

IHA is working with state and federal leaders to waive certain regulatory requirements so that Illinois hospitals can prioritize high quality, safe care during the COVID 19 pandemic. This resource is a guide for IHA member hospitals and is not intended to serve as an inclusive list of all waivers issued due to the COVID 19 pandemic. All organizations should exercise due care in ensuring regulatory requirements are fulfilled and appropriately complied with.

Issued May 6, 2020; updated June 15, 2020, July 10, 2020, September 16, 2020, and December 20, 2020.

For questions about this document, contact the IHA Legal Affairs Department at legal@team-iha.org.

Granted State Waivers & Legislation Related to the COVID-19 Pandemic				
Waiver	Summary	Regulatory Authority	Citation	Status
Licensure & Reciprocity for Out of State	Suspends requirements for permanent licensure of physicians, nurses, physician assistants, and respiratory care therapists who are licensed in another state, are in good standing, and working under the direction of IEMA and IDPH (hereinafter "licensees") in response to the public health emergency declared by the Governor. Out-¬of-state licensees working in Illinois pursuant to this Order must hold a license from another U.S. jurisdiction and must be in good standing.	IDFPR	68 III. Adm. Code 1285.80, 225 ILCS 60/19; 210 ILCS 85/10.4; 77 III. Adm. Code 250.310	Granted, March 2, 2020
Scope of Practice Expansion	Provide an expanded scope of practice for RNs, APRNs, CRNAs, pharmacists, pharmacy technicians, and Pas.	IDFPR	225 ILCS 65; 225 ILCS 85; 225 ILCS 95	Addressed in part, March 20, 2020
Temporarily Licensed Providers Scope of Practice	Temporarily licensed physicians, APRNs, RNs, CRNAs, physician assistants, pharmacists, pharmacy technicians, dietians, respiratory care therapists, perfusionists, surgical assistants, and surgical technologists may practice in hospitals, ambulatory sites, home health, and in office settings.	IDFPR	225 ILCS 65; 225 ILCS 95; 225 ILCS 85; 225 ILCS 106; 225 ILCS 30; 225 ILCS 125; 225 ILCS 130	Addressed in part, April 6, 2020; Re-issued December 3, 2020
Suspension of APRN Collaboration Requirements	Temporarily suspend the requirements for a documented collaboration or written collaborative agreement for advanced practice registered nurses to allow for these individuals to be redeployed as needed. This will free up physician time and allow for quick shifts of APRNs between various sites of care.	IDFPR	225 ILCS 65/65-35	Addressed in part, April 6, 2020
Suspension of PA Collaboration Requirements	Temporarily suspend the requirements for a written collaborative agreement for physician assistants to allow for these individuals to be redeployed as needed. This will free up physician time and allow for quick shifts of APRNs between various sites of care.	IDFPR	225 ILCS 65; 68 III. Adm. Code 1300.410; 225 ILCS 95; 68 III. Adm. Code 1350.80	Addressed in part, April 6, 2020

<u>Dietitian License</u>	Allow dietitians who are licensed in other states to practice in Illinois on a voluntary basis. Waive any restrictions including: waiting periods, limitation to particular populations (e.g., underserved populations only), burdensome reporting requirements (or allow for them to be reported after-the-fact). If advanced registration with the state board is deemed necessary, create an online form for registering with the board.	IDFPR	225 ILCS 30	Issued, April 6, 2020
Wholesale Drug Distribution Licensing Act	This Act outlines the licensure requirements for wholesale drug distributions. Sections 20, 25, 25, 56, 56, 58, 59, and 80 should be waived in order to allow for flexibility in the transportation of prescription drugs.	IDFPR	225 ILCS 120	Guidance Issued, undated
Respiratory Care Therapist License	Clarification that respiratory care therapists do not need to obtain a temporary practice permit because an emergency has been delcarated.	IDFPR	225 ILCS 106	Issued, March 20, 2020
Respiratory Care Therapists License	Clarification that respiratory care therapists do not need to obtain a temporary practice permit because an emergency has been delcarated.	IDFPR	225 ILCS 106	Granted, March 20, 2020
RN License-Pending and Nursing Graduates	Waiver to allow License-pending registered nurses and nursing graduates to practice as RNs and allow RNs holding an active license in another jurisdiction to practice to ensure sufficient staffing with an increase in patient demand and NCLEX exams being cancelled until April. This waiver will allow us to bring in new graduates and out of state licensed professionals to provide support.	IDFPR	225 ILCS 65; 68 III. Adm. Code 1300.320	Guidance Issued, undated
CRNA Physician Supervision	Waive the physician supervision requirements for CRNAs to allow them to provide anesthesia services independently.	IDFPR	225 ILCS 65/65-35(c-5); 68 III. Adm. Code 1300.460	Guidance Issued, April 6, 2020
Suspension of APRN Collaboration Requirements	Temporarily suspend the requirements for a documented collaboration (APNP) or written collaborative agreement (CNM without prescribing authority) for advanced practice registered nurses to allow for these individuals to be redeployed as needed. This will free up physician time and allow for quick shifts of APRNs between various sites of care.	IDFPR	225 ILCS 65/65-35	Guidance Issued, April 6, 2020

Suspension of PA Collaboration Requirements	Temporarily suspend the requirements for a written collaborative agreement for physician assistants to allow for these individuals to be redeployed as needed. This will free up physician time and allow for quick shifts of APRNs between various sites of care.	IDFPR	225 ILCS 65; 68 III. Adm. Code 1300.410; 225 ILCS 95; 68 III. Adm. Code 1350.80	Guidance Issued, April 6, 2020
Medical Staff Privileges Flexibility	Permit flexibility under medical staff privileges, as necessary, to hire additional physicians for the hospital; Allow physicians whose privileges will expire and new physicians to practice before full medical staff/governing body review and approval to keep clinicians on the front line and allow hospitals and health systems to prioritize patient care needs during the emergency; Allow hospitals to temporarily rely on the credentialing of physicians conducted by other hospitals or providers.	IDFPR	210 ILCS 85/10.4	Addressed via Various Guidances
APRN Practice Authority Flexibility	Permit greater flexibility and practice authority, as needed, for APRNs in a hospital.	IDFPR	210 ILCS 85/10.7	Guidance Issued, April 6, 2020
Medical Practice Act	This Act outlines the licensure requirements for the practice of medicine. Section 54.5 should be waived in order to remove the written collaborative requirements for physician assistants ("PAs") and advanced practice registered nurses ("APRNs"), as well as the limit on the number of PAs with whom physicians can collaborate.	IDFPR	225 ILCS 60/54.5	Guidance Issued, April 6, 2020
Dental Practic Act	Executive order permits dentists to administer FDA approved COVID-19 vaccinations to persons 18 years of age and older pursuant to a valid prescription by a physician authorized to prescribe or standing order.	IDFPR	225 ILCS 25	Issued December 3, 2020
Pharmacy Practice Act	Executive order permits pharmacists to administer FDA approved COVID-19 vaccinations to persons 18 years of age and older pursuant to a valid prescription by a physician authorized to prescribe or standing order.	IDFPR	225 ILCS 85	Issued December 3, 2020
Crisis Standards of Care Guidance	Guidance provides a description of Illinois's emergency operation framework, an overview of standards of care during COVID-19, and an ethical framework for administering health care during a pandemic.	IDPH		Issued, April 18, 2020

