

THE FLINN REPORT

ILLINOIS GENERAL ASSEMBLY
JOINT COMMITTEE ON ADMINISTRATIVE RULES

Elaine Spencer, Editor

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The Flinn Report is a weekly summary of regulatory actions of State agencies published in the *Illinois Register* and action taken by the Illinois General Assembly's Joint Committee on Administrative Rules (JCAR). The Flinn Report honors founding JCAR member Representative Monroe Flinn, and is designed to inform and involve the public in changes taking place in agency administration.

Proposed Rulemakings

▪ PRE- AND POST-PARTUM SERVICES

The DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES proposed amendments to Medical Payment (89 IAC 140; 50 Ill Reg 5278) implementing Public Acts 102-4 and 102-665, which authorize medical assistance coverage of doula services and lactation consultation services; PA 103-498, which covers home visiting programs for pregnant individuals and their families from birth up to elementary school enrollment; and PA 103-720, which authorizes coverage of licensed certified professional midwife services. Health care providers who provide these services are affected.

Doula Services

Doulas who enroll as medical assistance providers must be Illinois Medicaid-certified. Doula services must be recommended by a physician or other licensed practitioner of the healing arts (LPHA) in accordance with the Department of Public Health's

standing recommendations for doula services, in order to be covered. Covered doula services may be provided throughout pregnancy, labor, delivery, and for up to 12 months postpartum and include perinatal counseling and support services; labor and delivery support, including development of a birth plan;

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accompanying the pregnant individual to prenatal visits; visits to provide basic infant care; emotional and physical support; and coordination with community-based services.

Midwife Services

Services provided by Licensed Certified Professional Midwives (LCPMs) who are licensed in Illinois or in their state of practice and certified by the North American Registry of Midwives shall be covered if these

services are recommended by a physician, physician assistant or advanced practice registered nurse and are rendered by the LCPM or a midwife assistant acting under the LCPM's direct supervision. Covered services include ongoing assessment during pregnancy, labor, delivery and postpartum; physical examinations; administration of medications and use of devices; ordering and interpreting allowable laboratory and diagnostic tests; and consultation, referral or linkage to other healthcare professionals.

Lactation Consultation

Lactation consultants must be certified by and in good standing with a board or organization recognized by HFS. Covered lactation services include helping clients to make informed decisions regarding breastfeeding and the effects of medication, drugs, alcohol or other

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ADOPTED RULES: Rules adopted by agencies this week. **EMERGENCY RULES:** Temporary rules adopted for no more than 150 days.
PROPOSED RULEMAKINGS: Rules proposed by agencies this week, commencing a First Notice public comment period of at least 45 days.
PEREMPTORY RULES: Rules adopted without prior public notice or JCAR review as authorized by 5 ILCS 100/5-50.
▪ - Designates rules of special interest to small businesses, small municipalities and/or non-profit organizations. Agencies must consider comments from these groups and attempt to minimize regulatory burdens on them.
QUESTIONS/COMMENTS: Submit mail, e-mail or phone calls to the agency personnel listed below each summary.
RULE TEXT: First Notice proposed text, emergency rule and peremptory rule text is available at the Secretary of State website (<https://www.ilsos.gov/departments/index/register/home.html>) or at the Illinois General Assembly website (<http://www.ilga.gov>) under "Illinois Register". Second Notice text for proposed rulemakings (original version with any changes made by the agency during First Notice included) is available at the JCAR website.

Proposed Rulemakings

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substances on breastfeeding; developing personalized lactation plans; management of lactation-related conditions; providing support and encouragement toward breastfeeding goals; and coordinating access to services such as primary and pediatric care, nutrition assistance (WIC), and home visiting.

Home Visits

Covered services must be provided by a home visiting organization that offers informational support, care coordination, and screening to pregnant and parenting individuals to support healthy pregnancy outcomes. The organization must be accredited or in compliance with nationally recognized standards and must be recommended by a physician or other LPHA.

