.125 Recognized Employment Expenses
113.130 Income From Work/Study/Training Programs
113.131 Earned Income From Self-Employment
113.132 Earned Income From Roomer and Boarder
113.133 Earned Income From Rental Property
113.134 Earned Income In-Kind
113.139 Payments from the Illinois Department of Children and Family Services
113.140 Assets
113.141 Exempt Assets
113.142 Asset Disregard
113.143 Deferral of Consideration of Assets
113.154 Property Transfers For Applications Filed Prior To October 1, 1989 (Repealed)
113.155 Property Transfers For Applications Filed On Or After October 1, 1989 (Repealed)
113.156 Court Ordered Child Support Payments of Parent/Step-Parent
113.157 Responsibility of Sponsors of Non-citizens Entering the Country Prior to 8/22/96
113.158 Responsibility of Sponsors of Non-citizens Entering the Country On or After 08/22/96
113.160 Assignment of Medical Support Rights

SUBPART D: PAYMENT AMOUNTS

Section
113.245 Payment Levels for AABD
113.246 Personal Allowance
113.247 Personal Allowance Amounts
113.248 Shelter

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113.249 Utilities and Heating Fuel
113.250 Laundry
113.251 Telephone
113.252 Transportation, Lunches, Special Fees
113.253 Allowances for Increase in SSI Benefits
113.254 Nursing Care or Personal Care in Home Not Subject to Licensing
113.255 Sheltered Care/Personal or Nursing Care in a Licensed Group Care Facility
113.256 Shopping Allowance
113.257 Special Allowances for Blind and Partially Sighted (Blind Only)
113.258 Home Delivered Meals
113.259 AABD Fuel and Utility Allowances By Area
113.260 Sheltered Care, Personal Care or Nursing Care Rates
113.261 Cases in Licensed Intermediate Care Facilities, Licensed Skilled Nursing Facilities, DMHDD Facilities and All Other Licensed Medical Facilities
113.262 Meeting the Needs of an Ineligible Dependent with Client's Income
113.263 Service Animals
113.264 Refugees Ineligible for SSI

SUBPART E: OTHER PROVISIONS

Section
113.300 Persons Who May Be Included In the Assistance Unit
113.301 Grandfathered Cases
113.302 Interim Assistance (Repealed)
113.303 Special Needs Authorizations
113.304 Retrospective Budgeting
113.305 Budgeting Schedule
113.306 Purchase and Repair of Household Furniture (Repealed)
113.307 Property Repairs and Maintenance
113.308 Excess Shelter Allowance
113.309 Limitation on Amount of AABD Assistance to Recipients from Other States (Repealed)
113.320 Redetermination of Eligibility
113.330 Attorney's Fees for VA Appellants (Repealed)

SUBPART F: INTERIM ASSISTANCE

Section
113.400 Description of the Interim Assistance Program

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

113.405	Pending SSI Application (Repealed)
113.410	More Likely Than Not Eligible for SSI (Repealed)
113.415	Non-Financial Factors of Eligibility (Repealed)
113.420	Financial Factors of Eligibility (Repealed)
113.425	Payment Levels for Chicago Interim Assistance Cases (Repealed)
113.430	Payment Levels for all Interim Assistance Cases Outside Chicago (Repealed)
113.435	Medical Eligibility (Repealed)
113.440	Attorney's Fees for SSI Applicants (Repealed)
113.445	Advocacy Program for Persons Receiving Interim Assistance (Repealed)
113.450	Limitation on Amount of Interim Assistance to Recipients from Other States (Repealed)
113.500	Attorney's Fees for SSI Appellants (Renumbered)

AUTHORITY: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; emergency expired January 28, 1979; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective

