



**TABLE OF CONTENTS**

**August 2, 2019 Volume 43, Issue 31**

**PROPOSED RULES**

PUBLIC HEALTH, DEPARTMENT OF

Hospital Licensing Requirements

77 Ill. Adm. Code 250.....7919

**SECOND NOTICES RECEIVED**

JOINT COMMITTEE ON ADMINISTRATIVE RULES

Second Notices Received.....7961

**OTHER INFORMATION REQUIRED BY LAW TO BE PUBLISHED IN THE ILLINOIS REGISTER**

CHIEF PROCUREMENT OFFICER FOR GENERAL SERVICES

Notice of Public Information (Vermeer Sales and Service).....7962

Notice of Public Information (Anderson Lock Company).....7964

Notice of Public Information (Multilingual Connections LLC).....7965

## 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

<b>Issue#</b>	<b>Rules Due Date</b>	<b>Date of Issue</b>
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
28	July 1, 2019	July 12, 2019
29	July 8, 2019	July 19, 2019
30	July 15, 2019	July 26, 2019
31	July 22, 2019	August 2, 2019
32	July 29, 2019	August 9, 2019
33	August 5, 2019	August 16, 2019
34	August 12, 2019	August 23, 2019
35	August 19, 2019	August 30, 2019
36	August 26, 2019	September 6, 2019
37	September 3, 2019	September 13, 2019
38	September 9, 2019	September 20, 2019
39	September 16, 2019	September 27, 2019
40	September 23, 2019	October 4, 2019
41	September 30, 2019	October 11, 2019
42	October 7, 2019	October 18, 2019
43	October 15, 2019	October 25, 2019
44	October 21, 2019	November 1, 2019
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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

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

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
250.105	Amendment
250.240	Amendment
250.1100	Amendment
250.1410	Amendment
250.1510	Amendment
250.1520	Amendment
- 4) Statutory Authority: Hospital Licensing Act [210 ILCS 85]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking implements PA 100-99 and 100-306; updates language to rules regarding anesthesia services; adds a new subsection regarding hospital document preservation procedures; and adds notification requirements for hospitals prior to clinical staff strikes and incidents that require the transfer of patients to other parts of the facility or other facilities.  
  
This rulemaking also aligns State rules regarding antibiotic stewardship programs (ASP) with the Department of Health and Human Services, Centers for Medicare and Medicaid Services accreditation requirements, and federal guidelines and updates Section 250.1100 by adding a new subsection requiring hospitals to develop and implement an ASP using specific core elements that are contained in federal guidelines, pertinent to antibiotic stewardship, incorporated by reference in this rulemaking.  
  
The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.
- 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? Yes

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 10) Are there any other rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not create a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register* to:
- Erin Conley  
Rules Coordinator  
Department of Public Health  
Division of Legal Services  
535 W. Jefferson St., 5th Floor  
Springfield IL 62761
- 217/785-9212  
dph.rules@illinois.gov
- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Hospitals licensed under the Hospital Licensing Act [210 ILCS 85]
- B) Reporting, bookkeeping or other procedures required for compliance: This rulemaking includes recordkeeping and reporting requirements for hospitals, including notifying the Department of impending strike of clinical staff, submitting plans regarding preservation of documents in the event of a change of ownership, and creation of antibiotic stewardship programs.
- C) Types of professional skills necessary for compliance: Administrative, nursing, and other medical staff, physicians
- 14) Small Business Impact Analysis:
- A) Types of businesses subject to the proposed rule:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

B) Categories that the Agency reasonably believes the rulemaking will impact, including:

- i. hiring and additional staffing;
- ii. regulatory requirements;
- iii. purchasing;
- vi. equipment and material needs;
- vii. training requirements;
- viii. record keeping;
- x. other potential impacted categories.

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

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250  
HOSPITAL LICENSING REQUIREMENTS

SUBPART A: GENERAL PROVISIONS

Section	
250.100	Definitions
250.105	Incorporated and Referenced Materials
250.110	Application for and Issuance of Permit to Establish a Hospital
250.120	Application for and Issuance of a License to Operate a Hospital
250.130	Administration by the Department
250.140	Hearings
250.150	Definitions (Renumbered)
250.160	Incorporated and Referenced Materials (Renumbered)

SUBPART B: ADMINISTRATION AND PLANNING

Section	
250.210	The Governing Board
250.220	Accounting
250.230	Planning
250.240	Admission and Discharge
250.245	Failure to Initiate Criminal Background Checks
250.250	Visiting Rules
250.260	Patients' Rights
250.265	Language Assistance Services
250.270	Manuals of Procedure
250.280	Agreement with Designated Organ Procurement Agencies
250.285	Smoking Restrictions
250.290	Safety Alert Notifications

SUBPART C: THE MEDICAL STAFF

Section	
250.310	Organization



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

250.315	House Staff Members
250.320	Admission and Supervision of Patients
250.330	Orders for Medications and Treatments
250.340	Availability for Emergencies

## SUBPART D: PERSONNEL SERVICE

Section	
250.410	Organization
250.420	Personnel Records
250.430	Duty Assignments
250.435	Health Care Worker Background Check
250.440	Education Programs
250.450	Personnel Health Requirements
250.460	Benefits

## SUBPART E: LABORATORY

Section	
250.510	Laboratory Services
250.520	Blood and Blood Components
250.525	Designated Blood Donor Program
250.530	Proficiency Survey Program (Repealed)
250.540	Laboratory Personnel (Repealed)
250.550	Western Blot Assay Testing Procedures (Repealed)

## SUBPART F: RADIOLOGICAL SERVICES

Section	
250.610	General Diagnostic Procedures and Treatments
250.620	Radioactive Isotopes
250.630	General Policies and Procedures Manual

## SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICES

Section	
250.710	Classification of Emergency Services
250.720	General Requirements
250.725	Notification of Emergency Personnel

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 250.730 Community or Areawide Planning
- 250.740 Disaster and Mass Casualty Program
- 250.750 Emergency Services for Sexual Assault Victims

## SUBPART H: RESTORATIVE AND REHABILITATION SERVICES

- Section
- 250.810 Applicability of Other Parts of These Requirements
- 250.820 General
- 250.830 Classifications of Restorative and Rehabilitation Services
- 250.840 General Requirements for all Classifications
- 250.850 Specific Requirements for Comprehensive Physical Rehabilitation Services
- 250.860 Medical Direction
- 250.870 Nursing Care
- 250.880 Additional Allied Health Services
- 250.890 Animal-Assisted Therapy

## SUBPART I: NURSING SERVICE AND ADMINISTRATION

- Section
- 250.910 Nursing Services
- 250.920 Organizational Plan
- 250.930 Role in hospital planning
- 250.940 Job descriptions
- 250.950 Nursing committees
- 250.960 Specialized nursing services
- 250.970 Nursing Care Plans
- 250.980 Nursing Records and Reports
- 250.990 Unusual Incidents
- 250.1000 Meetings
- 250.1010 Education Programs
- 250.1020 Licensure
- 250.1030 Policies and Procedures
- 250.1035 Domestic Violence Standards
- 250.1040 Patient Care Units
- 250.1050 Equipment for Bedside Care
- 250.1060 Drug Services on Patient Unit
- 250.1070 Care of Patients
- 250.1075 Use of Restraints

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

250.1080	Admission Procedures Affecting Care
250.1090	Sterilization and Processing of Supplies
250.1100	Infection Control
250.1110	Mandatory Overtime Prohibition
250.1120	Staffing Levels
250.1130	Nurse Staffing by Patient Acuity

## SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

Section	
250.1210	Surgery
250.1220	Surgery Staff
250.1230	Policies & Procedures
250.1240	Surgical Privileges
250.1250	Surgical Emergency Care
250.1260	Operating Room Register and Records
250.1270	Surgical Patients
250.1280	Equipment
250.1290	Safety
250.1300	Operating Room
250.1305	Visitors in Operating Room
250.1310	Cleaning of Operating Room
250.1320	Postanesthesia Care Units