Ambulance Transfer for Non- Covered Medical Services	Communities are developing plans during the COVID-19 crisis to move patients where care can best be delivered to optimize the resources of the entire region. Ambulance providers are willing to transport a patient to a "lower" or "lateral" level of care to free up unique and critical hospital capacity within our region. Ambulance providers are willing to transport patients wherever local health officials deem to be the optimal place for that patient, including non-traditional sites of care that would not receive inbound ambulance traffic if not for disaster conditions. Ambulance providers are willing to use their resources to transport patients requiring inpatient hospital care to a screening facility prior to the patients final destination, if doing so helps the local medical community triage and appropriately cohort/place the patient during a medical crisis. Ambulance providers are seeking a waiver for non-covered medical services as described above and to the physician certification statement and notice of non-coverage requirements to best serve the strategic deployment of critical resources to meet our communities needs in a period where a state of emergency is declared, and the region's healthcare resources are severely stretched.	IDPH	210 ILCS 85/6.22 Hospital Licensing Act Physician Certification Statement Requirement; 305 ILCS 5/5 -4.2 Public Aid Physician Certification Requirements; Illinois Transportation Services Provider Handbook	Issued, effective April 16, 2020
Acute Care Hospital Housing Patient in Non-Acute Units	Aute care hospitals can house acute care inpatients in excluded distinct part units, where the distinct part unit's beds are appropriate for acute care inpatient.	IDPH	77 III. Adm. Code. 1130.240(f)	Granted, March 25, 2020
Psychiatric Patients in Acute Care Units	Allows hospitals to relocate inpatients from excluded distinct part psychiatric unit to acute beds if beds and staff are appropriate for safe care. IPPS hospitals should bill for inpatient psychiatric services and document in the medical record that patient is in acute bed due to capacity or other exigent circumstances relating to emergency.	IDPH	77 III. Adm. Code 1130.240(f)	Granted, March 25, 2020

Rehabilitation Patients in Acute Care Units	Allows hospitals to relocate patients from excluded distinct part inpatient rehabilitation unit to acute beds if beds are appropriate for such patients and they continue to receive intensive rehab services. Hospitals should bill for rehab services under the IRF PPS and document in the medical record that patient is in acute bed due to capacity or other exigent circumstances relating to emergency. Also waives the 60 percent rule for IRF's for patients admitted solely to respond to the emergency.	IDPH	77 III. Adm. Code 1130.240(f)	Granted, March 25, 2020
Licensed Bed Capacity	Permit hospitals to exceed their IDPH/Health Facilities review Board hospital licensed bed capcaity for the duration of the national and state emergency.	IDPH	77 III. Adm. Code 250.250, 260, 1040, and 1075	Granted, March 25, 2020; Revised Emergency Rule September 4, 2020
Home Health RN Supervision of Patients	Suspends the requirement that a registered nurse conduct a supervisory visit to a patient's or client's residence. Visits can be done by phone or electronically.	IDPH	77 III. Adm. Code 245	Issued, April 10, 2020
EMT Scope of Practice	Provide an expanded scope of practice for medical licenses of EMS professionals (EMT, A-EMT, EMT-I and Paramedic) to allow for screening and testing of potential COVID-19 patients in their homes and a waiver of the reciprocity requirements to allow out of state EMS to provider services in the state.	IDPH	77 III. Adm. Code 515.610; 77 III. Adm. Code 515.550; 210 ILCS 50	Granted, April 16, 2020
Patient Care Units	Suspend requirement that hospital-type with suitable mattress, pillow, and necessary coverings shall be provided for each patient, that side rails shall be readily available for each bed., that there be a bedside table and chair, that there be sufficient and satisfactory storage space for clothing, toilet articles, and other personal belongings of patient, and that there be screens or cubicle curtains shall be available for multibed rooms to assure privacy for each patient.	IDPH	77 III. Adm. Code 250.1040(f), (g). (h), and (j)	Issued, effective April 16, 2020

Health Care Worker Background Checks - CNA	The statute pertains to healthcare worker background checks. This emergency rule temporarily suspends the provisions of the Healthcare Worker Background Check Act that prohibit an individual from being hired to work as a CNA if they have been inactive on the Department's Health Care Worker Registry ("Registry")(225 ILCS 46/33(g) and that limit conditional employment of CNAs to three months pending the results of finger-print based criminal history record checks (225 ILCS 46/33(I)). Additionally, this rule allows for military personnel with medic training to serve as CNAs and allows CNAs who have been certified or licensed in another state to work in Illinois during the duration of the disaster proclamations. Re-issued May 29, 2020	IDPH	225 ILCS 46; 77 III. Adm. Code Part 955	Granted March 24, 2020
Healthcare Worker Background Checks - Timeframe for Fingerprinting	This emergency rule temporarily amends the provisions of the Healthcare Worker Background Check Code to require an individual to have their fingerprints collected within 30 days (increased from 10 working days) after being hired.	IDPH	225 ILCS 46; 77 III. Adm. Code Part 955	Granted, April 10, 2020
Temporary Structure	Suspend some regulations related to temporary structures provided there are inspections of such structures to ensure safety, as necessary; allow for the immediate construction of temporary structures, additions, alterations as necessary to test/treat patients during the emergency provided inspections continue to ensure safety.	IDPH	210 ILCS 85/6.25, 85/8, 85/8.5; 20 ILCS 3960/5, 3960/12, 3960/13, 3960/14.1, 3960/15; 77 Ill. Adm. Code 1130.310	Issued, effective April 16, 2020
Designated Areas for Potentially Infected Individuals	Consistent with CDC guidelines, hospitals/providers may require potentially infected COVID-19 patients to remain in designated areas to avoid cross-contamination prior to a physician's order as soon as screening indicates. For IL and WI: Also, a waiver of the Restriction of Rights Form Notice requirements for seclusion that is implemented for infection prevention.	IDPH	405 ILCS 5; 77 III. Adm. Code 250.1075; 210 ILCS 85/6.20	Issued, effective April 16, 2020
Alternate Locations	If a hospital's patient volume exceeds 90 percent of capacity, patients may be treated and recover in alternate locations, including temporary structures. (e.g., use of GI (negative pressure) rooms as patient rooms and possible c-sections (procedure and recovery) or at off-campus locations). Example: ASC, ambulatory facilities or other non-hospital location, including but not limited to dormitories.	IDPH	77 III. Adm. Code 250.2420; 20 ILCS 3960; 210 ILCS 85	Issued, effective April 16, 2020

Patient Sleeping Rooms	A waiver to remove the requirement that patient sleeping rooms utilized for greater than a 24 hour period have a window and to allow for patient rooms in the interior of the building if necessary. By waiving this requirement it will allow hospital to utilize alternative sites of care as previously requested to provide patient care and handle the increase in patient demand.	IDPH	77 III. Adm. Code 250.2440(d)(1)	Issued, effective April 16, 2020
Hallway Egress Requirements	Request a waiver to temporarily waive hallway egress of 8ft as required by the Life Safety Code.	IDPH	210 ILCS 85; 77 III. Adm. Code 250.105(a)(1)(E)(i)	Issued, effective April 16, 2020
Use of Seclusion and Isolation	Flexibility for use of seclusion in hospitals, including allowing hospitals greater flexibility in their policies related to isolation of other patients with multi-drug resistant organisms, including but not limited to permitting hospitals to utilize dormitories and hotels for isolation.	IDPH	210 ILCS 85/6.20; 210 ILCS 85/6.23; 77 III. Adm. Code 250.1075	Issued, effective April 16, 2020
Facility Plan Review Modifications Requirements	Suspend requirements under the Facility Plan Review to make modifications to a hospital including but not limited to establishing temporary beds in places that would otherwise not need licensure standards (such as observation beds, OR suites, and exam rooms).	IDPH	210 ILCS 85/8	Issued, effective April 16, 2020
Alternative Compliance for Design and Construction	Suspend requirements for alternative compliance for design and construction, engineering, etc., including but not limited to the requirements for establishing temporary beds in places that would otherwise not need licensure standards (such as observation beds, OR suites, and exam rooms).	IDPH	210 ILCS 85/8.5	Issued, effective April 16, 2020
Non-Essential IDPH Inspection and Investigations	Suspend all non-essential IDPH inspection and investigations.	IDPH	210 ILCS 85/9; 210 ILCS 5/9	Issued, effective April 16, 2020