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October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 10, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9367, effective August 1, l983; amended at 7 Ill. Reg. 17351, effective December 21, 1983; amended at 8 Ill. Reg. 537, effective December 30, 1983; amended at 8 Ill. Reg. 5225, effective April 9, l984; amended at 8 Ill. Reg. 6746, effective April 27, 1984; amended at 8 Ill. Reg. 11414, effective June 27, l984; amended at 8 Ill. Reg. 13273, effective July 16, l984; amended (by Sections being codified with no substantive change) at 8 Ill. Reg. 17895; amended at 8 Ill. Reg. 18896, effective September 26, 1984; amended at 9 Ill. Reg. 5335, effective April 5, 1985; amended at 9 Ill. Reg. 8166, effective May 17, 1985; amended at 9 Ill. Reg. 8657, effective May 25, 1985; amended at 9 Ill. Reg. 11302, effective July 5, 1985; amended at 9 Ill. Reg. 11636, effective July 8, 1985; amended at 9 Ill. Reg. 11991, effective July 12, 1985; amended at 9 Ill. Reg. 12806, effective August 9, 1985; amended at 9 Ill. Reg. 15896, effective October 4, 1985; amended at 9 Ill. Reg. 16291, effective October 10, 1985; emergency amendment at 10 Ill. Reg. 364, effective January 1, 1986; amended at 10 Ill. Reg. 1183, effective January 10, 1986; amended at 10 Ill. Reg. 6956, effective April 16, 1986; amended at 10 Ill. Reg. 8794, effective May 12, 1986; amended at 10 Ill. Reg. 10628, effective June 3, 1986; amended at 10 Ill. Reg. 11920, effective July 3, 1986; amended at 10 Ill. Reg. 15110, effective September 5, 1986; amended at 10 Ill. Reg. 15631, effective September 19, 1986; amended at 11 Ill. Reg. 3150, effective February 6, 1987; amended at 11 Ill. Reg. 8712, effective April 20, 1987; amended at 11 Ill. Reg. 9919, effective May 15, 1987; emergency amendment at 11 Ill. Reg. 12441, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20880, effective December 14, 1987; amended at 12 Ill. Reg. 867,

effective January 1, 1988; amended at 12 Ill. Reg. 2137, effective January 11, 1988; amended at 12 Ill. Reg. 3497, effective January 22, 1988; amended at 12 Ill. Reg. 5642, effective March 15, 1988; amended at 12 Ill. Reg. 6151, effective March 22, 1988; amended at 12 Ill. Reg. 7687, effective April 22, 1988; amended at 12 Ill. Reg. 8662, effective May 13, 1988; amended at 12 Ill. Reg. 9023, effective May 20, 1988; amended at 12 Ill. Reg. 9669, effective May 24, 1988; emergency amendment at 12 Ill. Reg. 11828, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 14162, effective August 30, 1988; amended at 12 Ill. Reg. 17849, effective October 25, 1988; amended at 13 Ill. Reg. 63, effective January 1, 1989; emergency amendment at 13 Ill. Reg. 3402, effective March 3, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 6007, effective April 14, 1989; amended at 13 Ill. Reg. 12553, effective July 12, 1989; amended at 13 Ill. Reg. 13609, effective August 11, 1989; emergency amendment at 13 Ill. Reg. 14467, effective September 1, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 16154, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 720, effective January 1, 1990; amended at 14 Ill. Reg. 6321, effective April 16, 1990; amended at 14 Ill. Reg. 13187, effective August 6, 1990; amended at 14 Ill. Reg. 14806, effective September 3, 1990; amended at 14 Ill. Reg. 16957, effective September 30, 1990; amended at 15 Ill. Reg. 277, effective January 1, 1991; emergency amendment at 15 Ill. Reg. 1111, effective January 10, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5291, effective April 1, 1991; amended at 15 Ill. Reg. 5698, effective April 10, 1991; amended at 15 Ill. Reg. 7104, effective April 30, 1991; amended at 15 Ill. Reg. 11142, effective July 22, 1991; amended at 15 Ill. Reg. 11948, effective August 12, 1991; amended at 15 Ill. Reg. 14073, effective September 11, 1991; emergency amendment at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 16709, effective November 1, 1991; amended at 16 Ill. Reg. 3468, effective February 20, 1992; amended at 16 Ill. Reg. 9986, effective June 15, 1992; amended at 16 Ill. Reg. 11565, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 13641, effective September 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14722, effective September 15, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17154, effective November 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17764, effective November 13, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 827, effective January 15, 1993; amended at 17 Ill. Reg. 2263, effective February 15, 1993; amended at 17 Ill. Reg. 3202, effective February 26, 1993; amended at 17 Ill. Reg. 4322, effective March 22, 1993; amended at 17 Ill. Reg. 6804, effective April 21, 1993; amended at 17 Ill. Reg. 14612, effective August 26, 1993; amended at 18 Ill. Reg. 2018, effective January 21, 1994; amended at 18 Ill. Reg. 7759, effective May 5, 1994; amended at 18 Ill. Reg. 12818, effective August 5, 1994; amended at 19 Ill. Reg. 1052, effective January 26, 1995; amended at 19 Ill. Reg. 2875, effective February 24, 1995; amended at 19 Ill. Reg. 6639, effective May 5, 1995; emergency amendment at 19 Ill. Reg. 8409, effective June 9, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15034, effective October 17, 1995; amended at 20 Ill. Reg. 858, effective December 29, 1995;