## SUBPART K: ANESTHESIA SERVICES

Section	
250.1410	Anesthesia Service

## SUBPART L: RECORDS AND REPORTS

Section	
250.1510	Medical Records
250.1520	Reports

## SUBPART M: FOOD SERVICE

Section	
250.1610	Dietary Department Administration

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

250.1620	Facilities
250.1630	Menus and Nutritional Adequacy
250.1640	Diet Orders
250.1650	Frequency of Meals
250.1660	Therapeutic (Modified) Diets
250.1670	Food Preparation and Service
250.1680	Sanitation

## SUBPART N: HOUSEKEEPING AND LAUNDRY SERVICES

Section	
250.1710	Housekeeping
250.1720	Garbage, Refuse and Solid Waste Handling and Disposal
250.1730	Insect and Rodent Control
250.1740	Laundry Service
250.1750	Soiled Linen
250.1760	Clean Linen

## SUBPART O: OBSTETRIC AND NEONATAL SERVICE

Section	
250.1810	Applicability of Other Provisions of this Part
250.1820	Obstetric and Neonatal Service (Perinatal Service)
250.1830	General Requirements for All Obstetric Departments
250.1840	Discharge of Newborn Infants from Hospital
250.1845	Caesarean Birth
250.1850	Single Room Postpartum Care of Mother and Infant
250.1860	Special Programs (Repealed)
250.1870	Labor, Delivery, Recovery and Postpartum Care

SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE,  
EQUIPMENT, AND SYSTEMS – HEATING, COOLING, ELECTRICAL, VENTILATION,  
PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL

Section	
250.1910	Maintenance
250.1920	Emergency electric service
250.1930	Water Supply
250.1940	Ventilation, Heating, Air Conditioning, and Air Changing Systems

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

250.1950	Grounds and Buildings Shall be Maintained
250.1960	Sewage, Garbage, Solid Waste Handling and Disposal
250.1970	Plumbing
250.1980	Fire and Safety

## SUBPART Q: CHRONIC DISEASE HOSPITALS

Section	
250.2010	Definition
250.2020	Requirements

## SUBPART R: PHARMACY OR DRUG AND MEDICINE SERVICE

Section	
250.2110	Service Requirements
250.2120	Personnel Required
250.2130	Facilities for Services
250.2140	Pharmacy and Therapeutics Committee

## SUBPART S: PSYCHIATRIC SERVICES

Section	
250.2210	Applicability of other Parts of these Regulations
250.2220	Establishment of a Psychiatric Service
250.2230	The Medical Staff
250.2240	Nursing Service
250.2250	Allied Health Personnel
250.2260	Staff and Personnel Development and Training
250.2270	Admission, Transfer and Discharge Procedures
250.2280	Care of Patients
250.2290	Special Medical Record Requirements for Psychiatric Hospitals and Psychiatric Units of General Hospitals or General Hospitals Providing Psychiatric Care
250.2300	Diagnostic, Treatment and Physical Facilities and Services

## SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

Section	
250.2410	Applicability of these Standards
250.2420	Submission of Plans for New Construction, Alterations or Additions to Existing

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

	Facility
250.2430	Preparation of Drawings and Specifications – Submission Requirements
250.2440	General Hospital Standards
250.2442	Fees
250.2443	Advisory Committee
250.2450	Details
250.2460	Finishes
250.2470	Structural
250.2480	Mechanical
250.2490	Plumbing and Other Piping Systems
250.2500	Electrical Requirements

## SUBPART U: CONSTRUCTION REQUIREMENTS FOR EXISTING HOSPITALS

Section	
250.2610	Applicability of Subpart U
250.2620	Codes and Standards
250.2630	Existing General Hospital Requirements
250.2640	Details
250.2650	Finishes
250.2660	Mechanical
250.2670	Plumbing and Other Piping Systems
250.2680	Electrical Requirements

## SUBPART V: SPECIAL CARE AND/OR SPECIAL SERVICE UNITS

Section	
250.2710	Special Care and/or Special Service Units
250.2720	Day Care for Mildly Ill Children

## SUBPART W: ALCOHOLISM AND INTOXICATION TREATMENT SERVICES

Section	
250.2810	Applicability of Other Parts of These Requirements
250.2820	Establishment of an Alcoholism and Intoxication Treatment Service
250.2830	Classification and Definitions of Service and Programs
250.2840	General Requirements for all Hospital Alcoholism Program Classifications
250.2850	The Medical and Professional Staff
250.2860	Medical Records

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

250.2870	Referral
250.2880	Client Legal and Human Rights
250.APPENDIX A	Codes and Standards (Repealed)
250.EXHIBIT A	Codes (Repealed)
250.EXHIBIT B	Standards (Repealed)
250.EXHIBIT C	Addresses of Sources (Repealed)
250.ILLUSTRATION A	Seismic Zone Map
250.TABLE A	Measurements Essential for Level I, II, III Hospitals
250.TABLE B	Sound Transmission Limitations in General Hospitals
250.TABLE C	Filter Efficiencies for Central Ventilation and Air Conditioning Systems in General Hospitals (Repealed)
250.TABLE D	General Pressure Relationships and Ventilation of Certain Hospital Areas (Repealed)
250.TABLE E	Piping Locations for Oxygen, Vacuum and Medical Compressed Air
250.TABLE F	General Pressure Relationships and Ventilation of Certain Hospital Areas
250.TABLE G	Insulation/Building Perimeter

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

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328,

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390, effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15, 1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005; amended at 31 Ill. Reg. 4245, effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended at 32 Ill. Reg. 3756, effective February 27, 2008; amended at 32 Ill. Reg. 4213, effective March 10, 2008; amended at 32 Ill. Reg. 7932, effective May 12, 2008; amended at 32 Ill. Reg. 14336, effective August 12, 2008; amended at 33 Ill. Reg. 8306, effective June 2, 2009; amended at 34 Ill. Reg. 2528, effective January 27, 2010; amended at 34 Ill. Reg. 3331, effective February 24, 2010; amended at 34 Ill. Reg. 19031, effective November 17, 2010; amended at 34 Ill. Reg. 19158, effective November 23, 2010; amended at 35 Ill. Reg. 4556, effective March 4, 2011; amended at 35 Ill. Reg. 6386, effective March 31, 2011; amended at 35 Ill. Reg. 13875, effective August 1, 2011; amended at 36 Ill. Reg. 17413, effective December 3, 2012; amended at 38 Ill. Reg. 13280, effective June 10, 2014; amended at 39 Ill. Reg. 5443, effective March 25, 2015; amended at 39 Ill. Reg. 13041, effective September 3, 2015; amended at 41 Ill. Reg. 7154, effective June 12, 2017; amended at 41 Ill. Reg. 14945, effective November 27, 2017; amended at 42 Ill. Reg. 9507, effective May 24, 2018; amended at 43 Ill. Reg. 3889, effective March 18, 2019; amended at 43 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL PROVISIONS

**Section 250.105 Incorporated and Referenced Materials**

- a) The following regulations and standards are incorporated in this Part:
  - 1) Private and Professional Association Standards



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- A) American Society for Testing and Materials (ASTM), Standard No. E90-99 (2009): Standard Test Method for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions and Elements, which may be obtained from the American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, Pennsylvania 19428-2959:
- B) ASTM E 662 (2012), Standard Test Method for Specific Optical Density of Smoke Generated by Solid Materials, which may be obtained from the American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, Pennsylvania 19428-2959:
- C) ASTM E 84 (2010), Standard Test Method for Surface Burning Characteristics of Building Materials, which may be obtained from the American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, Pennsylvania 19428-2959:
- D) The following standards of the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), which may be obtained from the American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, Georgia 30329:
- i) ASHRAE Handbook of Fundamentals (2009)
  - ii) ASHRAE Handbook for HVAC Systems and Equipment (2004)
  - iii) ASHRAE Handbook-HVAC Applications (2007)
- E) The following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169:
- i) NFPA 101 (2012): Life Safety Code and all applicable references under Chapter 2, Referenced Publications.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- ii) NFPA 101A (2013): Guide on Alternative Approaches to Life Safety
  
- F) American Academy of Pediatrics and American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, Seventh Edition (2012), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264) (See Section 250.1820.)
  
- G) American College of Obstetricians and Gynecologists, Guidelines for Women's Healthcare, Fourth Edition (2014), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264) (See Section 250.1820.)
  