• MEDICAL ASSISTANCE

HFS also proposed amendments to Medical Assistance Programs (89 IAC 120; 50 Ill Reg 5260) that align its rules for the Health Insurance Premium Payment (HIPP) program with federal law and historical and current practice. The HIPP program reimburses the cost of insurance premiums for medical assistance customers with a high-cost medical condition (e.g., cancer, AIDS, heart/liver/kidney disease) that is covered by an HFS-approved, cost-effective group or individual private insurance plan. The rulemaking removes language that required customers to enroll in cost effective group or individual health insurance as a condition of enrollment in medical assistance, since HIPP has historically been operated as a voluntary program

for customers who already have private insurance. An individual may enroll in HIPP if they or a dependent are enrolled in private insurance. HIPP enrollees can be reimbursed only for premiums already self-paid or paid via payroll deduction. Reimbursements will be paid on a schedule set by HFS and will be made when the customer accumulates and submits proof of at least \$250 (currently \$50) in premium payments. HFS will determine the cost effectiveness of an insurance plan based on paid claims (a plan is deemed cost effective if the average cost of medical services covered during the claim period is at least 2.5 times the cost of the premiums). A customer whose premium is returned must turn that amount over to HFS immediately; otherwise, this money will be subject to recovery by HFS and the customer may become ineligible for medical assistance until proof of repayment is provided or until the next enrollment period. HIPP customers who own or work for small businesses may be affected.

MENTAL HEALTH FACILITIES

HFS proposed amendments to Specialized Health Care Delivery Systems (89 IAC 146; 50 Ill Reg 5308) implementing PA 103-102 and 103-593. The rulemaking increases the add on rates for single room occupancy in specialized mental health rehabilitation facilities (SMHRFs) effective 1/1 through 12/31/24, from \$15 to \$25.50 per day and for double room occupancy from \$10 to \$14.50 per day. Beginning 1/1/25, these rates are further increased to \$35.50 for single room occupancy and \$23.25 for double room occupancy. The rulemaking also establishes a separate per diem add on payment for facilities licensed under the Specialized Mental Health Rehabilitation Act of 2013 that are licensed only for single occupancy rooms and that have reduced their

licensed capacity. Facilities licensed under that Act which have any double occupancy (or more) rooms and have failed to reduce their licensed capacity are not eligible for this add on payment, which ranges from \$220 to \$240 per resident day based on the number of licensed beds in the facility. Facilities that are in the process of reducing capacity to all single occupant rooms may negotiate an interim payment rate with HFS for dates of service on or after 7/1/25. This rulemaking also clarifies how the real estate tax component of capital support rates for SMHRFs are determined effective 1/1/25.

HOSPITALS

Finally, HFS proposed amendments to Hospital Services (89 IAC 148; 50 Ill Reg 5320) that lower the Hospital Outpatient Adjustment Rate assigned to qualifying High Medicaid General Acute Care Hospitals from \$375 to \$136, and lower the rate for other General Acute Care Hospitals from \$325 to \$118, effective 1/1/24. HFS states that while these adjustments decreased fee for service spending, state directed payments to Medicaid Managed Care Organizations increased by the same amount, so the amendment is effectively budget neutral. The rulemaking also implements PA 104-7, which allows safety-net hospitals to elect to remain in the high Medicaid hospital class for the purpose of receiving directed payments for certain services.

Questions/requests for copies/comments on the 4 HFS rulemakings through 6/1/26: Chris Gange, HFS, 201 S. Grand Ave. East, 3rd Floor, Springfield IL 62763-0002, 217-782-1233, HFS.Rules@illinois.gov

JCAR Meeting Action

At its April 14, 2026 meeting, the Joint Committee on Administrative Rules took the following actions. Proposed rulemakings on this agenda that are not listed below received No Objection and may now be adopted by their agencies.

OBJECTION

JCAR objected to the Secretary of State rulemaking titled Public Use of the Capitol Complex and Springfield Facilities (71 IAC 2005; 49 Ill Reg 15062) because 1 IAC 220.900(a)(2)(E) requires that the language of rules be simple and clear in order for the rules to be understood by the persons and groups it will affect. This rulemaking contains conflicting provisions that would confuse those impacted by the rulemaking. The Secretary of State has indicated its desire to withdraw this rulemaking in response to this Objection.

RECOMMENDATION

With regard to the Department of Healthcare and Family Services' rulemaking titled Hospital Services (89 IAC 148; 50 Ill Reg 584),

JCAR recommended that the Department be more timely in implementing Public Acts in rule. Public Act 103-102, which established the Critical Access Hospital Obstetrical and Other Treatment Services program, required HFS to adopt rules for the program no later than October 1, 2023.

EXTENSION

JCAR, with the concurrence of the Department of Natural Resources, extended the rulemaking titled Commercial Fishing and Musseling in Certain Waters of the State (17 IAC 830; 49 Ill Reg 14164) for an additional 45 days. This rulemaking will be considered again at the May 12 meeting.

POSTPONEMENT

JCAR postponed action on the Illinois Student Assistance Commission rulemaking titled Human Services Professional Loan Repayment Program (23 IAC 2752; 49 Ill Reg 12883), which is currently on extended Second Notice, until the May 12 meeting.