Waive Illinois licensure, survey, and certificate of need requirements related to temporary alternative care sites which may beed to be established to address the surge of patients anticated uding the national emergency and state emergency currently in effect in response to COVID-19. These laternative care sites will be established as remote locations of currently licensed hospitals for the purposes of patient evaluation, screening, and treatment. In fleu of the current licensure application process, hospitals provide written notice to the Health Facilities Planning Board indicating that an alternative care site is being established and the hospital provide such written notice to the Health Facilities Planning Board indicating that an alternative care site is being established and the hospital and to which the alternative care site is being established and the hospital and promptly provide additional information as requested by the Health Facilities Planning Board. Permit healthcare providers to transmit orders through secure HIPAA compliant texting applications utilized for communications, to allow for a reduction of telephone orders and veduce errors due to high patient volumes. Staff receiving the texted order would enter the order on the provider's behalf into the Electronic Medical Record for later provider authentication. Suspended requirement that verbal orders shall be signed before the member of the medical staff, the house staff member or allied health personnel with clinical privileges recommended by the hospital in the Electronic Medical Personnel for COVID Testing Modified such that testing for COVID-19 may be administered per a medical staff and granted by the hospital governing board leaves the area. Modified such that testing for COVID-19 may be administered per a medical staff approved hospital policy that includes an assessment for IDPH Acute Care Hospital Housing. Acute Care hospitals can house acute care inpatients in excluded distinct part units, where the distinct part units's beds a					
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Ability to Use Telemedicine Equipment	In the event hospitals/providers reach capacity, or a neighboring hospital/provider is at capacity, hospital/provider should have the ability to utilize telemedicine equipment to care for patients, including temporarily caring for patients located at originating sites, which otherwise do not meet geographic conditions. To further patient access, we are requesting the ability to utilize equipment at the distant and originating sites, both of which may not be hospital owned. We are also requesting waiver for outpatient and inpatient, initial visits to be completed via telemedicine as necessary. To ensure no delay in patient care, we are requesting a waiver to allow for no additional enrollment requirements or updates to billing system (i.e.: bill like a standard visit type) to allow for an immediate temporary switch in care models. Consistent with CMS, waiver to allow telemedicine to be performed by Qualified Providers such as Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, and other practitioners within their scope of practice, and who may not be licensed within the State. In addition, a waiver to surpass the requirements of an established physician-patient relationship.	IDPH	89 III. Adm. Code 140.403	Granted March 19, 2020; Reissued
Notice of Discharge to Medicare Patients	Suspend requirements to give 24 hour notice of discharge to Medicare eligible patients and other notices in this section. See emergency rule repeal at https://www.cyberdriveillinois.com/departments/index/register/volu me44/register_volume44_issue_36.pdf.	IDPH	210 ILCS 85/6.09; 77 III. Adm. Code 250.240(e)(4)	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020; <u>Re-issued</u> <u>December 11, 2020</u>

Notice of Observation Status	Suspend requirement to provide notice of observation status. See emergency rule repeal at https://www.cyberdriveillinois.com/departments/index/register/volu me44/register_volume44_issue_36.pdf.	IDPH	210 ILCS 85/6.09b; 77 III. Adm. Code 250.240(f)	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020; <u>Re-issued</u> <u>December 11, 2020</u>
Opioid Overdose Reporting	Suspend or extend reporting of opioid overdoses in ED's and use of opioid antagonists. See emergency rule repeal at https://www.cyberdriveillinois.com/departments/index/register/volu me44/register_volume44_issue_36.pdf.	IDPH	210 ILCS 85/6.14g; 77 III. Adm. Code 150.1520	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020; <u>Re-issued</u> <u>December 11, 2020</u>
Flexibility Regarding Employing Physicians	Permit greater flexibility, as necessary, as it relates to employing physicians in a hospital, including but not limited to allowing hospitals to temporarily rely on the credentialing of physicians conducted by other hospitals or providers. See emergency rule repeal at https://www.cyberdriveillinois.com/departments/index/register/volume44/register_volume44_issue_36.pdf.	IDPH	210 ILCS 85/10.8	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020; <u>Re-issued</u> <u>December 11, 2020</u>
Hospital Policies for Nurse Staffing	Suspend following of hospital policies related to nurse staffing by patient acuity and waive staffing requirements including but not limited to staffing for acuity. See Emergency Rule Repeal	IDPH	210 ILCS 85/10.10; 210 ILCS 86/15; 77 III. Adm. Code 255.150; 77 III. Adm. Code 250.1130	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020; <u>Re-issued</u> <u>December 11, 2020</u>
Television Requirements	Suspend monitoring of hospital televisions to ensure closed captioning is enabled. See emergency rule repeal at https://www.cyberdriveillinois.com/departments/index/register/volu me44/register_volume44_issue_36.pdf.	IDPH	210 ILCS 85/11.8	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020; <u>Re-issued</u> <u>December 11, 2020</u>
Uterine Cytological Exams	Suspend offering and providing (if requested) uterine cytological exams for any female 18 or older being admitted to the hospital. See emergency rule repeal at https://www.cyberdriveillinois.com/departments/index/register/volu me44/register_volume44_issue_36.pdf.	IDPH	20 ILCS 2310/540; 77 III. Adm. Code 250.240(d)(2)	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020; <u>Re-issued</u> <u>December 11, 2020</u>
Nurse Staff and Schedule Policies and Requirements	Suspend requirements or policies set forth pursuant to the number of nursing staff and schedule. See emergency rule repeal at https://www.cyberdriveillinois.com/departments/index/register/volu me44/register_volume44_issue_36.pdf.	IDPH	210 ILCS 86/15	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020; <u>Re-issued</u> <u>December 11, 2020</u>

Quarterly Hospital Report Card Act Reports	Suspend or delay submission of quarterly reports under the Hospital Report Card Act. See emergency rule repeal at https://www.cyberdriveillinois.com/departments/index/register/volu me44/register_volume44_issue_36.pdf.	IDPH	210 ILCS 86/25; 77 III. Adm. Code 255.250 and 255.270	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020; <u>Re-issued</u> <u>December 11, 2020</u>
EMT Authority to Transport to Non- Acute Care Hospitals	During the course of this emergency allow EMT personnel the authority to transport patients to medical facilities other than acute care hospitals.	IDPH	210 ILCS 50/3.20(b), (c)(11); 210 ILCS 50/3.190	Granted, April 16, 2020
Relocation Sanction Waiver	Waive sanctions for the direction or relocation of an individual to another location to receive medical screening pursuant to an appropriate state emergency preparedness plan or for the transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared federal public health emergency for the COVID-19 pandemic.	IDPH	215 ILCS 134/65(d); 210 ILCS 80/1	Granted, April 16, 2020
Referral to Non-Emergent Care Provider	All hospitals need capacity to provide appropriate screening and treatment to patients with emergent medical conditions and/or acute conditions. Patients with non-emergent medical conditions should be referred to non-emergent care providers.	IDPH	215 ILCS 134/65(d); 210 ILCS 80/1; 210 ILCS 85/6.22; 77 III. Adm. Code 250.1040, 250.260, 250.710; 77 III. Adm. Code 1130.240	Granted, April 16, 2020
Referrals to Entities in which the Referring Provider Is an Investor	Temporarily waive the prohibition of referrals to entities outside the health care worker's office or group practice in which the health care worker is an investor. This will allow health care workers to temporarily avail their patients to any and all resources necessary to ensure continuation of care regardless of their continual involvement in the treatment free up provider resources and avenues for treatment.	IDPH	225 ILCS 47/20	Granted, April 16, 2020
Interfacility Transfer Utilizing Non- Traditional Vehicles	Allow hospitals to transfer patients between facilities using non-traditional vehicles when ambulances are not immediatley available, including but not limited to vans, trucks, uber, lyft.	IDPH		Issued, April 16, 2020