- H) American Academy of Pediatrics (AAP), Red Book: Report of the Committee on Infectious Diseases, 28<sup>th</sup> Edition (2009), which may be obtained from the American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, Illinois 60007 (See Section 250.1820.)
  
- I) American Academy of Pediatrics and the American Heart Association, 2011 American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) of Pediatric and Neonatal Patients: Neonatal Resuscitation Guidelines, which may be obtained from the American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, Illinois 60007, or at [pediatrics.aappublications.org/cgi/reprint/117/5/e1029.pdf](http://pediatrics.aappublications.org/cgi/reprint/117/5/e1029.pdf) (See Section 250.1830.)
  
- J) National Association of Neonatal Nurses, Position Statement #3009 Minimum RN Staffing in NICUs, which may be obtained from the National Association of Neonatal Nurses, 4700 W. Lake Ave., Glenview, Illinois 60025 or at [nann.org/pdf/08\\_3009\\_rev.pdf](http://nann.org/pdf/08_3009_rev.pdf) (See Section 250.1830.)
  
- K) National Council on Radiation Protection and Measurements (NCRP), Report 49: Structural Shielding Design and Evaluation

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

for Medical Use of X-rays and Gamma Rays of Energies up to 10 MeV (1976) and NCRP Report 102: Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies Up to 50 MeV (Equipment Design, Performance and Use) (1989), which may be obtained from the National Council on Radiation Protection and Measurements, 7910 Woodmont Ave., Suite 800, Bethesda, Maryland 20814-3095 (See Sections 250.2440 and 250.2450.)

- L) DOD Penetration Test Method MIL STD 282 (2012): Filter Units, Protective Clothing, Gas-mask Components and Related Products: Performance Test Methods, which may be obtained from Naval Publications and Form Center, 5801 Tabor Avenue, Philadelphia, Pennsylvania 19120 (See Section 250.2480.)
- M) National Association of Plumbing-Heating-Cooling Contractors (PHCC), National Standard Plumbing Code (2009), which may be obtained from the National Association of Plumbing-Heating-Cooling Contractors, 180 S. Washington Street, P.O. Box 6808, Falls Church, Virginia 22046 (703-237-8100)
- N) International Building Code (2012), which may be obtained from the International Code Council, 4051 Flossmoor Road, Country Club Hills, Illinois 60477-5795 (See Section 250.2420.)
- O) American National Standards Institute, ANSI A117.1 (2009), Standard for Accessible and Usable Buildings, which may be obtained from the American National Standards Institute, 25 West 433<sup>rd</sup> Street, 4<sup>th</sup> Floor, New York, New York 10036 (See Section 250.2420.)
- P) ASME Standard A17.1-2007, Safety Code for Elevators and Escalators, which may be obtained from the American Society of Mechanical Engineers (ASME) International, 22 Law Drive, Box 2900, Fairfield, New Jersey 07007-2900
- Q) Accreditation Council for Graduate Medical Education, Essentials of Accredited Residencies in Graduate Medical Education (1997), which may be obtained from the Accreditation Council for Graduate Medical Education, 515 North State Street, Suite 2000,

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

Chicago, Illinois 60610 (See Section 250.315.)

- R) The Joint Commission, 2006 Hospital Accreditation Standards (HAS), Standard PC.3.10, which may be obtained from the Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181 (See Section 250.1035.)
- S) National Quality Forum, Safe Practices for Better Health Care (2009), which may be obtained from the National Quality Forum, 601 13<sup>th</sup> Street, NW, Suite 500 North, Washington DC 20005, or from [www.qualityforum.org](http://www.qualityforum.org)
- 2) Federal Government Publications:
- A) Department of Health and Human Services, ~~United States Public Health Service~~, Centers for Disease Control and Prevention, "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007", updated October 2017, available at <https://www.cdc.gov/infectioncontrol/guidelines/isolation/> and "Guidelines for Infection Control in Health Care Personnel, 1998, which may be obtained from National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161 (See Section 250.1100.)
- B) Department of Health and Human Services, Centers for Disease Control and Prevention, "Guidelines for Infection Control in Health Care Personnel, 1998", available at <https://www.cdc.gov/hicpac/pdf/infectcontrol98.pdf>
- CB) Department of Health and Human Services, ~~United States Public Health Service~~, Centers for Disease Control and Prevention, "Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations – Animals in Health Care Facilities", "Morbidity and Mortality Weekly Report", June 6, 2003/Vol. 52/No. RR-10, available at <https://www.cdc.gov/mmwr/PDF/rr/rr6210.pdf> which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Road, MS K-95, Atlanta, Georgia 30333

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- DE) Department of Health and Human Services, ~~United States Public Health Services~~, Centers for Disease Control and Prevention, "Guidelines for Hand Hygiene in Health-Care Settings", "Morbidity and Mortality Weekly Report", October 25, 2002/Vol. 51/No. RR-16, available at <https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf> ~~October 25, 2002, which may be obtained from the National Technical Information Services (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161~~
- ED) Department of Health and Human Services, ~~United States Public Health Service~~, Centers for Disease Control and Prevention, "Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008", updated February 15, 2017, available at <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/> ~~which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia 30333~~
- F) Department of Health and Human Services, Centers for Disease Control and Prevention, "Core Elements of Hospital Stewardship Programs", 2014, which is available at <http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>, and "Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals", which is available at <https://www.cdc.gov/antibiotic-use/healthcare/pdfs/core-elements-small-critical.pdf>
- GE) National Center for Health Statistics and World Health Organization, Geneva, Switzerland, "International Classification of Diseases", 10<sup>th</sup> Revision, Clinical Modification (ICD-10-CM) (1990), Version for 2015, which can be accessed at <http://www.who.int/classifications/icd/en/>
- 3) Federal Regulations:
- A) 45 CFR 46.101, To What Does the Policy Apply? (October 1, 2018~~2017~~)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- B) 45 CFR 46.103(b), Assuring Compliance with this Policy – Research Conducted or Supported by any Federal Department or Agency (October 1, [20182017](#))
  - C) 42 CFR 482, Conditions of Participation for Hospitals (October 1, [20182017](#))
  - D) 21 CFR, Food and Drugs (April 1, [20182017](#))
  - E) 42 CFR 489.20, Basic Commitments (October 1, [20182017](#))
  - F) 29 CFR 1910.1030, Bloodborne Pathogens (July 1, [20182017](#))
  - G) 42 CFR 413.65(d) and (e), Requirements for a determination that a facility or an organization has provider-based status (October 1, [20182017](#))
- b) All incorporations by reference of federal regulations and guidelines and the standards of nationally recognized organizations refer to the regulations, guidelines and standards on the date specified and do not include any editions or amendments subsequent to the date specified.
- c) The following statutes and State regulations are referenced in this Part:
- 1) State of Illinois statutes:
    - A) Hospital Licensing Act [210 ILCS 85]
    - B) Illinois Health Facilities Planning Act [20 ILCS 3960]
    - C) Medical Practice Act of 1987 [225 ILCS 60]
    - D) Podiatric Medical Practice Act of 1987 [225 ILCS 100]
    - E) Pharmacy Practice Act [225 ILCS 85]
    - F) Physician Assistant Practice Act of 1987 [225 ILCS 95]
    - G) Illinois Clinical Laboratory and Blood Bank Act [210 ILCS 25]

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- H) X-ray Retention Act [210 ILCS 90]
- I) Safety Glazing Materials Act [430 ILCS 60]
- J) Mental Health and Developmental Disabilities Code [405 ILCS 5]
- K) Nurse Practice Act [225 ILCS 65]
- L) Health Care Worker Background Check Act [225 ILCS 46]
- M) MRSA Screening and Reporting Act [210 ILCS 83]
- N) Hospital Report Card Act [210 ILCS ~~8688~~]
- O) Illinois Adverse Health Care Events Reporting Law of 2005 [410 ILCS 522]
- P) Smoke Free Illinois Act [410 ILCS 82]
- Q) Health Care Surrogate Act [755 ILCS 40]
- R) Perinatal HIV Prevention Act [410 ILCS 335]
- S) Hospital Infant Feeding Act [210 ILCS 81]
- T) Medical Patient Rights Act [410 ILCS 50]
- U) Hospital Emergency Service Act [210 ILCS 80]
- V) Illinois Anatomical Gift Act [~~755775~~ ILCS 50]
- W) Illinois Public Aid Code [305 ILCS 5]
- X) ~~Substance Use Disorder Act~~~~Illinois Alcoholism and Other Drug Abuse and Dependency Act~~ [20 ILCS ~~301305~~]
- Y) ID/DD Community Care Act [210 ILCS 47]