Adopted Rules

• FOOD PROCESSING

The DEPARTMENT OF PUBLIC HEALTH adopted amendments to Manufacturing, Processing, Packing or Holding of Food Code (77 IAC 730; proposed at 49 Ill Reg 12370) effective 3/31/26 at 50 Ill Reg 5404, that institute a permit system for facilities currently regulated and inspected under this Part, and update incorporated federal regulations and current industry standards for processed food.

Facilities

The rulemaking defines the following categories of facilities subject to permitting and regulation under this Part:

-- Food processing plants, defined as a building, facility, or any part thereof used to manufacture, package, repackage, hold or transport food for human consumption to another entity for resale. This definition does not include home kitchens; meat and

poultry slaughterhouses and processors regulated by the Department of Agriculture; dairy farms, milk plants, and egg producers subject to other DPH or DOA rules; an establishment that harvests, stores or distributes raw fruit or vegetables that are not cleaned or processed prior to public sale; or any food establishment defined in the Food Code (77 IAC 750) that sells food products directly to consumers.

-- Food storage facilities or warehouses that store food for wholesale distribution to other wholesalers, retailers, restaurants, grocery stores, or any other outlet that sells food products to the final consumer. This definition includes cold storage facilities but does not include grain elevators or produce farms. Since 1st Notice, DPH has clarified that retail fulfillment centers which process online customer orders are also not subject to these rules.

-- Shared, commissary, or rental kitchens that own or lease space

among processing plants or storage facilities. These kitchens must have a separate permit from the processing plant or storage facility.

Permits

Any person who establishes, operates or maintains a food processing plant, storage facility or warehouse must obtain a permit and undergo inspection by DPH. If the business name or location of the facility changes, the permit holder must notify DPH within 30 days. If a permitted location has changed, the new location is subject to a new inspection and inspection fee. Permits are not transferable and expire on Dec. 31 of the year in which they are issued, except for initial permits issued after Oct. 1, which will remain valid until Dec. 31 of the following year. Renewal applications and fees must be submitted to DPH by Dec. 1. Food processing plants and storage

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facilities that DPH has inspected as of 7/1/26 will not have to pay an initial permit fee, but must apply for and pay fees for renewal permits no later than 12/1/27 and annually thereafter. Permit applications must be submitted on forms provided by DPH. Permits may be denied, suspended or revoked if a facility fails to take corrective action on inspection findings.

Fees

The annual permit fee will be \$700 for a food processing plant and \$400 for a food storage facility/warehouse or shared kitchen. A one-time fee for the initial permit application is \$250 for food processing and storage facilities and \$150 for shared kitchens. Late renewal fees are \$150 and fees for reinspections (in response to a request or complaint) are \$200 for each reinspection. An additional annual special product fee of \$700 will be charged to facilities that process or store molluscan shellfish and their shared kitchens. Facilities that process seafood, juices or acidified foods and their shared kitchens and storage facilities that store seafood other than shellfish will pay an additional special product fee of \$350.

HOSPITALS

DPH also adopted amendments to Hospital Licensing Requirements (77 IAC 250; 50 Ill Reg 267) effective 3/31/26 at 50 Ill Reg 5374, replacing emergency amendments that were effective 1/1/26. This rulemaking reflects Public Act 104-440, which requires all hospitals to adopt policies regarding their interactions with law enforcement agents who are involved in immigration enforcement, and to file these policies with DPH. General acute care hospitals were required to

adopt such policies and file them by 1/1/26, while all other hospitals must adopt and file their policies by 3/1/26. These policies must, at a minimum:

-- Designate a legal counsel for the hospital or persons within the hospital administration as a contact person who shall be notified of any law enforcement presence or information requests at the hospital and of the procedures for responding to such requests.

-- Include procedures to verify the identity and authority of any law enforcement agent involved in civil immigration activities at the hospital site, including but not limited to best efforts to obtain the first and last name, agency name and badge number of any agent presenting with or requesting information about a patient.

-- Include procedures for designating spaces where law enforcement agents may be requested to remain or wait before being granted or denied permission to enter the facility. An agent may access areas approved by the hospital's designated contact person provided that: 1) the agent complies with hospital policy and State and federal law, including but not limited to possession of a valid judicial warrant or court order signed by a judge or magistrate that authorizes the agent to accompany a patient in their custody or otherwise be present in the facility; or 2) is requested by hospital staff to respond to a safety or security issue in the hospital.

-- Ensure that any protected health information requested by a law enforcement agent is released "only in strict accordance with all applicable local, State and federal law," including the Health Insurance Portability and Accountability Act (HIPAA) and other federal medical privacy regulations.