<u>Liability under HLA</u>	The Illinois Hospital Licensing Act provides that individuals that provide care in an emergency situation "in good faith and without direct compensation shall not be liable for civil damages." Remove the phrase "without direct compensation", as people are doing emergency work across hospitals and there should be flexibility in the ability to pay such workers if necessary or desirable to encourage more providers to assist with emergency efforts.	IDPH	210 ILCS 85/10.4	Granted, April 1, 2020
Privacy Laws	Amend and/or waive healthcare privacy laws to mirror HIPAA permissions created by the OCR notice; Waive enforcement of patient rights related to personal privacy, confidentiality, orders for seclusion, and patient visitation rights to undertake public emergency responses that are not otherwise possible.	IDPH	77 III. Adm. Code 250.250, 260, 1040, and 1075	Granted, April 16, 2020
PCS For Non-Emergency Transfer	Suspend required Physician Certification Statement (PCS) for non- emergency transfer of patients to other facilities	IDPH	210 ILCS 85/6.22	Granted, April 16, 2020
Guardianship and Advocacy Act	This Act governs the State agencies charged with protecting the rights of persons receiving mental health and developmental disability services. The Guardianship and Advocacy Commission and the Legal Advocacy Service are recognized as essential personnel with authorization to enter intermediate and long term care facilities and hospitals.	IDPH	20 ILCS 3955	Guidance Issued, April 17, 2020
Mental Health and Developmental Disabilities Confidentiality Act Waiver	This Act protects the privacy of persons receiving mental health and developmental disability services. The Guardianship and Advocacy Commission and the Legal Advocacy Service are recognized as essential personnel with authorization to enter intermediate and long term care facilities and hospitals.	IDPH	740 ILCS 110	Guidance Issued, April 17, 2020

Long Term Care Assistants and Aide Licensure	This rule allows for military personnel with medic training to serve as CNAs and allows CNAs who have been certified or licensed in another state to work in Illinois during the duration of the disaster proclamations.	IDPH	77 III. Adm. Code 395	Granted, effective March 25, 2020
Temporary Nursing Assistant Classification	This rule allows for a new classification of healthcare worker – the Temporary Nursing Assistant (TNA). The TNA position has been developed in conjunction with industry stakeholders to allow for additional staff in their facilities. This rulemaking also suspends the requirement that Basic Nursing Assistant Training Program students pass the competency examination within 12 months after they complete the program.	IDPH	77 III. Adm. Code 395	Granted, effective April 21, 2020
Assisted Living and Shared Housing Probationary License	Suspended license and Department reviews for regular licensure.	IDPH	77 III. Adm. Code 295.800(b) and (c)	Issued, effective May 5, 2020
Assisted Living and Shared Housing Annual On Site Review	Annual on site visits are suspended.	IDPH	77 III. Adm. Code 295.1070(a)	Issued, effective May 5, 2020
Assisted Living and Shared Housing Unannounced On Site Visits	Annual unannounced on site visits are suspended.	IDPH	77 III. Adm. Code 295.1110(1)	Issued, effective May 5, 2020
Assisted Living and Shared Housing Investigations	In conducting on-site investigations and surveys, the Department will minimize the impact on facility activities, while ensuring facilities are implementing actions to protect the health and safety of residents, staff, and other individuals in response to the COVID-19 pandemic.	IDPH		Issued, effective May 5, 2020

Assisted Living and Shared Housing Establishment Code	Requires facilities to establish policies and procedures for investigating, controlling, preventing, and testing for infections in the facility, including requirements for COVID-19 testing and reporting.	IDPH	77 III. Adm. Code 295.4045	Issued December 4, 2020
Long Term Care Nursing Assistant Training	Suspended the requirement that nursing assistants successfully complete a Department-approved Basic Nursing Assistant Training Program within 120 days after the date of initial employment. The requirement that nursing assistants successfully complete a Departmentapproved Basic Nursing Assistant Training Program is not suspended.	IDPH	77 III. Adm. Code 300.660(b)(2)	Issued, May 5, 2020
Long Term Care Nurse Assistant Documentation for Nurse Aide Registry	Suspended requirement that nursing assistants submit documentation, within 120 days, to the Department in accordance with Section 300.663 in order to be registered on the Nurse Aide Registry. The requirement that nursing assistants submit such documentation is not suspended.	IDPH	77 III. Adm. Code 300.660(b)(3)	Issued, May 5, 2020
Demonstration of CNA Competency	Upon request by the Department or the facility's Director of Nursing, individuals working as certified nursing assistants shall demonstrate ompetency of the principles, techniques, and procedures of the CNA training program curriculum and checklist set forth in the Basic Nursing Assistant Training Program rules (77 III. Adm. Code 395.300), completion of which shall be observed and properly documented by a Registered Nurse. The facility shall maintain documentation of the determination of competency for individuals working as CNAs.	IDPH	77 III. Adm. Code 395.300	Issued, May 5, 2020
Skilled Nursing Facility License	Suspended issuance of probationary license for new facilities or those with changed ownership	IDPH	77 III. Adm. Code 300.140(b); 77 III. Adm. Code 300.150(f)	Issued, May 5, 2020
Skilled Nursing Facility Inspections	Suspended facility inspections prior to termination of a probationary license.	IDPH	77 III. Adm. Code 300.140(c); 77 III. Adm. Code 300.150(g)	Issued, May 5, 2020

Skilled Nursing Facility Annual Inspection	Suspended annual inspections.	IDPH	77 III. Adm. Code 300.200(a)	Issued, May 5, 2020
Skilled Nursing Facility Construction Inspection	Suspended final inspections of completed construction.	IDPH	77 III. Adm. Code 300.2810(e)	Issued, May 5, 2020
Skilled Nursing Facility Investigations Unrelated to Abuse or Neglect	Suspended 30 day timeframe for the initiation of an on-site investigation after receipt of a complaint unrelated to allegations of abuse and neglect.	IDPH	77 III. Adm. Code 300.3310(f)	Issued, May 5, 2020
Skilled Nursing Facility Investigations	In conducting on-site investigations and surveys, the Department will minimize the impact on facility activities, while ensuring facilities are implementing actions to protect the health and safety of residents, staff, and other individuals in response to the COVID-19 pandemic.	IDPH	77 III. Adm. Code Part 300	Issued, May 5, 2020
Skilled Nursing Facility Transfer/Discharge Suspension	Suspended involuntary transfer or discharge of a resident due to late payment or nonpayment.	IDPH	77 III. Adm. Code 300.3300(c)(1)(D)	Issued, May 5, 2020
Veterans Homes Inspections	In conducting on-site investigations and surveys, the Department will minimize the impact on facility activities, while ensuring facilities are implementing actions to protect the health and safety of residents, staff, and other individuals in response to the COVID-19 pandemic.	IDPH	77 III. Adm. Code Part 340	Issued, May 5, 2020

Illinois Veterans' Homes Code	Requires facilities to establish policies and procedures for investigating, controlling, preventing, and testing for infections in the facility, including requirements for COVID-19 testing and reporting.	IDPH	77 III. Adm. Code 340	Issued December 4, 2020
Intermediate Care Facilities DD Aide Training	Suspended requirement that developmental disabilities aids, including including those individuals working as direct support persons (DSPs) and habilitation aides, to complete a Departmentapproved training within 120 days after the date of initial employment. The requirement that developmental disability aides, including DPSs and habilitation aides, successfully complete a Department-approved training program is not suspended.	IDPH	77 III. Adm. Code 350.680(b)(2)	Issued, May 5, 2020
Intermediate Care Facilities DD Aides Competency	Upon request by the Department or the facility's Qualified Mental Retardation Professional (QMRP), individuals working as developmental disabilities aides, including DSPs or habilitation aides, shall demonstrate competency of the principles, techniques, and procedures of the direct support person training program curriculum described in the Direct Support Person Training Program rules (77 III. Adm. Code 395.320), which shall be observed and properly documented by the facility's QMRP. The facility shall maintain documentation of the determination of competency for individuals working as developmental disability aides, including DSPs and habilitation aides.	IDPH	77 III. Adm. Code Part 350	Issued, May 5, 2020
Intermediate Care Facilities Probationary Licenses	Suspended issuance of probationary licenses.	IDPH	77 III. Adm. Code 350.140(b); 77 III. Adm. Code 350.150(f)	Issued, May 5, 2020
Intermediate Care Facilities Inspections	Suspended facility inspections prior to termination of a probationary license.	IDPH	77 III. Adm. Code 350.140(c); 77 III. Adm. Code 350.150(g)	Issued, May 5, 2020
Intermediate Care Facility Annual Inspections	Suspended annual inspections.	IDPH	77 III. Adm. Code 350.200(a)	Issued, May 5, 2020
Intermediate Care Facilities Investigations Unrelated to Abuse or Neglect	Suspended 30 day timeframe for the initiation of an on-site investigation after receipt of a complaint unrelated to allegations of abuse and neglect.	IDPH	77 III. Adm. Code 350.3310(f)	Issued, May 5, 2020