emergency amendment at 21 Ill. Reg. 673, effective January 1, 1997, for a maximum of a 150 days; amended at 21 Ill. Reg. 7404, effective May 31, 1997; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 22 Ill. Reg. 13642, effective July 15, 1998; emergency amendment at 22 Ill. Reg. 16348, effective September 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 18931, effective October 1, 1998; emergency amendment at 22 Ill. Reg. 21750, effective November 24, 1998, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 579, effective January 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 1607, effective January 20, 1999; amended at 23 Ill. Reg. 5548, effective April 23, 1999; amended at 23 Ill. Reg. 6052, effective May 4, 1999; amended at 23 Ill. Reg. 6425, effective May 15, 1999; amended at 23 Ill. Reg. 6935, effective May 30, 1999; amended at 23 Ill. Reg. 7887, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8650, effective July 13, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 10161, effective August 3, 1999; amended at 23 Ill. Reg. 13852, effective November 19, 1999; amended at 24 Ill. Reg. 2328, effective February 1, 2000; amended at 24 Ill. Reg. 11622, effective July 18, 2000; amended at 24 Ill. Reg. 13394, effective August 18, 2000; amended at 25 Ill. Reg. 5326, effective March 30, 2001; amended at 26 Ill. Reg. 179, effective January 1, 2002; amended at 26 Ill. Reg. 8532, effective May 31, 2002; amended at 26 Ill. Reg. 13521, effective September 3, 2002; amended at 27 Ill. Reg. 7252, effective April 7, 2003; amended at 28 Ill. Reg. 11139, effective July 21, 2004; emergency amendment at 28 Ill. Reg. 11366, effective July 21, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 12469, effective August 20, 2004, for a maximum of 150 days; emergency expired January 16, 2005; amended at 29 Ill. Reg. 648, effective December 16, 2004; amended at 29 Ill. Reg. 5703, effective April 11, 2005; amended at 29 Ill. Reg. 10176, effective July 5, 2005; amended at 30 Ill. Reg. 16065, effective September 21, 2006; amended at 31 Ill. Reg. 6981, effective April 30, 2007; amended at 31 Ill. Reg. 11306, effective July 19, 2007; amended at 32 Ill. Reg. 17187, effective October 16, 2008; peremptory amendment at 32 Ill. Reg. 18065, effective November 15, 2008; emergency amendment at 33 Ill. Reg. 4993, effective March 19, 2009, for a maximum of 150 days; emergency expired August 15, 2009; emergency amendment at 33 Ill. Reg. 7337, effective May 21, 2009, for a maximum of 150 days; emergency expired October 17, 2009; amended at 33 Ill. Reg. 12775, effective September 8, 2009; emergency amendment at 33 Ill. Reg. 12850, effective September 4, 2009, for a maximum of 150 days; emergency expired January 31, 2010; amended at 33 Ill. Reg. 13846, effective September 17, 2009; amended at 33 Ill. Reg. 15033, effective October 22, 2009; amended at 33 Ill. Reg. 16845, effective November 30, 2009; emergency amendment at 34 Ill. Reg. 6944, effective May 1, 2010, for a maximum of 150 days; emergency expired September 27, 2010; amended at 34 Ill. Reg. 7255, effective May 10, 2010; amended at 35 Ill. Reg. 1012, effective December 28, 2010; emergency amendment at 35 Ill. Reg. 6951, effective April 6, 2011, for a maximum of 150 days; emergency expired September 2, 2011; amended at 35 Ill. Reg. 17096, effective October 5, 2011; amended at 35 Ill. Reg. 18756, effective October 28, 2011; amended at 36 Ill. Reg. 15195, effective October 5, 2012; emergency

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amendment at 36 Ill. Reg. 17567, effective December 1, 2012 through June 30, 2013; amended at 37 Ill. Reg. 8728, effective June 11, 2013; amended at 37 Ill. Reg. 14876, effective August 27, 2013; amended at 38 Ill. Reg. 16229, effective July 18, 2014; emergency amendment at 38 Ill. Reg. 17470, effective July 30, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 22654, effective November 20, 2014; amended at 39 Ill. Reg. 13260, effective September 21, 2015; amended at 41 Ill. Reg. 10331, effective July 21, 2017; amended at 42 Ill. Reg. 16195, effective August 7, 2018; amended at 43 Ill. Reg. 343, effective December 20, 2018; emergency amendment at 43 Ill. Reg. 4346, effective March 20, 2019, for a maximum of 150 days; amended at 43 Ill. Reg. 6992, effective May 31, 2019.