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- Z) Specialized Mental Health Rehabilitation Act [of 2013](#) [210 ILCS [4948](#)]
  - AA) Veterinary Medicine and Surgery Practice Act of 2004 [225 ILCS 115]
  - BB) Alternative Health Care Delivery Act [210 ILCS 3]
  - CC) Gestational Surrogacy Act [750 ILCS 47]
  - DD) Code of Civil Procedure (Medical Studies) [735 ILCS 5/8-2101]
  - EE) Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70]
  - FF) Civil Administrative Code of Illinois (Department of Public Health Powers and Duties Law) [20 ILCS 2310]
  - GG) AIDS Confidentiality Act [410 ILCS 305]
  - HH) Nursing Home Care Act [210 ILCS 45]
  - II) Illinois Controlled Substances Act [720 ILCS 570]
  - JJ) Early Hearing Detection and Intervention Act [410 ILCS 213]
  - [KK\) Home Health, Home Services, and Home Nursing Agency Licensing Act](#) [210 ILCS 55]
- 2) State of Illinois Administrative Rules:
- A) Department of Public Health, Illinois Plumbing Code (77 Ill. Adm. Code 890)
  - B) Department of Public Health, Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545)
  - C) Department of Public Health, Control of Communicable Diseases Code (77 Ill. Adm. Code 690)



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- D) Department of Public Health, Food ~~Service Sanitation~~ Code (77 Ill. Adm. Code 750)
- E) Department of Public Health, Public Area Sanitary Practice Code (77 Ill. Adm. Code 895)
- F) Department of Public Health, Maternal Death Review (77 Ill. Adm. Code 657)
- G) Department of Public Health, Control of Sexually Transmissible Infections Code (77 Ill. Adm. Code 693)
- H) Department of Public Health, Control of Tuberculosis Code (77 Ill. Adm. Code 696)
- I) Department of Public Health, Health Care Worker Background Check Code (77 Ill. Adm. Code 955)
- J) Department of Public Health, Language Assistance Services Code (77 Ill. Adm. Code 940)
- K) Department of Public Health, Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640)
- L) Health Facilities and Services Review Board, Narrative and Planning Policies (77 Ill. Adm. Code 1100)
- M) Health Facilities and Services Review Board, Processing, Classification Policies and Review Criteria (77 Ill. Adm. Code 1110)
- N) Department of Public Health, Private Sewage Disposal Code (77 Ill. Adm. Code 905)
- O) Department of Public Health, Ambulatory Surgical Treatment Center Licensing Requirements (77 Ill. Adm. Code 205)
- P) Department of Public Health, HIV/AIDS Confidentiality

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

~~Confidentially~~ and Testing Code (77 Ill. Adm. Code 697)

- Q) Capital Development Board, Illinois Accessibility Code (71 Ill. Adm. Code 400)
  - R) State Fire Marshal, Boiler and Pressure Vessel Safety (41 Ill. Adm. Code 120)
  - S) State Fire Marshal, Fire Prevention and Safety (41 Ill. Adm. Code 100)
  - T) Illinois Emergency Management Agency, Standards for Protection Against Radiation (32 Ill. Adm. Code 340)
  - U) Illinois Emergency Management Agency, Use of X-rays in the Healing Arts Including Medical, Dental, Podiatry, and Veterinary Medicine (32 Ill. Adm. Code 360)
- 3) Federal Statutes:
- A) Health Insurance Portability and Accountability Act of 1996 (110 USC 1936)
  - B) Emergency Medical Treatment & Labor Act (42 USC 1395dd)

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

## SUBPART B: ADMINISTRATION AND PLANNING

**Section 250.240 Admission and Discharge**

- a) Principle  
The hospital shall have written policies for the admission, discharge, and referral of all patients who present themselves for care. Procedures shall assure appropriate utilization of hospital resources such as preadmission testing, ambulatory care programs, and short-term procedure units.
- b) Referrals  
A hospital licensed under the Hospital Licensing Act may not refer a patient or

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

the family of a patient, or have an entity on a resource reference list for a patient or the family of a patient, to a home health, home services, or home nursing agency unless the agency is licensed under the Home Health, Home Services, and Home Nursing Agency Licensing Act. (Section 3.8 of the Home Health, Home Services, and Home Nursing Agency Licensing Act) A hospital shall verify that an agency is currently on the Department's list of licensed home health, home services, and home nursing agencies posted on the Department's website or obtain a copy of an agency's license prior to making a referral to that agency.

cb) Access

- 1) All persons shall be admitted to the hospital, whether as inpatients or outpatients, by a member of the medical staff with admitting privileges, an advanced practice registered nurse, or a physician assistant with clinical privileges recommended by the medical staff and granted by the hospital governing board. All persons admitted to the hospital shall be under the professional care of a member of the medical staff.
- 2) Insofar as possible, the hospital shall assign patients to accommodations with regard to gender, age, and medical requirement.
- 3) The hospital shall provide basic and effective care to each patient. No person seeking necessary medical care from the hospital shall be denied care for reasons not based on sound medical practice or the hospital's charter, and, particularly, no person shall be denied care on account of race, creed, color, religion, gender, or sexual orientation.
- 4) When the hospital does not provide the services required by a patient or a person seeking necessary medical care, an appropriate referral shall be made.

de) Required Testing for All Admissions

- 1) The laboratory examinations required on all admissions shall be determined by the medical staff and shall be consistent with the scope and nature of the hospital. The required list or lists of tests shall be in written form and shall be available to all members of the medical staff. The required examinations shall be consistent with the requirements of this subsection (de).

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 2) Uterine Cytologic Examination for Cancer
  - A) *Every hospital shall offer a uterine cytologic examination for cancer to every female inpatient 20 years of age or over, unless one of the following conditions exists:*
    - i) *The examination is considered contra-indicated by the attending physician; or*
    - ii) *The patient has had a uterine cytologic examination for cancer performed within the previous year prior to the admission to the hospital.*
  - B) *Every woman for whom the test is applicable shall have the right to refuse such test on the counsel of the attending physician or on her own judgment.*
  - C) Patient records for all female inpatients 20 years of age or older shall indicate one of the following:
    - i) *The results of the test;*
    - ii) *The reasons that the test offer requirement was not applicable as provided under subsection (d)(2)(A); or*
    - iii) *A statement that it was refused by the patient. (Section 2310-540 of the Civil Administrative Code).*
- 3) Testing for Infection with Human Immunodeficiency Virus (HIV)
  - A) *The hospital shall offer testing for infection with human immunodeficiency virus (HIV) to patients upon request.*
  - B) *The hospital shall ensure that pre-test and post-test counseling is provided to the patient in accordance with the provisions of the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code.*

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- C) Testing that is performed under the Act and this Part *shall be subject to the provisions of the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code.* (Section 6.10 of the Act)