Intermediate Care Facilities Investigations	In conducting on-site investigations and surveys, the Department will minimize the impact on facility activities, while ensuring facilities are implementing actions to protect the health and safety of residents, staff, and other individuals in response to the COVID-19 pandemic.	IDPH	77 III. Adm. Code Part 350	Issued, May 5, 2020
Intermediate Care Facility Involuntary Transfer/Discharge	Suspended involuntary transfer or discharge of a resident due to late payment or nonpayment.	IDPH	77 Ill. Adm. Code 350.3300(c)(1)(D)	Issued, May 5, 2020
Intermediate Care for Developmentally Disabled Facilities Code	Requires facilities to establish policies and procedures for investigating, controlling, preventing, and testing for infections in the facility, including requirements for COVID-19 testing and reporting.	IDPH	77 III. Adm. Code 350	Issued December 4, 2020
Specialized Mental Health Rehabilitation Facility Licenses	Suspended provisions licenses.	IDPH	77 III. Adm. Code 380.700(f)	Issued, May 5, 2020
Specialized Mental Health Rehabilitation Facilities Surveys	Suspended the facility survey prior to issuace of initial provisional license and annual facility surveys.	IDPH	77 III. Adm. Code 380.740(b)	Issued, May 5, 2020
Specialized Mental Health Rehabilitation Facilities Investigations	In conducting on-site investigations and surveys, the Department will minimize the impact on facility activities, while ensuring facilities are implementing actions to protect the health and safety of residents, staff, and other individuals in response to the COVID-19 pandemic.	IDPH	77 III. Adm. Code Part 380	Issued, May 5, 2020
Specialized Mental Health Rehabilitation Facilities Code	Requires facilities to establish policies and procedures for investigating, controlling, preventing, and testing for infections in the facility, including requirements for COVID-19 testing and reporting.	IDPH	77 III. Adm. Code 380	Issued December 4, 2020
Medically Complex for the Developmentally Disabled Facilities DD Aide Training	Suspended to the extent DD aides, including those individuals working as direct support persons (DSPs) and habilitation aides, are required to complete a Department approved training within 120 days after the date of initial employment. The requirement that developmental disability aides, including DSPs and habilitation aides, successfully complete a Department-approved training program is not suspended.	IDPH	77 III. Adm. Code 390.680(b)(2)	Issued, May 5, 2020

Medically Complex for the Developmentally Disabled Facilities DD Aide Competency	Upon request by the Department or the facility's Qualified Mental Retardation Professional (QMRP), individuals working as developmental disabilities aides, including DSPs or habilitation aides, shall demonstrate competency of the principles, techniques, and procedures of the direct support person training program curriculum described in the Direct Support Person Training Program (77 Ill. Adm. Code 395.320), which shall be observed and properly documented by the facility's QMRP. The facility shall maintain documentation of the determination of competency for individuals working as developmental disability aides, including DSPs and habilitation aides.	IDPH	77 III. Adm. Code Part 390	Issued, May 5, 2020
Medically Complex for the Developmentally Disabled Facility Probationary License	Suspended issurance of probationary license.	IDPH	77 III. Adm. Code 390.140(b); 77 III. Adm. Code 390.150(f)	Issued, May 5, 2020
Medically Complex for the Developmentally Disabled Facility Inspection	Suspended facility inspections prior to termination of a probationary license.	IDPH	77 III. Adm. Code 390.140(c); 77 III. Adm. Code 390.150(g)	Issued, May 5, 2020
Medically Complex for the Developmentally Disabled Facility Annual Inspections	Suspended annual inspections.	IDPH	77 III. Adm. Code 390.200(a)	Issued, May 5, 2020
Medically Complex for the Developmentally Disabled Facility Inspections Unrelated to Abuse/Neglect	Suspended 30 day timeframe for the initiation of an on-site investigation after receipt of a complaint unrelated to allegations of abuse and neglect.	IDPH	77 III. Adm. Code 390.3310(f)	Issued, May 5, 2020
Medically Complex for the Developmentally Disabled Facility Investigations	In conducting on-site investigations and surveys, the Department will minimize the impact on facility activities, while ensuring facilities are implementing actions to protect the health and safety of residents, staff, and other individuals in response to COVID-19 pandemic.	IDPH	77 III. Adm. Code Part 390	Issued, May 5, 2020
Medically Complex for the Developmentally Disabled Facility Involuntary Transfer/Discharge	Suspended involuntary transfer or discahrge of a resident due to late payment or nonpayment.	IDPH	77 III. Adm. Code 390.3300(c)(1)(D)	Issued, May 5, 2020

Medically Complex for the	Requires facilities to establish policies and procedures for			
	investigating, controlling, preventing, and testing for infections in the			
	facility, including requirements for COVID-19 testing and reporting.	IDPH	77 Ill. Adm. Code 390	Issued December 4, 2020
Code	racinty, including requirements for COVID 15 testing and reporting.		77 III. Adili. Code 330	133464 December 4, 2020
	Requires skilled nursing facilities to implement additional infection control procedures.	IDPH	77 III. Adm. Code 300.696	Issued, May 28, 2020
Provider Enrollment	Waive the following screening requirements: • ■ pplication Fee • ② riminal background checks associated with FCBC • ③ ite visits	HFS	89 III. Adm. Code 140.11	Granted, March 23, 2020
COVID-19 Testing in Alternative Sites	Permits COVID-19 testing to be conducted at alternative sites.	HFS		Granted, March 23, 2020
Enrollment	In light of the Governor's request for retired healthcare workers to come back to work, reinstate the backdating policy and permit the backdating of the Medicaid provider enrollroment application	HFS	305 ILCS 5/5-5	Granted, March 23, 2020
Enrollment Site Visit	Waive site visits to temporarily enroll a provider.	HFS	305 ILCS 5/5-5	Granted, March 23, 2020
Provider Enrollment Eingerprints	Waive fingerprint requirements for providers designated as high-risk to temporarily enroll a provider.	HFS	305 ILCS 5/5-5	Granted, March 23, 2020
Medicald Provider Revalidation	Suspend revalidation of Medicaid providers, allowing them to remain enrolled.	HFS	305 ILCS 5/5-5	Granted, March 23, 2020
Limitation	For out-of-state providers, waive the limit on instances of care furnished and the limit on the number of participants who received care within a 180-day period.	HFS		Granted, March 23, 2020
Signature Requirement for Services	Waive physical signature requirement for services via any method of delivery to the patient.	HFS		Granted, March 23, 2020

Payment for Services Provided in Alternative Sites	Provide payments for services provided in alternative settings due to the public health emergency, including an unlicensed facility, including, but not limited to: o Providing coverage and reimbursement for large-scale screening, triage, and pre-clinical services outside the hospital setting; o Permitting treatment to occur in patient vehicles, assuming patient safety and comfort, to accommodate drive through specimen collection sites for COVID-19 and allow basic evaluation and treatment in patient vehicles in order to prevent potential spread of the virus to the facility; o Allowing payments to providers at mobile testing sites, temporary shelters or other care facilities, such as commandeered hotels, other places of temporary residence, and other facilities that are suitable for use as places of temporary residence or medical facilities as necessary for quarantining, isolating or treating individuals who test positive for COVID-19 or who have had a high-risk exposure and are thought to be in the incubation period, or to expand overall capacity to meet high demand; and allowing Federally Qualified Health Centers, Rural Health Centers, and Encounter Rate Clinics to bill for their encounter rate, or other permissible reimbursement, when providing services at alternative physician settings, such as a mobile clinic or temporary location for the period of the public health emergency.	HFS	89 III. Adm. Code 148.25	Granted, March 23, 2020
SNF/Nursing Facility Payment for Disabled Individuals with COVID	Allow facilities or alternate settings to receive Skilled Nursing Facility (SNF)/Nursing Facility for individuals with intellectual and developmental disabilities (ICF/DD) payment if a client is moved to a specialty facility to receive care and recover from COVID-19 during the COVID-19 crisis.	HFS		Granted, March 23, 2020
Patient Transfers	Suspend enforcement of Emergency Medical Treatment and Labor Act (EMTALA) to the extent necessary to allow hospitals to screen or triage patients at a location offsite from the hospital's campus; transfer patients according to protocols that account for COVID-19 status, not just according to existing transfer requirements; and allow for the transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the COVID-19 public health emergency.	HFS		Granted, March 23, 2020