SUBPART D: PAYMENT AMOUNTS

Section 113.253 Allowances for Increase in SSI Benefits

a) An allowance for $592.90~~571.90~~ is authorized for all AABD cases as a "grant adjustment". A grant adjustment is an allowance that ensures that the amount of the SSI increase from July 1977 and later will be available to clients.

b) EXCEPTIONS: For clients whose assistance payments include an allowance for Sheltered Care or Care Not Subject to Licensing a "grant adjustment" of $10 is authorized. Individuals residing in long term group care facilities do not receive any "grant adjustment".

(Source: Amended at 43 Ill. Reg. 6992, effective May 31, 2019)

Section 113.260 Sheltered Care, Personal Care or Nursing Care Rates

Group A Counties	Needs Assessment	Group B Counties
1271~~1250~~	0-7	1286~~1265~~
1277~~1256~~	8	1293~~1272~~
1284~~1263~~	9	1300~~1279~~
1289~~1268~~	10	1308~~1287~~

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12961275	11	13151294
13011280	12	13221301
13081287	13	13301309
13131292	14	13361315
13201299	15	13441323
13251304	16	13521331
13321311	17	13581337
13371316	18	13661345
13441323	19	13731352
13501329	20	13801359
13561335	21	13881367
13621341	22	13951374
13681347	23	14021381
13741353	24	14091388

a) Group A Counties are counties other than Cook, DuPage, Kane, Lake and Will.

b) Group B Counties are Cook, DuPage, Kane, Lake and Will.

c) Rate includes shelter factor and approved activity and social rehabilitation programs.

(Source: Amended at 43 Ill. Reg. 6992, effective May 31, 2019)

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1) Heading of the Part: Technology Development Account (TDA) Program

2) Code Citation: 74 Ill. Adm. Code 719

3)

Section Numbers:	Adopted Actions:
719.100	New Section
719.200	New Section
719.300	New Section
719.310	New Section
719.320	New Section
719.330	New Section
719.340	New Section

4) Statutory Authority: 30 ILCS 265

5) Effective Date of Rules: May 28, 2019

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

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted rules is on file in the State Treasurer's office at 219 State House, Springfield IL 62706 and is available for public inspection.

9) Notice of Proposal published in *Illinois Register*: 43 Ill. Reg. 3191; March 8, 2019

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

11) Difference between Proposal and Final Version: Revised the definition of "Technology Development Accounts" to clarify a reference to the statute and made minor corresponding changes throughout the Part.

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

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NOTICE OF ADOPTED RULES

15) Summary and Purpose of Rulemaking: The Technology Development Account Program was created by the Technology Development Act [30 ILCS 265] in 2002 to allow the Treasurer's Office to use a portion of the State's Investment Portfolio to provide capital to technology funds in Illinois that finance technology businesses seeking to locate, expand, or remain in Illinois. This rulemaking will provide guidance to interested parties.

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

Laura Duque
Deputy General Counsel
Illinois State Treasurer
100 W. Randolph, Suite 15-600
Chicago IL 60601

312/814-3573

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

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NOTICE OF ADOPTED RULES

TITLE 74: PUBLIC FINANCE
CHAPTER V: TREASURER

PART 719
TECHNOLOGY DEVELOPMENT ACCOUNT (TDA) PROGRAM

SUBPART A: INTRODUCTION AND PURPOSE

Section
719.100 Purpose of Program

SUBPART B: DEFINITIONS

Section
719.200 Definitions

SUBPART C: ADMINISTRATION

Section
719.300 Responsibilities of the Treasurer
719.310 Responsibilities of the Investment Advisor
719.320 Investment Policy and Objectives
719.330 Investment Parameters
719.340 Program Documents

AUTHORITY: Authorized by and implementing the Technology Development Act [30 ILCS 265].