~~e~~) Discharge Notification

- 1) The hospital shall develop a discharge plan of care for all patients who present themselves to the hospital for care.
- 2) The discharge plan shall be based on an assessment of the patient's needs by various disciplines responsible for the patient's care.
- 3) When a patient is discharged to another level of care, the hospital shall ensure that the patient is being transferred to a facility that is capable of meeting the patient's assessed needs.
- 4) *Whenever a patient who qualifies for the federal Medicare program is hospitalized, the patient shall be notified of discharge at least 24 hours prior to discharge from the hospital.* The notification shall be provided by, or at the direction of, *a physician with medical staff privileges at the hospital or any appropriate medical staff member.* The notification shall include:
  - A) The anticipated date and time of discharge.
  - B) *Written information concerning the patient's right to appeal the discharge pursuant to the federal Medicare program, including the steps to follow to appeal the discharge and the appropriate telephone number to call if the patient intends to appeal the discharge.* This written information does not need to be included in the notification, if it has already been provided to the patient. (Section 6.09 of the Act)
- 5) *Every hospital shall develop and implement policies and procedures to provide the discharge notice required in subsection ~~e~~(4).* The policies and procedures *may also include a waiver* of the notification requirement in either or both of the following cases:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- A) When a discharge notice is not feasible due to a short length of stay in the hospital by the patient. The hospital policy shall specify the length of stay when discharge notification will not be considered feasible.
- B) When the patient voluntarily desires to leave the hospital before the expiration of the 24 hour period. (Section 6.09 of the Act)
- fe) *Patient Notice of Observation Status. Within 24 hours after a patient's placement into observation status by a hospital, the hospital shall provide that patient with an oral and written notice that the patient is not admitted to the hospital and is under observation status. The written notice shall be signed by the patient or the patient's legal representative to acknowledge receipt of the written notice and shall include, but not be limited to, the following information:*
- 1) *A statement that observation status may affect coverage under the federal Medicare program, the medical assistance program under Article V of the Illinois Public Aid Code, or the patient's insurance policy for the current hospital services, including medications and other pharmaceutical supplies, as well as coverage for any subsequent discharge to a skilled nursing facility or for home and community based care; and*
  - 2) *A statement that the patient should contact his or her insurance provider to better understand the implications of being placed into observation status. (Section 6.09b of the Act)*
- gf) The hospital shall develop a written policy for cases in which a patient in observation status is incapacitated and attempts to contact the patient's legal representative within 24 hours pursuant to subsection fe have been unsuccessful. The hospital shall document all attempts to contact the patient's legal representative.
- hg) **Background Checks for Patients Transferring to a Long-Term Care Facility**
- 1) *Before transfer of a patient to a long term care facility licensed under the Nursing Home Care Act where elderly persons reside, a hospital shall as soon as practicable initiate a name-based criminal history background check by electronic submission to the Department of State Police for all persons between the ages of 18 and 70 years; provided, however, that a*

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

*hospital shall be required to initiate such a background check only with respect to patients who:*

- A) *are transferring to a long term care facility for the first time;*
  - B) *have been in the hospital more than 5 days;*
  - C) *are reasonably expected to remain at the long term care facility for more than 30 days;*
  - D) *have a known history of serious mental illness or substance abuse; and*
  - E) *are independently ambulatory or mobile for more than a temporary period of time.*
- 2) *A hospital may also request a criminal history background check for a patient who does not meet any of the criteria set forth in subsections (h)(1)(A) through (E).*
- 3) *A hospital shall notify a long term care facility if the hospital has initiated a criminal history background check on a patient being discharged to that facility. In all circumstances in which the hospital is required by this subsection (h) to initiate the criminal history background check, the transfer to the long term care facility may proceed regardless of the availability of criminal history results.*
- 4) *Upon receipt of the results, the hospital shall promptly forward the results to the appropriate long term care facility. If the results of the background check are inconclusive, the hospital shall have no additional duty or obligation to seek additional information from, or about, the patient. (Section 6.09(d) of the Act)*

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

## SUBPART I: NURSING SERVICE AND ADMINISTRATION

**Section 250.1100 Infection Control**

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- a) A hospital shall designate a person or persons as Infection Prevention and Control Professionals to develop and implement policies governing control of infections, ~~and~~ communicable diseases, and Antibiotic Stewardship Programs. The Infection Prevention and Control Professionals shall be qualified through education, training, experience, or certification. The qualifications shall be documented.
- b) A multidisciplinary Infection Control Committee, composed at least of members of the medical staff and nursing staff, the Infection Prevention and Control Professionals, and the supervisor of Central Sterile Supply and administration, shall be responsible for investigations and recommendations for the prevention and control of infections within the hospital. This Committee shall *perform an annual facility-wide infection control risk assessment*. (Section 6.23 of the Act)
- c) Policies and procedures for reporting cases of communicable diseases and for the care of patients with communicable diseases shall be in accordance with the Control of Communicable Diseases Code, the Control of Sexually Transmissible ~~Infections~~ Diseases Code and the Control of Tuberculosis Code.
- d) When patients having a communicable disease, or presenting signs and symptoms suggestive of that diagnosis, are admitted, proper precautionary measures shall be taken to avoid cross-infection to personnel, other patients, or the public.
- e) The hospital shall provide facilities and equipment for the isolation of known or suspected cases of infectious disease.
- f) Policies and procedures for handling infectious cases shall include orders for nursing and non-professional staffs providing for proper isolation technique.
- g) All persons who care for patients with, or suspected of having, a communicable disease, or whose work brings them in contact with materials that are potential conveyors of communicable disease, shall take appropriate safeguards to avoid transmission of the disease agent.
- h) *The hospital shall develop and implement comprehensive interventions to prevent and control multidrug-resistant organisms (MDROs), including methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE), and certain gram-negative bacilli (GNB), that take into consideration guidelines of the Centers for Disease Control and Prevention for the management of MDROs in health care settings, including the "Guidelines for Isolation*



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings" and "Guidelines for Hand Hygiene in Health-Care Settings". (Section 6.23 of the Act)

- i) All hospitals shall comply with the Centers for Disease Control and Prevention publication "Guidelines for Infection Control in Health Care Personnel".
- j) The multidisciplinary Infection Control Committee shall be responsible for developing, implementing, monitoring, and enforcing a hand hygiene program in the hospital. For the purposes of this Section, "hand hygiene" is a general term that applies to hand washing with plain soap and water; antiseptic hand wash using soap containing antiseptic agents and water; antiseptic hand rub using a waterless antiseptic product, most often alcohol based, rubbed on the surface of the hands; or surgical hand antiseptic.
  - 1) The Committee shall assess the current practices and compliance, assess hand hygiene products that are currently being used, solicit input from clinical staff, and develop a hand hygiene program for all staff.
  - 2) All staff (including contractual and medical) shall be educated in the hand hygiene program during initial orientation and at least annually. This education shall be documented.
  - 3) The program shall have clear written goals that require quantitative, time-specific improvement targets.
  - 4) The Committee shall develop and implement measurement tools to be used to assure ongoing compliance with the program.
  - 5) The program shall incorporate the requirements for hand hygiene in educational materials presented to all staff on an ongoing basis; engage patients and families in the hand hygiene efforts; monitor compliance of all staff with recommended measurement tools for hand hygiene, including immediate feedback to personnel; and track compliance over time.
  - 6) The results of the monitoring shall be incorporated in the Quality Assurance/Quality Improvement Program.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- k) Contaminated material shall be handled and disposed of in a manner designed to prevent the transmission of the infectious agent.
- l) Thorough hand hygiene shall be required after touching any contaminated or infected material.
- m) Whenever the Control of Communicable Diseases Code and the Control of Tuberculosis Code require the submission of laboratory specimens for the release of a patient from isolation or quarantine and the hospital laboratory is not approved by the Department for the performance of the specific tests, the specimens shall be submitted to the laboratories of the Illinois Department of Public Health or other laboratory licensed by the Department for the specific tests required.
- n) The hospital shall establish a systematic plan of checking and recording cases of infection, known or suspected, that develop in the institution; these cases shall be reported to the Infection Control Committee and hospital administration. The Committee shall be empowered and directed to investigate health care-associated infections to determine the causative organism and its possible sources. The findings and recommendations of the Infection Control Committee shall be reported to the medical staff and administration for corrective action.
- o) Policies and procedures related to this Section and to the following items shall be developed:
  - 1) The admission and isolation of patients with specific or suspected infectious diseases, and protective isolation of appropriate patients.
  - 2) In-service education programs on the control of infectious diseases.
  - 3) Policies and procedures for isolation techniques appropriate to the working diagnosis of the patient, and protective routines for personnel and visitors.
  - 4) The recording and reporting of all infections of clean surgical cases to the Infection Control Committee, and procedures for the investigation of those cases.
- p) *In order to improve the prevention of hospital-associated bloodstream infections*

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

*due to methicillin-resistant Staphylococcus aureus (MRSA), every hospital shall establish an MRSA control program that requires:*