Nurse Aid Training Requirements	Waive the four-month rule and the full training requirements for the Training and Certification of Nurse Aids regulations during the public health emergency to fill critical Nurse aid positions with staff who have completed training and testing.	HFS		Granted, March 23, 2020
Home Health Remote Assessments	Allow home health agencies to perform certifications, initial assessments and determine patients' homebound status remotely or by record review to allow patients to be cared for in the best environment while supporting infection control and reducing impact on acute care and long- term care facilities. This allows those clinicians to focus on caring for patients with the greatest acuity during the public health emergency.	HFS		Granted, March 23, 2020
Patient Self Determiniation Act Flexibility	Allow flexibility for hospitals in meeting Patient Self Determination Act requirements to allow staff to more efficiently deliver care to a larger number of patients. This would not apply to the requirement hospitals inquire about the presence of an advance directive.	HFS		Granted, March 23, 2020
Home Health RN Supervision Requirements	Suspend two-week aide supervision requirement by a registered nurse for home health agencies.	HFS		Granted, March 23, 2020
Hospice Agency RN Supervision Requirements	Suspend the supervision of hospice aides by a registered nurse every 14 days for hospice agencies.	HFS		Granted, March 23, 2020
Sterile Compounding Regulation Flexibility	Provide flexibility under sterile compounding regulations to allow masks can be removed and retained in the compounding area to be re-donned and reused during the same work shift only. This will conserve scarce face mask supplies which will help with the impending shortage of medications.	HFS		Granted, March 23, 2020
Sheltering at Non-Certified Facilities	Allow for sheltering patients at non-certified facilities.	HFS		Granted, March 23, 2020
Nutritional Services	Allow for nutritional services, including healthy meals, to be provided to families who may not have access to meals during the period of social distancing.	HFS		Granted, March 23, 2020
Documentation Requirements Flexibility	Allow flexibility of documentation requirements, including but not limited to missing client signatures on treatment plans, and lack of documentation of consent for a telehealth consult.	HFS	305 ILCS 5/5-5	Granted, March 23, 2020

Telehealth Reimbursement, Coverage and Regulatory Restrictions - Part A	In addition to telehealth allowances in COVID-19 Executive Order (EO) No.7, the State must facilitate via emergency rule—a. In addition to coverage for in-network providers, temporarily require all Medicaid managed care and commercial plans to cover services rendered by out-of-network providers for clinically appropriate, COVID-19 and non-COVID-19 covered services to insureds, enrollees, and members under each policy, contract, or certificate of health insurance coverage via telehealth at the same rate as in-person services. For commercial plans, reimburse innetwork providers the full contracted rate (inclusive of patient cost sharing amounts) and out-of-network providers, at a minimum, the plan's allowed amount (inclusive of patient cost sharing amounts). For Medicaid managed care plans, reimburse in-network providers at the full contracted rate and out-of-network providers, at a minimum, the fee-for-service rate.	HFS	215 ILCS 5/356z.22; 89 III. Adm. Code 140.403(b) and (e)	Addressed for FFS Medicaid and MCOs, April 14, 2020
Telehealth Reimbursement, Coverage and Regulatory Restrictions - Part B	In addition to existing coverage for synchronous telehealth (i.e., live video and audio), temporary telehealth coverage required by Medicaid fee-for-service, managed care plans, and commercial plans must include asynchronous telehealth (i.e., store-and forward) for virtual check-ins and clinically appropriate, COVID-19 covered services, using remote evaluation of recorded video and/or images submitted by a patient (the virtual check-ins would align with Medicare allowance). Clarify that group psychotherapy should temporarily become a covered telepsychiatry service so that patients can continue to receive this care during this time.	HFS	215 ILCS 5/356z.22; 89 III. Adm. Code 140.403(b) and (e)	Addressed for FFS Medicaid and MCOs, April 14, 2020
Telehealth Reimbursement, Coverage and Regulatory Restrictions - Part C	In addition to telehealth allowances in COVID-19 Executive Order (EO) No.7, the State must facilitate via emergency rule – In addition to regulatory relief for in-network providers, commercial plans and Medicaid managed care plans may not impose prior authorization requirements on any COVID-19 related services delivered via telehealth during the emergency for out-of-network providers and may not impose cost sharing for all out-of-network telehealth services.	HFS	215 ILCS 5/356z.22; 89 III. Adm. Code 140.403(b) and (e)	Addressed for FFS Medicaid and MCOs, April 14, 2020

Telehealth Reimbursement, Coverage and Regulatory Restrictions - Part E	In addition to telehealth allowances in COVID-19 Executive Order (EO) No.7, the State must facilitate via emergency rule – In addition to regulatory relief provided, clarification that no specific restrictions shall be mandated by Medicaid managed care or commercial plans requiring a prior relationship with a patient.	HFS	215 ILCS 5/356z.22; 89 Ill. Adm. Code 140.403(b) and (e)	Addressed for FFS Medicaid and MCOs, April 14, 2020
Telehealth Reimbursement, Coverage and Regulatory Restrictions - Part F	In addition to telehealth allowances in COVID-19 Executive Order (EO) No.7, the State must facilitate via emergency rule- Allow Medicaid FFS/MCO reimbursement for outpatient mental health services delivered via phone to align with allowance for Community Mental Health Services in HFS Emergency Rules.	HFS	215 ILCS 5/356z.22; 89 III. Adm. Code 140.403(b) and (e)	Addressed for FFS Medicaid and MCOs, April 14, 2020
Telehealth Reimbursement, Coverage and Regulatory Restrictions - Part G	In addition to telehealth allowances in COVID-19 Executive Order (EO) No.7, the State must facilitate via emergency rule - Permit physicians and other health care professionals holding a license in good standing from another state or country to treat patients, both in-person and through telehealth, to the full extent of their licensure in Illinois without an Illinois license. This would include, but not be limited to, the prescribing of controlled and non-controlled substances. This is permitted until the Governor declares that the public health emergency is over. Out-of-state practitioners treating Illinois patients are encouraged, but not required, to notify IDFPR of their intent to practice in Illinois.	HFS	215 ILCS 5/356z.22; 89 III. Adm. Code 140.403(b) and (e)	Addressed for FFS Medicaid and MCOs, April 14, 2020
Telehealth Reimbursement, Coverage and Regulatory Restrictions - Part H	In addition to telehealth allowances in COVID-19 Executive Order (EO) No.7, the State must facilitate via emergency rule— Temporarily align the definition of "Telehealth Services" in HFS Emergency Rules (89 III. Adm. Code 140.403(e)(5)) with the definition given in COVID-19 Executive Order No.7 to clarify use of telephone as a qualified mode of service delivery. Temporarily require all Medicaid fee-for-service and managed care plans to cover services rendered using this definition of "Telehealth Services"	HFS	215 ILCS 5/356z.22; 89 III. Adm. Code 140.403(b) and 89 III. Adm. Code 140.403(e)(5); 89 III. Adm. Code 140.403(e)(5)	Addressed for FFS Medicaid and MCOs, April 14, 2020
Ability to Use Telemedicine Equipment	Clarify via Emergency Rule that any site that allows for the provider to use a communication or technology system as defined in rule (aligning with EO-7 definition of "Telehealth Services") may be a distant site, including a provider's place of residence located within the state of Illinois or other temporary location within or outside the state of Illinois.	HFS	89 III. Adm. Code 140.403	Addressed for FFS Medicaid and MCOs, April 14, 2020