SOURCE: Adopted at 43 Ill. Reg. 7003, effective May 28, 2019.

SUBPART A: INTRODUCTION AND PURPOSE

Section 719.100 Purpose of Program

The purpose of the Technology Development Act is to attract, assist, and retain quality technology businesses and promote the growth of jobs and entrepreneurial and venture capital environments in Illinois. The creation of the Technology Development Account will allow the State to bring together, and add to, Illinois' rich science, technology, agricultural, financial, and business communities. [30 ILCS 265/5]

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SUBPART B: DEFINITIONS

Section 719.200 Definitions

The following definitions shall apply to this Part:

"Act" means the Technology Development Act [30 ILCS 265].

"Fund Manager" means an entity that provides equity financing for starting up or expanding a company, or related purposes such as financing for seed capital, research and development, introduction of a product or process into the marketplace, or similar needs requiring risk capital.

"Green Technology" means technology that:

promotes clean energy, renewable energy, or energy efficiency;

reduces greenhouse gases or carbon emissions; or

involves the invention, design, and application of chemical products and processes to eliminate the use and generation of hazardous substances.

"Illinois Companies" means *companies that are headquartered or that otherwise have a significant presence in the State at the time of initial or follow-on investment.* [30 ILCS 265/11(d)]

"Illinois Venture Capital Firm" means *an entity that:*

has a majority of its employees in Illinois or that has at least one general managing partner or principal domiciled in Illinois; and

either:

provides equity financing for starting up or expanding a company, or related purposes such as financing for seed capital, research and development, introduction of a product or process into the marketplace, or similar needs requiring risk capital; or

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has a track record of identifying, evaluating, and investing in Illinois companies and that provides equity financing for starting up or expanding a company, or related purposes such as financing for seed capital, research and development, introduction of a product or process into the marketplace, or similar needs requiring risk capital. [30 ILCS 265/11(c)]

"Investment Advisor" means one or more entities lawfully doing business in the State of Illinois selected by the Treasurer to oversee the investment, administration, and reporting for the Technology Development Account.

"Portfolio Company" means an entity in which a Fund Manager invests.

"Significant Presence" means at least one physical office and one full-time employee within the geographic borders of Illinois. A "physical office" may mean a professional workplace, a co-working location, or a home office.

"TDA II-Recipient Fund" means any fund in which the State Treasurer places money under Section 11 of the Act.

"TDA IIa Account Balance" means 5% of the State's investment portfolio, which shall be calculated as:

the balance at the inception of the State's fiscal year; or

the average balance in the immediately preceding 5 fiscal years, whichever number is greater.

"Technology Business" means *a company that has as its principal function the providing of services including computer, information transfer, communication, distribution, processing, administrative, laboratory, experimental, developmental, technical, or testing services; manufacture of goods or materials; the processing of goods or materials by physical or chemical change; computer related activities; robotics, biological or pharmaceutical industrial activities; or technology-oriented or emerging industrial activity*. [30 ILCS 265/11(c)]

"Technology Development Accounts" means the Technology Development Accounts established pursuant to Sections 10 and 11 of the Act ("TDA IIa").

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"Track Record" means *having made, on average:*

at least one investment in an Illinois company in each of its funds if the Illinois venture capital firm has multiple funds; or

at least two investments in Illinois companies if the Illinois venture capital firm has only one fund. [30 ILCS 265/11(c)]

"Treasurer" means the duly elected Treasurer of the State of Illinois or his or her designees.

"Venture Capital" means *equity financing that is provided for starting up, expanding, or relocating a company, or related purposes such as financing for seed capital, research and development, introduction of a product or process into the marketplace, or similar needs requiring risk capital*. [30 ILCS 265/11(c)] This includes, but is not limited to, financing classified as venture capital, mezzanine, buyout, or growth.