- 1) *Identification of all MRSA-colonized patients in all intensive care units, and other at-risk patients identified by the hospital, through active surveillance testing.*
  - 2) *Isolation of identified MRSA-colonized or MRSA-infected patients in an appropriate manner.*
  - 3) *Monitoring and strict enforcement of hand hygiene requirements.*
  - 4) *Maintenance of records and reporting of cases under Section 10 of the Act. (Section 5 of the MRSA Screening and Reporting Act)*
- q) *Each hospital shall adopt, implement, and update no less than every three years evidence-based protocols for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock (sepsis protocols) that are based on generally accepted standards of care. Sepsis protocols ~~shall~~ include components specific to the identification, care, and treatment of adults and of children, and ~~shall~~ clearly identify where and when components will differ for adults and for children seeking treatment in the emergency department or as an inpatient. These protocols ~~shall~~ also include the following components:*
- 1) *A process for the screening and early recognition of patients with sepsis, severe sepsis, or septic shock;*
  - 2) *A process to identify and document individuals appropriate for treatment through sepsis protocols, including explicit criteria defining those patients who should be excluded from the protocols, such as patients with certain clinical conditions or who have elected palliative care;*
  - 3) *Guidelines for hemodynamic support with explicit physiologic and treatment goals, methodology for invasive or non-invasive hemodynamic monitoring, and timeframe goals;*
  - 4) *For infants and children, guidelines for fluid resuscitation consistent with current, evidence-based guidelines for severe sepsis and septic shock with defined therapeutic goals for children;*

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 5) *Identification of the infectious source and delivery of early broad spectrum antibiotics with timely re-evaluation to adjust to narrow spectrum antibiotics targeted to identified infectious sources; and*
- 6) *Criteria for use, based on accepted evidence of vasoactive agents.*
- r) *Each hospital shall ensure that professional staff with direct patient care responsibilities and, as appropriate, staff with indirect patient care responsibilities, including, but not limited to, laboratory and pharmacy staff, are periodically trained to implement the sepsis protocols required under subsection (q). The hospital shall ensure updated training of staff if the hospital initiates substantive changes to the sepsis protocols.*
- s) *Each hospital shall be responsible for the collection and utilization of quality measures related to the recognition and treatment of severe sepsis for purposes of internal quality improvement.*
- t) *The evidence-based protocols adopted by the hospital under this Section shall be provided to the Department upon the Department's request.*
- u) *Hospitals submitting sepsis data as required by the Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting Program as of fiscal year 2017 are presumed to meet the sepsis protocol requirements outlined in this Section. (Section 6.23a of the Act)*

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

## SUBPART K: ANESTHESIA SERVICES

**Section 250.1410 Anesthesia Service**

- a) The Anesthesia Service shall be organized under written policies and procedures regarding staff privileges, the administration of anesthetics, and the maintenance of strict safety controls. In hospitals where there is no organized Anesthesia Service, the Surgery Service shall assume the responsibility for establishing general policies and supervising the administration of anesthetics. The Anesthesia Service is responsible for all anesthetics administered in the hospital.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- b) The Anesthesia Service shall be under the direction of a physician who has had specialized preparation and/or experience in the area or who has completed a residency in anesthesiology. An anesthesiologist shall be, Board certified or Board eligible, ~~is recommended~~.
- c) A physician or registered professional nurse shall supervise the work of all nonmedical personnel working in the Anesthesia Service.
- d) The hospital shall establish procedures ~~Responsibility~~ for regular inspection, maintenance, and repair of anesthesia equipment and supplies ~~shall be established~~.
- e) The Anesthesia Service, hospital administration, and medical staff shall collaborate to establish policies and procedures for the control, storage, and safe use of combustible anesthetics, oxygen, and other medicinal gases; types of anesthesia to be administered and procedures for each; personnel permitted to administer anesthesia; infection control, and safety regulations to be followed.
- f) The hospital shall recognize the dangers of accidental ignition of anesthetic gases to patients and others, and shall establish procedures ~~make provisions~~ to minimize this hazard in accordance with National Fire Protection Association (NFPA) Standard No. 99 (1993), "Health Care Facilities Code."
- g) The hospital shall provide policies and procedures to all personnel and ensure the enforcement of the policies and procedures. ~~Appropriate measures shall be taken to acquaint all personnel with the policies and procedures established and to assure enforcement.~~
- h) Anesthetic agents and medicinal gases shall be administered only on the order of a member of the medical staff and shall be administered only by persons qualified in the management of thesesuch materials. See subsection (e) ~~of this Section~~.
- i) The use and storage of anesthetic gases shall be in accordance with NFPA Standard No. 99 (1993), "Health Care Facilities Code." Areas for cleaning, testing, and storing anesthesia equipment shall be provided.
- j) An anesthetic record on special forms shall be made a part of the patient's chart. Drugs used, vital signs and other relevant information shall be recorded at regular intervals during anesthesia.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 1) There shall be a history and physical examination by a physician ~~within no more than 30 days prior to nonemergency surgery or a procedure requiring anesthesia services, or within 24 hours after admission or registration for a surgery or procedure requiring anesthesia services. Findings must be recorded in the patient's record prior to surgery or a procedure requiring anesthesia services.~~ ~~48 hours prior to the surgery, with findings recorded in the patient's record.~~ For dental surgery, the history and physical examination may be performed by a dentist who has been granted ~~such~~ privileges by the hospital medical staff.
- 2) Except in an emergency, no anesthetic shall be administered until the patient has had a history and physical examination, and a record made of the findings.
- k) Patients under or recovering from anesthesia and those who have received sedatives or analgesic shall remain under continuous, direct nursing supervision until vital signs have become stabilized. Any nurse performing this duty shall have been instructed in the management of post-anesthetic patients, shall have no other clinical duties while supervising ~~thesesuch~~ patients, and shall have immediate recourse to the attending surgeon, ~~or~~ anesthesiologist, or qualified substitute, present in the hospital.
- l) Post-anesthetic follow-up visits shall be made within ~~48~~24 hours after the operation, by the anesthesiologist, nurse anesthetist, or responsible physician, who shall note and record any postoperative abnormalities or complications from anesthesia.

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

## SUBPART L: RECORDS AND REPORTS

**Section 250.1510 Medical Records**

- a) Facilities
  - 1) The hospital shall maintain medical record facilities with adequate supplies and equipment.
  - 2) Medical records shall be stored safely. Medical records shall be handled

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

so as to assure safety from water seepage or fire damage and are to be safeguarded from unauthorized use.

- b) Organization
  - 1) Responsible Personnel
    - A) A qualified health information practitioner (registered health information administrator or accredited health information technician) shall be employed or contracted as the director of the medical records department.
    - B) The director of the medical records department shall participate in educational programs relative to health information activities, on-the-job training and orientation of other medical record personnel, and in-service health information educational programs. Professional consultation services shall be provided for the health information practitioner.
  - 2) An adequate, accurate, timely, and complete medical record shall be maintained for each patient. Minimum requirements for medical record content are:
    - A) Patient identification and admission information;
    - B) The history of the patient as to chief complaints, present illness and pertinent medical history, family history, and social history;
    - C) A physical examination report;
    - D) Provisional diagnosis;
    - E) Diagnostic and therapeutic reports on laboratory test results, x-ray findings, any surgical procedure performed, any pathological examination, any consultation, and any other diagnostic or therapeutic procedure performed;
    - F) Orders and progress notes made by the attending physician and, when applicable, by other members of the medical staff and allied

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

health personnel;

- G) Observations notes and vital sign charting made by nursing personnel; and
  - H) Conclusions as to the primary and any associated diagnoses; brief clinical resume; disposition at discharge, including instructions and medications; and any autopsy findings on a hospital death.
- 3) For record requirements pertaining to obstetric patients and newborn infants, see Section 250.1830(h).
  - 4) A committee of the organized medical staff shall be responsible for reviewing medical records to ensure adequate documentation, completeness, promptness, and clinical pertinence.
  - 5) The hospital shall establish requirements for the completion of medical records and for the retention period for medical records. The hospital shall issue~~Definite~~ policies and procedures pertaining to the use of medical records and the release of medical record information. Discharge shall be issued, and discharge diagnoses shall be expressed in terminology of a recognized disease nomenclature.
  - 6) When a hospital provides a sexual assault survivor with a voucher in compliance with Section 250.750(d), *the hospital shall make a copy of the voucher and place it in the medical record of the sexual assault survivor. The hospital shall provide a copy of the voucher to the sexual assault survivor after discharge upon request.* (Section 5(b-5) of the Sexual Assault Survivors Emergency Treatment Act)
- c) Authentication of Medical Record Entries
- 1) All entries into the medical record shall be authenticated by the individual who made or authorized the entry. "Authentication," for purposes of this Section, means identification of the author of a medical record entry by that author, and confirmation that the contents are what the author intended, except that telephone orders may be authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient and who is authorized to write orders pursuant to Section



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

250.330.