90 Day Refills	Allow prescription refills of a 90 day supply under Medicaid for all prescriptions.	HFS	Section 204.11 of Illinois HFS Handbook for Providers of Pharmacy Services	Addressed, April 14, 2020
DME	Where Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable, contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required. Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.	HFS	IDHFS Handbook for Providers of Medical Equipment and Supplies (Illinois Medicaid)	Addressed, April 14, 2020
Medicaid Managed Care	Require Medicaid MCOs to temporarily waive authorization and other utilization management requirements for acute and post-acute care services provided by in-network and out-of-network providers. Extend existing authorizations for all services. Require MCOs to cover and reimburse COVID-19-related services rendered by out-of-network providers at least at the fee-for-service rate.	HFS	305 ILCS 5/5-30.1, 215 ILCS 134/1	Addressed April 10, 2020

Ambulance Transfer for Non- Covered Medical Services	Communities are developing plans during the Covid-19 crisis to move patients where care can best be delivered to optimize the resources of the entire region. Ambulance providers are willing to transport a patient to a "lower" or "lateral" level of care to free up unique and critical hospital capacity within our region. Ambulance providers are willing to transport patients wherever local health officials deem to be the optimal place for that patient, including non-traditional sites of care that would not receive inbound ambulance traffic if not for disaster conditions. Ambulance providers are willing to use their resources to transport patients requiring inpatient hospital care to a screening facility prior to the patients final destination, if doing so helps the local medical community triage and appropriately cohort/place the patient during a medical crisis. Ambulance providers are seeking a waiver for non-covered medical services as described above and to the physician certification statement and notice of non-coverage requirements to best serve the strategic deployment of critical resources to meet our communities needs in a period where a state of emergency is declared, and the region's healthcare resources are severely stretched.	HFS	210 ILCS 85/6.22 Hospital Licensing Act Physician Certification Statement Requirement; 305 ILCS 5/5 -4.2 Public Aid Physician Certification Requirements; Illinois Transportation Services Provider Handbook	
State Mental Health Authority Evaluations and Determination Requirement	A waiver of the requirement that the state mental health authority conducts evaluations and determinations and instead rely on physician judgement to avoid delays in making emergency resources available.	HFS	89 III. Adm. Code 140.642; IDHS Developmental Disabilities Program Manual Chapter 100	Addressed in part, April 10, 2020
CON for Flex Licensed Beds	Suspend the need to seek a CON for the temporary ability to flex licensed beds if they are for another category of service assuming they have the necessary equipment. For example, permit hospitals to care for an intensive care patient with a medical surgical bed, a medical/surgical patient in an OB bed, or an adult patient in a pediatric bed. Right now you can do it but there is limitations (20 beds or 10% of total bed capacity, whatever is less). This can also only be done every 2 years.	Health Facilities and Services Review Board	20 ILCS 3960/5; 77 III. Adm. Code 1130.310	Granted, April 1, 2020

This Administrative Code Section requires that hospitals provide notice and reports to the Illinois Health Facilities and Services Review Board in the event certain things occur. Section (d) should be waived to remove the requirement that a hospital to notify the IHFSRB within 30 days of when a facility or service has been suspended and waive the requirement of reports documenting the progress of corrections every 30 days. This will ease the administrative burden on hospitals who must close facilities or suspend services due to the COVID outbreak.	Health Facilities and Services Review Board	77 III. Adm. Code 1130.240(d)	Granted, April 1, 2020
		215 ILCS 134/65(d); 210 ILCS 80/1; 210 ILCS 85/6.22; 77 III. Adm. Code 250.1040, 250.260, 250.710; 77 III. Adm. Code 1130.240	Granted, April 1, 2020
Extend the protections of the Good Samaritan Act to relevent healthcare volunteers, out of state providers, and providers licensed in other states practicing in Illinois pursuant to a waiver; Provide protections to the relevant professions covered in this Act to healthcare volutneers and licensed out-of-state providers.	Illinois Attorney General	745 ILCS 49	Granted, April 1, 2020
Hospitals can obtain exemption laid out in 820 ILCS 54/15 and in Title 56, Chapter 1, Subchapter b, Section 230.220(c).	IDOL	820 ILCS 65	Clarified in conversation with IDOL Director, April 8, 2020
Suspend hospitals being included in the definition of "Employer" under the Act.	IDOL	820 ILCS 140	Granted, March 20, 2020
IDOL will mirror emergency guidance from the US Occupational Safety and Health Administration regarding fit-testing of N95 masks, in a healthcare setting, for the duration of the COVID-19 declared emergency. Hospitals may contact IDOL for consultations by calling 800-972-4216 or via e-mail at dol.consultation@illinois.gov.	IDOL	OSHA Temporary Enforcement Guidance	
Grace period for payments of insurance premiums.	IDOI	215 ILCS 5, Article XX Accident and Health Insurance	Granted, effective April 20, 2020
	notice and reports to the Illinois Health Facilities and Services Review Board in the event certain things occur. Section (d) should be waived to remove the requirement that a hospital to notify the IHFSRB within 30 days of when a facility or service has been suspended and waive the requirement of reports documenting the progress of corrections every 30 days. This will ease the administrative burden on hospitals who must close facilities or suspend services due to the COVID outbreak. All hospitals need capacity to provide appropriate screening and treatment to patients with emergent medical conditions and/or acute conditions. Patients with non-emergent medical conditions should be referred to non-emergent care providers. Extend the protections of the Good Samaritan Act to relevent healthcare volunteers, out of state providers, and providers licensed in other states practicing in Illinois pursuant to a waiver; Provide protections to the relevant professions covered in this Act to healthcare volunteers and licensed out-of-state providers. Hospitals can obtain exemption laid out in 820 ILCS 54/15 and in Title 56, Chapter 1, Subchapter b, Section 230.220(c). Suspend hospitals being included in the definition of "Employer" under the Act. IDOL will mirror emergency guidance from the US Occupational Safety and Health Administration regarding fit-testing of N95 masks, in a healthcare setting, for the duration of the COVID-19 declared emergency. Hospitals may contact IDOL for consultations by calling 800-972-4216 or via e-mail at dol.consultation@illinois.gov.	notice and reports to the Illinois Health Facilities and Services Review Board in the event certain things occur. Section (d) should be waived to remove the requirement that a hospital to notify the IHFSRB within 30 days of when a facility or service has been suspended and waive the requirement of reports documenting the progress of corrections every 30 days. This will ease the administrative burden on hospitals who must close facilities or suspend services due to the COVID outbreak. All hospitals need capacity to provide appropriate screening and treatment to patients with emergent medical conditions and/or acute conditions. Patients with non-emergent medical conditions should be referred to non-emergent care providers. Extend the protections of the Good Samaritan Act to relevent healthcare volunteers, out of state providers, and providers licensed in other states practicing in Illinois pursuant to a waiver; Provide protections to the relevant professions covered in this Act to healthcare volutneers and licensed out-of-state providers. Hospitals can obtain exemption laid out in 820 ILCS 54/15 and in Title 56, Chapter 1, Subchapter b, Section 230.220(c). IDOL Suspend hospitals being included in the definition of "Employer" under the Act. IDOL will mirror emergency guidance from the US Occupational Safety and Health Administration regarding fit-testing of N95 masks, in a healthcare setting, for the duration of the COVID-19 declared emergency. Hospitals may contact IDOL for consultations by calling 800-972-4216 or via e-mail at dol.consultation@illinois.gov.	notice and reports to the Illinois Health Facilities and Services Review Board in the event certain things occur. Section (d) should be waived to remove the requirement that a hospital to notify the IHFSRB within 30 days of when a facility or service has been suspended and waive the requirement of reports documenting the progress of corrections every 30 days. This will ease the administrative burden on hospitals who must close facilities or suspend services due to the COVID outbreak. All hospitals need capacity to provide appropriate screening and treatment to patients with emergent medical conditions and/or acute conditions. Patients with non-emergent medical conditions and/or acute referred to non-emergent care providers. Extend the protections of the Good Samaritan Act to relevent healthcare volunteers, out of state providers, and providers licensed in other states practicing in Illinois pursuant to a waiver; Provide protections to the relevant professions covered in this Act to healthcare volunteers and licensed out-of-state providers. Hospitals can obtain exemption laid out in 820 ILCS 54/15 and in Title 56, Chapter 1, Subchapter b, Section 230.220(c). Suspend hospitals being included in the definition of "Employer" IDOL will mirror emergency guidance from the US Occupational Safety and Health Administration regarding fit-testing of N95 masks, in a healthcare setting, for the duration of the COVID-19 declared emergency, Hospitals may contact IDOL for consultations by calling 800-972-4216 or via e-mail at dol.consultation@Illinois.gov. Hobbits and the services Review Board P77 III. Adm. Code 1130.240(d) 215 ILCS 54, Arcicle XX Accident and Health