SUBPART C: ADMINISTRATION

Section 719.300 Responsibilities of the Treasurer

The Treasurer exercises authority and control over the management of the Technology Development Accounts by setting applicable policies and procedures that are followed by the Treasurer and Investment Advisor. As such, key roles and responsibilities include, but are not limited to:

a) Investment Policy − The Treasurer is responsible for drafting this policy and reviewing it at least annually to ensure accuracy and continued relevance.

b) Oversight − The Treasurer is responsible for the direction of investments and administration of the assets of the Technology Development Accounts.

c) Investment Advisor − In order to properly carry out its responsibilities, the Treasurer may use one or more Investment Advisors to assist in the administration of the Technology Development Accounts.

d) Performance and Fee Monitoring − The Treasurer will review the investment performance of the TDA II-Recipient Fund, as well as the fees, on a quarterly or annual basis, as determined by the Treasurer.

e) Due Diligence − The Treasurer will monitor investments and participate in operational due diligence activities in coordination with the contractors retained to assist in the administration of the Technology Development Accounts.

f) Accounting − Technology Development Accounts assets must be accounted for separately from other Treasurer monies. The Treasurer will execute investment valuation procedures in compliance with Statement No. 72, Fair Value Measurement and Application, February 2015 of the Governmental Accounting Standards Board of the Financial Accounting Foundation, evaluating available inputs for investments to determine the input level most applicable.

Section 719.310 Responsibilities of the Investment Advisor

In order to properly carry out its responsibilities, the Treasurer may use one or more Investment Advisors to assist in the administration of the Technology Development Accounts. The Treasurer may engage the Investment Advisor to provide services needed for the effective operation of the Technology Development Account in accordance with all applicable federal and State laws and regulations. These services may include, but are not limited to:

a) Evaluation of TDA II-Recipient Funds − The Investment Advisor may advise and provide fund evaluations to the Treasurer, taking into consideration the investment policy and objectives set forth in this Part. This may include investment analysis, portfolio construction, and due diligence. The Investment Advisor will have the responsibility to seek, recruit, screen, and evaluate fund managers for investment through TDA IIa.

b) Due Diligence − The Investment Advisor is responsible for fund manager due diligence, which includes, but is not limited to, research, financial analysis, and legal, accounting, and background investigations of fund managers. The Investment Advisor will undergo due diligence activities in coordination with the Treasurer.

c) Fund Monitoring − The Investment Advisor is responsible for monitoring the performance of TDA II-Recipient Funds, tracking the diversification of the investments and the amounts invested by TDA II-Recipient Funds, and

reconciling all reporting and accounting requirements of portfolio companies and TDA II-Recipient Funds.

d) Benchmarking − The Investment Advisor is responsible for establishing applicable investment benchmarks (including public market equivalents), measuring the performance of TDA II-Recipient Funds against set benchmarks, and reviewing benchmarks.

e) Reporting − The Investment Advisor is responsible for administering all reporting and recordkeeping duties set forth in the investment policy and the Act. The Investment Advisor shall ensure standardization of reporting across TDA II-Recipient Funds. The Investment Advisor shall ensure that the following information is reported for TDA IIa *to the Treasurer on a quarterly or annual basis, as determined by the Treasurer, for all investments*:

1) *the names of portfolio companies invested in during the applicable investment period;*

2) *the addresses of reported portfolio companies;*

3) *the date of the initial (and follow-on) investment;*

4) *the cost of the investment;*

5) *the current fair market value of the investment;*

6) *for Illinois companies, the number of Illinois employees on the investment date; and*

7) *for Illinois companies, the current number of Illinois employees*. [30 ILCS 265/11(d)]

f) General Resource − The Investment Advisor shall serve as a general resource to the Treasurer for information, advice and training regarding investment, reporting, fund vetting and management, portfolio company valuation, and marketing strategies.

Section 719.320 Investment Policy and Objectives

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a) The Treasurer shall develop, publish, and implement an investment policy covering the investment of monies in TDA IIa. The policy may be amended at any time, and shall be published on the Treasurer's website. The Treasurer shall review the policy at least once every year to ensure that it remains relevant to the Act, this Part, and prudent investment standards.

b) The investment policy is a written statement describing the risk management and oversight of the program and should be designed to describe the following:

1) the Treasurer's investment objectives;

2) the Treasurer's investment parameters;

3) the roles of the Treasurer and Investment Advisor; and

4) the reporting requirements for TDA II-Recipient Funds.

c) The Treasurer shall consider the following investment factors when selecting fund managers to invest in TDA IIa:

1) Diversification – The Treasurer shall aim to diversify its investments in areas including, but not limited to, the following:

A) strategy;

B) industry sector;

C) size of investment;

D) investment stage;

E) vintage year;

F) fund managers;

G) underlying portfolio companies;

H) geographic location; and

I) business model.

2) Small Business Investment Companies − The Treasurer shall endeavor to invest in qualified fund managers that participate in the U.S. Small Business Administration's Small Business Investment Companies Program (15 USC 14B).