If a law enforcement agent is seeking information for the purpose of immigration enforcement, the hospital must have a procedure

ensuring that information will be released to the agent only in "strict compliance" with a "valid and accurate" subpoena, court order, or warrant issued by a federal judge or magistrate, as determined by the designated contact person, administrative officer on duty, or other appropriately trained staff.

-- Provide patients with a notice of the hospital's federally required privacy policies, including information regarding the patient's right to request amendments to their medical records. Such amendments may include a request to delete, redact or amend information regarding the patient's place of birth, immigration or citizenship status, and information from the patient's birth certificate, passport, green card, alien registration card, or employment authorization documents. This notice must be made available in the languages of persons residing in the hospital's geographic service area.

-- Patients must be given an opportunity at the earliest reasonable moment to sign authorization forms permitting the hospital to release information to parents, guardians, relatives or other designees regarding their health status or admission/discharge status. These forms must also be made available in the languages of persons residing in the hospital service area.

-- Annual training, or training as needed, on the hospital's policies regarding interaction with law enforcement must be provided to all clinical health care staff (including contracted staff), security personnel, designated contact persons, and administrative volunteers.

-- Hospitals shall prominently post, by physical or electronic means accessible to patients, employees and visitors, a DPH-provided notice with a hotline phone number to call for

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information regarding immigration rights. These notices shall be posted in the predominant languages spoken in the hospital's service area.

-- A hospital or its agents shall not retaliate against any patient, employee or agent who files a complaint regarding violations of the PA.

DPH will notify any hospitals that have not filed their policies by 1/15 (general acute care hospitals) or 3/15 (all other hospitals). Hospitals that fail to respond to this DPH notice within 7 working days are subject to fines of up to \$500 for each day that they have not filed the required policies. DPH will also investigate complaints regarding violations of the PA or these rules. Hospital personnel and volunteers shall not be held liable for any "reasonable compliance" with the Act or these rules, which are "not intended to conflict with federal law or stand as an obstacle to the enforcement of federal law" and do not affect the obligation of hospital personnel to act as mandated reporters of abuse or to respond to reported crimes on the hospital premises.

• MEDICAL CANNABIS

DPH also adopted amendments to the Part titled Compassionate Use of Medical Cannabis Patient Program (77 IAC 946; proposed at 49 Ill Reg 15503) effective 4/1/26 at 50 Ill Reg 5418, expanding qualifying conditions and eligibility for reduced patient registration and renewal card fees. New qualifying conditions approved by the DPH Director under the Compassionate Use of Medical Cannabis Program Act are endometriosis, ovarian cysts, uterine fibroids, and female orgasmic

disorder. Additionally, persons who participate in the Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children Program (WIC), or Low-Income Home Energy Assistance Program (LIHEAP), as well as persons receiving Temporary Assistance for Needy Families (TANF) or experiencing homelessness, will qualify for reduced fees. Medical cannabis patients, their healthcare providers and caregivers, and medical cannabis dispensaries are affected.

Questions/requests for copies of the 3 DPH rulemakings: Tracey Trigillo, DPH, 524 S. Second St., 6th Floor, Springfield IL 62701, 217-782-1159, dph.rules@illinois.gov

• HEALTH INSURANCE

The DEPARTMENT OF INSURANCE adopted amendments to Construction and Filing of Accident and Health Insurance Policy Forms (50 IAC 2001; proposed at 49 Ill Reg 16157) effective 4/1/26 at 50 Ill Reg 5346, replacing emergency amendments that expired on 3/26/26. The rulemaking implements Executive Order 2025-4 and Public Act 104-439, which require State-regulated health insurers to cover, without cost sharing or copayments, vaccines recommended by the Illinois Department of Public Health when DPH's recommendations conflict with those of the federal Advisory Committee on Immunization Practices (ACIP). Affected vaccines include COVID-19 and the combination measles-mumps-rubella (MMR) and varicella (chickenpox) vaccine (MMRV), which ACIP no longer categorically recommends but DPH continues to recommend. The rulemaking also clarifies which types of health insurance policies are affected by the rules for preventive health care coverage contained in this Part; describes "shared clinical decision making" and prohibits insurers from placing certain

restrictions on coverage that stems from shared clinical decision-making; clarifies when DPH guidelines take precedence over ACIP recommendations or Centers for Disease Control and Prevention (CDC) guidelines for purposes of establishing vaccination coverage; adds new definitions; and removes obsolete text. Those affected by this rulemaking include small municipalities with self-funded group health insurance plans.