- 2) Medical record entries shall include all notes, orders or observations made by direct patient care providers and any other individuals required to make the entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments, including, but not limited to, radiologic or electrocardiographic reports, operative reports, reports of pathologic examination of tissue and other similar reports. The medical record may include entries that are transmitted by facsimile machine, provided that the faxed copies are on non-thermal paper and that the faxed copies are dated and authenticated pursuant to hospital policy approved by the medical staff.
- 3) Written signatures or initials and electronic signatures or computer-generated signature codes are acceptable as authentication. All signatures or initials, whether written, electronic, or computer-generated, shall include the initials of the signer's credentials.
- 4) If a hospital uses electronic signatures or computer-generated signature codes for authentication purposes, the hospital's medical staff and governing board shall adopt a policy that permits authentication by electronic or computer-generated signature. The policy shall identify those categories of the medical staff, allied health staff or other personnel within the hospital who are authorized to authenticate patient records using electronic or computer-generated signatures.
- 5) At a minimum, the policy shall include adequate safeguards to ensure confidentiality, including, but not limited to, the following:
  - A) Each user shall be assigned a unique identifier that is generated through a confidential access code.
  - B) The hospital shall certify in writing that each identifier is kept strictly confidential. This certification shall include a commitment to terminate a user's use of a particular identifier if it is found that the identifier has been misused. "Misused" shall mean that the user has allowed another person or persons to use his or her personally assigned identifier, or that the identifier has otherwise been inappropriately used.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- C) The user shall certify in writing that he or she is the only person with user access to the identifier and the only person authorized to use the signature code.
  - D) The hospital shall monitor the use of identifiers periodically and take corrective action as needed. The process by which the hospital will conduct the monitoring shall be described in the policy.
- 6) A system employing the use of electronic signatures or computer-generated signature codes for authentication shall include a verification process to ensure that the content of authenticated entries is accurate. The verification process shall include, at a minimum, the following provisions:
- A) The system shall require completion of certain designated fields for each type of document before the document may be authenticated, with no blanks, gaps or obvious contradictory statements appearing within those designated fields. The system shall also require that previously authenticated entries are corrected or supplemented by additional entries, separately authenticated and made after the original entry.
  - B) The system shall allow the user to verify that the document is accurate and that the signature has been properly recorded.
  - C) The hospital shall, as part of its quality assurance activities, periodically sample records generated by the system to verify the accuracy and integrity of the system.
- 7) A user may terminate authorization for use of electronic or computer-generated signature upon written notice to the Director of Medical Records or other person designated by the hospital's policy.
- 8) Each report generated by a user shall be separately authenticated.
- d) Indexing
- 1) A patient index that serves as a key to the location of the medical record of

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

each person who is or has been an inpatient shall be maintained as a perpetual master index. A daily register of patients admitted to the hospital and babies born in the hospital shall be maintained.

- 2) Medical records shall be classified and indexed according to diagnoses, surgical procedures, and physician, and other indices shall be developed as deemed necessary for the advancement of medical care.
  - 3) The International Classification of Diseases shall be used as the statistical classification for purposes of uniformity and compatibility of data between and among hospitals.
- e) Preservation
- 1) All original medical records or photographs of records shall be preserved in accordance with Section 6.17 of the Act.
  - 2) The hospital shall have a policy for the preservation of patient medical records if the hospital closes.
  - 3) Prior to completing a change of ownership pursuant to Section 250.120(g) and (h), the buyer and seller shall inform the Department which party is responsible for record preservation. If one single party is not responsible for complete record preservation, then the parties shall provide the Department with a list identifying the records each party is responsible for preserving. No new license will be issued to the new person, legal entity, or partnership until the plan for record preservation is submitted to the Department.

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

**Section 250.1520 Reports**

- a) Each hospital shall submit reports containing such pertinent data as may reasonably be required by the Department.
- b) In the reporting of communicable disease cases, the hospital shall comply with the Control of Communicable Diseases Code.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- c) See Sections 250.1830 and 250.1840 regarding reports pertaining to mothers and infants, and regarding children to be discharged to a person other than a natural parent.
- d) See Section 250.1830 regarding birth, stillbirth and death reports.
- e) The death of a pregnant woman or the death of a woman within one year following the termination of a pregnancy shall be reported to the Department as required by the Department's rules titled Maternal Death Review and in Section 250.1830(i)(2) ~~of this Part~~. This is required regardless of the type of hospital or the reason for the patient's admission.
- f) Any incident or occurrence in a hospital that could be considered a catastrophe or creates ~~a potential~~ immediate jeopardy or dangerous threat ~~and~~ that requires the transfer of patients to other parts of the facility or other facilities, including but not limited to fire, flood, or power failure, shall be reported to the Department within ~~24 hours after the two working days after its~~ occurrence. Reports shall be made to the Department via email at: [DPH.HospitalReports@illinois.gov](mailto:DPH.HospitalReports@illinois.gov).
- g) Reporting Opioid Overdoses
- 1) *As used in this Section, the following definitions apply:*

*"Overdose" – has the same meaning as provided in Section 414 of the Illinois Controlled Substances Act.*

*"Health care professional" – a physician licensed to practice medicine in all its branches, a physician assistant, or an advanced practice registered nurse licensed in Illinois.*
  - 2) *When treatment is provided in a hospital's emergency department, a health care professional who treats a drug overdose, hospital administrator, or the designee of either shall report the case to the Department of Public Health within 48 hours after providing treatment for the drug overdose or at such time the drug overdose is confirmed.*
  - 3) The hospital shall report to the Department the following information electronically or on forms provided by the Department:

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- A) *Whether an opioid antagonist was administered and, if yes, the name of the antagonist;*
- B) *The cause of the overdose, including, but not limited to, whether the overdose was caused by an opioid or heroin; and*
- C) *The demographic information of the person treated. The demographic information shall include, but is not limited to, the patient's:*
- i) Age;
  - ii) Sex;
  - iii) Federal Information Process Standards county code;
  - iv) Zip code;
  - v) Race, using the Centers for Disease Control and Prevention (CDC) race category; and
  - vi) Ethnicity, using the CDC ethnicity group.
- 4) *The person completing the form shall not disclose the name, address, or any other personal information of the individual experiencing the overdose.*
- 5) *The identity of the person and hospital reporting under this subsection (g) shall not be disclosed to the subject of the report. For the purposes of this subsection (g), the health care professional, hospital administrator, or designee making the report, and his or her employer, shall not be held criminally, civilly, or professionally liable for reporting under this subsection (g)(5), except for willful or wanton misconduct. (Section 6.14g of the Act)*
- h) Each hospital shall notify the Department within 24 hours after receiving a notice of impending strike of staff providing direct care. The hospital shall submit a strike contingency plan to the Department no later than three calendar days prior to the impending strike.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received during the period of July 16, 2019 through July 22, 2019. These rulemakings are scheduled for the August 13, 2019 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start of First Notice</u>	<u>JCAR Meeting</u>
8/29/19	<u>Natural Resources</u> , The Illinois Oil and Gas Act (62 Ill. Adm. Code 240)	5/24/19 43 Ill. Reg. 6113	8/13/19
8/31/19	<u>Insurance</u> , Derivative Instruments (50 Ill. Adm. Code 806)	5/3/19 43 Ill. Reg. 4854	8/13/19
8/31/19	<u>Insurance</u> , Advertising and Sales Promotion of Life Insurance and Annuities (50 Ill. Adm. Code 909)	5/3/19 43 Ill. Reg. 4862	8/13/19
8/31/19	<u>Insurance</u> , Individual and Group Life Insurance Policy Illustrations (50 Ill. Adm. Code 1406)	5/3/19 43 Ill. Reg. 4868	8/13/19
8/31/19	<u>Insurance</u> , Health Maintenance Organization (50 Ill. Adm. Code 4521)	5/3/19 43 Ill. Reg. 4877	8/13/19
9/1/19	<u>State Employees' Retirement System</u> , The Administration and Operation of the State Employees' Retirement System (80 Ill. Adm. Code 1540)	5/24/19 43 Ill. Reg. 6166	8/13/19