3) Cost Efficiency − The Treasurer shall seek to minimize any fees or costs that diminish from the total assets or value of the Technology Development Account.

4) Investment in Illinois Technology Businesses − The Treasurer shall encourage the investment community to explore investment opportunities in Illinois technology businesses.

5) Fund Manager Diversity − The Treasurer shall seek to identify, recruit, and select fund managers that are more than 50% owned and/or managed by qualified minorities, women, military veterans, and persons with a disability.

6) Portfolio Company Diversity − The Treasurer shall seek to identify, recruit, and select fund managers that have demonstrated experience and/or express an intent to invest in:

A) portfolio companies that are more than 50% owned and/or managed by qualified minorities, women, military veterans, or persons with a disability; and/or

B) portfolio companies geographically located in diverse communities or low-to-moderate income areas.

7) Green Technology − The Treasurer shall seek to identify, recruit, and select fund managers that have demonstrated experience and/or an express ability to invest in green technology businesses located in Illinois.

8) Sustainability Factors − The Treasurer shall seek to integrate sustainability factors such as environmental, social capital, human capital, business model and innovation, and leadership and governance factors into its investment analysis, investment due diligence, and portfolio construction.

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Section 719.330 Investment Parameters

a) TDA IIa Investment − The Treasurer, in accordance with the Act, *shall segregate a portion of the Treasurer's State investment portfolio that at no time shall be greater than 5% of the portfolio, in the TDA IIa, an account that shall be maintained separately and apart from other moneys invested by the Treasurer. 5% of the State's investment portfolio shall be calculated as the greater of:*

1) *the balance at the inception of the State's fiscal year; or*

2) *the average balance in the immediately preceding 5 fiscal years.* [30 ILCS 265/11(a)]

b) Reinvestment of Distributions − Distributions from the investments in TDA IIa may be reinvested into TDA IIa, not to exceed the original cost basis of the initial investments.

c) TDA IIa Excess Investments − In the event TDA IIa investments exceed 5% of the portfolio, as described in subsection (a), the Treasurer will, to the extent practicable, take reasonable steps to reduce the excess TDA IIa investments below the applicable threshold in a manner that will result in minimal negative financial impact.

d) TDA IIa Investment in Illinois Venture Capital Firms − In no case shall more than 15% of the TDA IIa account balance be invested in firms based outside of Illinois.

e) Cap on Investment in Individual Funds − The investment of the State Treasurer in any fund in which the State Treasurer places money under TDA IIa shall not exceed 15% of the total TDA IIa account balance.

Section 719.340 Program Documents

In order to establish and administer the Technology Development Accounts, the Treasurer may enter into all necessary agreements, documents and instruments with terms and provisions that shall not be inconsistent with the Act and this Part.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF RECODIFICATION

1) Heading of the Part: Specialized Healthcare Delivery Systems

2) Code Citation: 89 Ill. Adm. Code 146

3) Date of Administrative Code Division Review: June 3, 2019

4) Headings and Section Numbers of the Part Being Recodified:

Section Numbers:	Headings:
Subpart B	Supportive Living Facilities
146.200	General Description
Subpart E	Supportive Living Facilities with Dementia Care Units
146.600	General Description

5) Outline of the Section Numbers and Headings of the Part as Recodified:

Section Numbers:	Headings:
Subpart B	Supportive Living Program (SLP) Settings
146.200	General Description
Subpart E	Supportive Living Program (SLP) Settings with Dementia Care Units
146.600	General Description

6) Conversion Table of Present and Recodified Parts:

Present Part:		Recodified Part:	
Subpart B	Supportive Living Facilities	Subpart B	Supportive Living Program (SLP) Settings
146.200	General Description	146.200	General Description
Subpart E	Supportive Living Facilities with Dementia Care Units	Subpart E	Supportive Living Program (SLP) Settings with Dementia Care Units
146.600	General Description	146.600	General Description