Questions/requests for copies: Ryan Gillespie, DOI, 320 W. Washington St., 5th Floor, Springfield IL 62767, 217-558-2746, ryan.gillespie@illinois.gov

FOID APPEALS

The FIREARM OWNER'S IDENTIFICATION CARD REVIEW BOARD adopted amendments to the Part titled Reinstatement of Firearm Rights (20 IAC 3500; proposed at 49 Ill Reg 12821) effective 4/3/26 at 50 Ill Reg 5337. This rulemaking adds a new Section establishing procedures for expedited review of FOID Card denials and suspensions that are based on "clear and present danger" determinations against the petitioner. An individual whose FOID has been denied or suspended based on such a determination may request an expedited review (via a form available at the FOID Card Review Board's website) if the individual is contesting the facts presented in the clear and present danger report, or contesting whether those facts meet the definition of "clear and present danger" in the FOID Card Act. A request for expedited review must be heard by the FOID Card Board within 45 days after it is filed. Persons who must be notified of the hearing, in addition to the petitioner, include the person or persons who initially filed the clear and present danger report

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(e.g., physician, clinical psychologist, law enforcement officer, school administrator, or other qualified examiner), whose identity will not be disclosed to the petitioner without that person's explicit written consent, or if the Board determines that disclosure is strictly necessary to ensure the petitioner can present an adequate defense. The Board must issue a final decision within 14 days after the hearing. The rulemaking also clarifies that when the Board makes a final decision to deny a FOID Card for any reason, the petitioner must wait two years after the denial before reapplying for a FOID Card, unless a court orders otherwise.

Questions/requests for copies: Lauren Raymond, FOID Card Review Board, 801 S. Seventh Street – 400N,

Springfield IL 62703, 773-797-6877, ISP.FCRB.PublicComment@illinois.gov

ROADSIDE MEMORIALS

The DEPARTMENT OF TRANSPORTATION adopted an amendment to Roadside Memorials (92 IAC 549; proposed at 49 Ill Reg 15937) effective 4/6/26 at 50 Ill Reg 5433, reflecting Public Acts 102-982 and 103-82. The rulemaking replaces the term "fatal accident" with "fatal crash" and extends from 2 to 4 years the period for which DOT must maintain markers and plaques after installation. Fees for DUI and fatal crash memorial markers are increased from \$150 to \$200 and for commemorative plaques from \$50 to \$75, in order to offset the costs of producing these items.

Questions/requests for copies: Julita Kuzminaite, DOT, 2300 S. Dirksen Pkwy., Room 313, Springfield IL

62764, 217-524-2638, DOT.AdminRules@illinois.gov

AIR POLLUTION

The POLLUTION CONTROL BOARD adopted amendments to Air Quality Standards (35 IAC 243; proposed at 50 Ill Reg 1610) effective 4/2/26 at 50 Ill Reg 5364, implementing updates to the National Ambient Air Quality Standards (NAAQS) promulgated by the U.S. Environmental Protection Agency from 7/1/24 through 12/31/25. These changes affect standards for secondary sulfur dioxide (SO₂) and methods for measuring SO₂, nitrogen dioxide (NO₂) and particulate matter concentrations.

Questions/requests for copies: Don A. Brown, PCB, 60 E. Van Buren St., Suite 630, Chicago IL 60605, 312-814-3461, don.brown@illinois.gov. Please reference docket R25-15.

Second Notices

The following rulemakings were moved to Second Notice this week by the agencies listed below, commencing the JCAR review period. These rulemakings will be considered at the May 12, 2026, meeting in Springfield. Other items not published in the *Illinois Register* or The Flinn Report may also be considered. Further comments concerning these rulemakings should be addressed to JCAR at jcar@ilga.gov.

DEPT OF PUBLIC HEALTH

Skilled Nursing and Intermediate Care Facilities Code (77 IAC 300; 50 Ill Reg 2353) proposed 2/20/26

STATE EMPLOYEES' RETIREMENT SYSTEM

The Administration and Operation of the State Employees' Retirement System of Illinois (80 IAC 1540; 50 Ill Reg 1911) proposed 2/6/26

Next JCAR Meeting: Tuesday, May 12, 10:30 a.m.

Room C-1, Stratton Bldg., 401 S. Spring St., Springfield

Meeting will be live streamed on the JCAR website

Joint Committee on Administrative Rules

Senator Bill Cunningham, Co-Chair

Senator Cristina Castro

Senator Donald DeWitte

Senator Dale Fowler

Senator Napoleon Harris, III

Senator Sally Turner

Representative Ryan Spain, Co-Chair

Representative Eva-Dina Delgado

Representative Jackie Haas

Representative Steven Reick

Representative Curtis Tarver, II

Representative Dave Vella

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