## CHIEF PROCUREMENT OFFICER FOR GENERAL SERVICES

## NOTICE OF PUBLIC INFORMATION

## NOTICE OF CAMPAIGN CONTRIBUTION VIOLATION OF PROCUREMENT CODE

- 1) Statutory Authority: Section 50-37 of the Illinois Procurement Code, 30 ILCS 500/50-37, prohibits business entities with contracts and solicitations worth in excess of \$50,000 in combined annual value pending with a given officeholder responsible for awarding the contracts from making campaign contributions to campaign committees established to promote the candidacy of the officeholder or any other declared candidate for that office. The prohibition also extends to contributions made by various affiliated persons and businesses of a business entity that is subject to the prohibition. Section 50-37 requires that notice of violation of the prohibition and the penalty imposed is to be published in the *Illinois Register*.
- 2) Name of Contributor: Mitch Smith affiliated person of Vermeer Sales & Services of Central Illinois, Inc.
- 3) Date of Violation: December 3, 2009; June 30, 2010; October 24, 2014; and December 31, 2013.
- 4) Description of Violation: Mitch Smith, an affiliated person of the business entity Vermeer Sales & Services of Central Illinois, Inc., made contributions of \$500 on December 3, 2009 and \$250 on June 30, 2010 to "Brady for Senate" a campaign committee established to support the elections of Bill Brady to public office. At the time of the contributions, Bill Brady was a declared candidate for the office of Governor and Vermeer Sales and Services of Central Illinois, Inc. had in place active contracts with the Chief Procurement Office for General Services, the total annual combined value of which was in excess of \$50,000.  
  
Mitch Smith also made contributions of \$5000 on October 24, 2014 and \$5000 on December 31, 2013 to "Citizens for Rauner, Inc.", a campaign committee established to support the election of Bruce Rauner to public office. At the time of the contributions, Bruce Rauner was a declared candidate for the office of governor, and Vermeer Sales & Services of Central Illinois, Inc. had in place active contracts with the Chief Procurement Office for General Services, the total annual combined value of which was in excess of \$50,000.
- 5) Summary of Action Taken by the Agency: Section 50-37 provides that all contracts between State agencies and a business entity that violate the campaign contribution prohibition are voidable at the discretion of the chief procurement officer. The Chief Procurement Officer for General Services has notified Vermeer Sales & Services of



## CHIEF PROCUREMENT OFFICER FOR GENERAL SERVICES

## NOTICE OF PUBLIC INFORMATION

Central Illinois, Inc. of the apparent violations, reviewed responsive material provided by Vermeer Sales & Services of Central Illinois, Inc. and have considered the value, status, and necessity of the contracts. In addition, the Chief Procurement Officer has taken into consideration the recognition by Mitch Smith of the violation and his understanding of the necessity to avoid such situations in the future. We find that voiding affected contracts, bids or proposals would not be in the best interest of the State.

As required by Section 50-37(e) of the Procurement Code, Citizens for Rauner, Inc. and Brady for Senate Committees are required to pay to the State an amount equal to the value of the contributions to their respective campaigns within 30 days of the publication of this notice.

## CHIEF PROCUREMENT OFFICER FOR GENERAL SERVICES

## NOTICE OF PUBLIC INFORMATION

## NOTICE OF CAMPAIGN CONTRIBUTION VIOLATION OF PROCUREMENT CODE

- 1) Statutory Authority: Section 50-37 of the Illinois Procurement Code, 30 ILCS 500/50-37, prohibits business entities with contracts and solicitations worth in excess of \$50,000 in combined annual value pending with a given officeholder responsible for awarding the contracts from making campaign contributions to campaign committees established to promote the candidacy of the officeholder or any other declared candidate for that office. The prohibition also extends to contributions made by various affiliated persons and businesses of a business entity that is subject to the prohibition. Section 50-37 requires that notice of violation of the prohibition and the penalty imposed is to be published in the *Illinois Register*.
- 2) Name of Contributor: Cortney Anderson Wascher, President and affiliated person of Anderson Lock Company
- 3) Date of Violation: August 21, 2018
- 4) Description of Violation: Cortney Anderson Wascher, an affiliated person of the business entity Anderson Lock Company, made a contribution of \$500 to Citizens for Rauner, a campaign committee established to support the election of Bruce Rauner to public office. At the time of the contribution, Bruce Rauner was a declared candidate for the office of governor, and Anderson Lock Company had in place active contracts with the Chief Procurement Office for General Services, the total annual combined value of which was in excess of \$50,000.
- 5) Summary of Action Taken by the Agency: Section 50-37 provides that State contracts with a business entity that violates the campaign contribution prohibition are voidable at the discretion of the chief procurement officer. The Chief Procurement Officer for General Services has notified Anderson Lock Company of the apparent violation, reviewed responsive material provided by Anderson Lock Company, and have considered the value, status, and necessity of the contracts. In addition, the Chief Procurement Officer has taken into consideration the recognition by Cortney Anderson Wascher of the violation and her understanding of the necessity to avoid such situations in the future. We find that voiding affected contracts, bids or proposals would not be in the best interest of the State.

As required by Section 50-37(e) of the Procurement Code, Citizens for Rauner is required to pay to the State an amount equal to the value of the contribution within 30 days of the publication of this notice.

## CHIEF PROCUREMENT OFFICER FOR GENERAL SERVICES

## NOTICE OF PUBLIC INFORMATION

## NOTICE OF CAMPAIGN CONTRIBUTION VIOLATION OF PROCUREMENT CODE

- 1) Statutory Authority: Section 50-37 of the Illinois Procurement Code, 30 ILCS 500/50-37, prohibits business entities with contracts and solicitations worth in excess of \$50,000 in combined annual value pending with a given officeholder responsible for awarding the contracts from making campaign contributions to campaign committees established to promote the candidacy of the officeholder or any other declared candidate for that office. The prohibition also extends to contributions made by various affiliated persons and businesses of a business entity that is subject to the prohibition. Section 50-37 requires that notice of violation of the prohibition and the penalty imposed is to be published in the *Illinois Register*.
- 2) Name of Contributor: Jill K Bishop, CEO and affiliated person of Multilingual Connections LLC
- 3) Date of Violation: March 19, 2018
- 4) Description of Violation: Jill K Bishop, an affiliated person of the business entity Multilingual Connections LLC, made a contribution of \$250 to Biss for Illinois, a campaign committee established to support the election of Daniel Biss to public office. At the time of the contribution, Daniel Biss was a declared candidate for the office of governor, and Multilingual Connections LLC had in place active contracts with the Chief Procurement Office for General Services, the total annual combined value of which was in excess of \$50,000.
- 5) Summary of Action Taken by the Agency: Section 50-37 provides that State contracts with a business entity that violates the campaign contribution prohibition are voidable at the discretion of the chief procurement officer. The Chief Procurement Officer for General Services has notified Multilingual Connections LLC of the apparent violation, reviewed responsive material provided by Multilingual Connections LLC, and have considered the value, status, and necessity of the contracts. In addition, the Chief Procurement Officer has taken into consideration the recognition by Jill K Bishop of the violation and her understanding of the necessity to avoid such situations in the future. We find that voiding affected contracts, bids or proposals would not be in the best interest of the State.

As required by Section 50-37(e) of the Procurement Code, Biss for Illinois is required to pay to the State an amount equal to the value of the contribution within 30 days of the publication of this notice.

**ILLINOIS ADMINISTRATIVE CODE**  
**Issue Index - With Effective Dates**

Rules acted upon in Volume 43, Issue 31 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

**PROPOSED RULES**

77 - 250 ..... 7919