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received during the period of May 28, 2019 through June 3, 2019. These rulemakings are scheduled for the June 11 and July 16, 2019 meetings. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
7/12/19	Illinois Commerce Commission, Qualifying Infrastructure Plant Surcharge (83 Ill. Adm. Code 656)	9/21/18 42 Ill. Reg. 16789	6/11/19
7/12/19	Illinois Commerce Commission, Renewable Portfolio Standard and Clean Coal Standard for Alternative Retail Electric Suppliers and Utilities Operating Outside Their Service Areas (83 Ill. Adm. Code 455)	12/7/18 42 Ill. Reg. 21566	6/11/19
7/13/19	Illinois Commerce Commission, Certification of Alternative Retail Electric Suppliers (83 Ill. Adm. Code 451)	12/7/18 42 Ill. Reg. 21556	6/11/19
7/13/19	Illinois Commerce Commission, Environmental Disclosure (83 Ill. Adm. Code 421)	12/7/19 42 Ill. Reg. 21546	6/11/19
7/17/19	Financial and Professional Regulation, Rules of Practice in Administrative Hearings (68 Ill. Adm. Code 1110)	1/4/19 43 Ill. Reg. 43	7/16/19

PROCLAMATION

Flooding Disaster Proc
May 31, 2019

WHEREAS, over the last two months, Illinois has been victim to a seemingly constant wave of storms that have generated significant rainfall, triggering ground saturation and river flooding; and

WHEREAS, already-elevated river levels across the State caused by excessive rain totals and significant snowmelt from northern states have been exacerbated by these ongoing storms; and

WHEREAS, the Mississippi and Illinois Rivers have experienced record and near-record crests in many locations, with major flooding along the entire length of the Mississippi River in Illinois, as well as along most of the Illinois River; and

WHEREAS, the Mississippi River has been at major flood stage continuously since March 16; and

WHEREAS, on May 2, the Mississippi River reached an all-time record crest at Rock Island of 22.7 feet, surpassing the historic flood levels of the Great Flood of 1993, while on the same day the Illinois River entered into major flood stage, where it has remained continuously; and

WHEREAS, the Illinois River at Valley City is expected to top the current record flood level set in 1943; and

WHEREAS, levees along both rivers are saturated from the extended duration of elevated water levels, and 200 Illinois National Guard troops have been activated for needed flood-fighting activities; and

WHEREAS, the flooding has necessitated evacuations across the State, caused widespread impacts to residential and commercial properties, resulted in costly emergency protective measures, and damaged public works infrastructure; and

WHEREAS, the flooding of transportation routes has triggered the closure of hundreds of state and local roadways and bridges, resulting in a disruption of essential services and threatening public health and safety, and

WHEREAS, based on reports received by the Illinois Emergency Management Agency, local resources and capabilities have been exhausted, and state resources are needed and have been deployed across the State to respond to and recover from the effects of the severe storms and flooding; and

PROCLAMATION

WHEREAS, these conditions provide legal justification under section 7 of the Illinois Emergency Management Act for the issuance of a proclamation of disaster.

NOW, THEREFORE, in the interest of aiding the people of Illinois and the local governments responsible for ensuring public health and safety, I, JB Pritzker, Governor of the State of Illinois, hereby proclaim as follows:

Section 1. Pursuant to the provisions of section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, I find that an ongoing disaster exists within the State of Illinois and specifically declare Adams, Alexander, Brown, Bureau, Calhoun, Carroll, Cass, Fulton, Greene, Grundy, Hancock, Henderson, Jackson, Jersey, Jo Daviess, LaSalle, Madison, Marshall, Mason, Mercer, Monroe, Morgan, Peoria, Pike, Putnam, Randolph, Rock Island, Schuyler, Scott, St. Clair, Tazewell, Union, Whiteside and Woodford Counties as disaster areas.

Section 2. The Illinois Emergency Management Agency is directed to continue implementation of the State Emergency Operations Plan and to coordinate State resources to support local governments in disaster response and recovery operations in these counties.

Section 3. To aid with emergency purchases necessary for response and other emergency powers as authorized by the Illinois Emergency Management Agency Act, the provisions of the Illinois Procurement Code that would in any way prevent, hinder or delay necessary action in coping with the disaster are suspended to the extent they are not required by federal law.

Section 4. In order to alleviate any impediments to flood-fighting activities in these counties, the provisions of 17 Illinois Administrative Code Parts 3700 and 3704 related to levees and floodwalls are suspended.

Section 5. This proclamation can facilitate a request for Federal disaster assistance if a complete and comprehensive assessment of damage indicates that effective recovery is beyond the capabilities of the State and affected local governments.

Section 6. This proclamation shall be effective immediately and remain in effect for 30 days.

Issued by the Governor May 31, 2019
Filed by the Secretary of State

ILLINOIS ADMINISTRATIVE CODE
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