Unclaimed Property Annual Report Filing	Treasury website stated on April 20, 2020 that a "30-day extension will be automatically granted to all annual reports due by April 30, 2020 for requests submitted via email to up_report@illinoistreasurer.gov. Administrative rules require extension requests be received at least 15 business days before the due date. Thus, requests should be sent before the close of business on April 9, 2020. Additionally, interest and late-filing penalties will be waived for up to 60 days after the end of the emergency declaration in Illinois." IHA was informed by Treasury via email that hospitals can still request the extension by emailing up_report@illinoistreasurer.gov, but please copy the Illinois Deputy Treasurer at AMayer@illinoistreasurer.gov to ensure it is granted.	State Treasurer	765 ILCS 1026/15-403	Granted, April 20, 2020
Workers Compensation COVID-19 Rebuttable Presumption	If a covered employee contracts corona virus, it "shall be rebuttably presumed" that the disease arose out of and in the course of the employee's employment. Similarly, the disease "shall be rebuttably presumed to be causally connected to the hazards" of the employee's work. This means that certain front-line and essential workers that become sick with COVID-19 will have a presumption that they are entitled to workers' compensation benefits, which includes payment for medical costs, lost wages, and, potentially, death benefits. This legislation follows the withdrawal of Illinois Workers' Compensation Commission's emergency rule which included similar language.	IWCC	820 ILCS 310/1; HB 2455; Public Act 101- 0633	Enacted, June 5, 2020; See <u>Repealed Emergency</u> <u>Rule</u>
UI Benefit Costs for COVID Related Layoff and Resignations	State will provide coverage to hospitals for all unemployment insurance benefit costs caused by, due to, or related to COVID-19, including resignations due to exposure or illness, lack of childcare, and layoffs. The covered unemployment insurance benefit costs will not be charged back to the hospitals.	IDES	820 ILCS 405	Partially addressed via PA 101-0633

	Expired State Waivers				
Waiver		Summary	Regulatory Authority	Citation	Status
Annual Hospital Question Deadline Extension	onnaire Extend deadline for s	submission of the Annual Hospital Questionnaire.	Health Facilities and Services Review Board	20 ILCS 3960/5.3	Granted, April 1, 2020; Effective July 7, 2020 HFSRB announced AHQ will be due on July 17, 2020

Adverse Action to Hospital License for Non-Compliance	Suspend any adverse action to a hospital license related to lack of compliance with this Act.	IDPH	210 ILCS 86/45; 77 III. Adm. Code 255.280	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020
Adverse Event Required Reporting	Suspend or delay any reporting and required corrective actions under the Act.	IDPH	410 ILCS 522; 77 III. Adm. Code Part 235	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020
Hospital Report Card Act Confidentiality Waiver	Temporarily suspend enforcement of disclosures under the Act that are improper or impermissible, but otherwise consistent with the HIPAA flexibilities granted at the federal level.	IDPH	77 III. Adm. Code 255.120	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020
Suspension of Training for Drawing Blood	Suspend new phlebotomy training for phlebotomists drawing blood of patients with developmental disabilities.	IDPH	20 ILCS 2310/218	Granted, April 16, 2020; Emergency Rule Repealed August 24, 2020

	Requested State Waivers			
Waiver	Summary	Regulatory Authority	Citation	Status
University of Illinois Hospital Policies for Isolation	Allow hospitals greater flexibility in their policies related to isolation of other patients with multi-drug resistant organisms, including but not limited to permitting hospitals to utilize dormitories and hotels for isolation.	IDPH	110 ILCS 330/7	Pending
University of Illinois Television Requirements	Suspend monitoring of hospital televisions to ensure closed captioning is enabled.	IDPH	110 ILCS 330/8b	Pending
University of Illinois Notice of Observation Status	Suspend requirement to provide notice of observation status.	IDPH	110 ILCS 330/8a	Pending

University of Illinois Hospital Policies for Nurse Staffing	Suspend following of hospital policies related to nurse staffing by patient acuity and waive staffing requirements including but not limited to staffing for acuity.	IDPH	110 ILCS 330/9; 210 ILCS 86/15	Pending
Storage and Access to Controlled Medications	Waiver regarding storage location of and access to controlled medications, specifically those stored within automated dispensing systems (i.e., Pyxis machine), for purposes of relocating and properly securing such equipment in the hallway, for example, of the isolation wings.	IDPH	225 ILCS 85; 68 ILCS 1330.680	Pending
Hospital Licensing Act Waiver	Section 6.17 should be waived in order to allow hospitals flexibility in the management of its operations during the Covid-19 outbreak, expedite delivery of services to patients and remove some technical requirements that could slow delivery of services and streamline patient workflow.	IDPH	210 ILCS 85/6.17	Pending
Hospital Licensing Act Waiver	Section 7 should be waived in order to allow hospitals flexibility in the management of its operations during the Covid-19 outbreak, expedite delivery of services to patients and remove some technical requirements that could slow delivery of services and streamline patient workflow.	IDPH	210 ILCS 85/7	Pending
Parents in Delivery Room	Suspend allowing intended parent to be present in the delivery room.	IDPH	210 ILCS 85/6.27	Pending
Home Health Penalties Waiver	If home health agency's patient volume exceeds 10 percent of scheduled capacity, penalties shall be waived if a proivder is unable to meet applicable timeframes given patient surge. The ability to triage and respond to emergent needs will enable providers to serve more patients in a time of crisis.	IDPH	210 ILCS 85/6.09	Pending
Patient Abuse Reporting	Suspend or extend reporting requirements under allegations of patient abuse.	IDPH	210 ILCS 85/9.6	Pending
HIV Testing Offer Requirement	Suspend requirement to offer HIV testing.	IDPH	210 ILCS 85/6.10	Pending

IDPH Trauma Reporting	Suspend or extend reporting to the IDPH trauma registry.	IDPH	210 ILCS 85/6.14f	Pending
SIDS Education	Suspend providing SIDS education.	IDPH	210 ILCS 85/11.7	Pending
Physician Order for Lab Tests for Flu, Strep, COVID	Waiver of requirements for a physician (or other qualified individual) order to perform a laboratory test to allow for screenings of potential influenza, strep, and COVID patients.	IDPH	210 ILCS 25/7-101; 77 III. Adm. Code 250.330	Pending
Resource Hospital EMS Coordinator Work Requirements	Waiver to allow Resource Hospital EMS Coordinator to work less than a full time basis performing their Coordinator role to allow flexibility in staffing to deal with surge in demand and staffing shortages.	IDPH	77 III. Adm. Code 515.320(h); 210 ILCS 50	Pending
Resident and Intern Maximum Duty Requirement	Suspend resident and intern maximum duty requirements.	IDPH	210 ILCS 85/6.14	Pending
Hospital Safe Patient Handling Policy	Suspend or allow greater flexibility under hospital safe patient handling policy.	IDPH	210 ILCS 85/6.25	Pending
Mandated Nurse OT	Suspend prohibition of mandated nurse overtime and waive staffing requirements, including but not limited to staffing for acuity.	IDPH	210 ILCS 85/10.9; 77 III. Adm. Code 250.1100; 77 III. Adm. Code 255.150; 210 ILCS 86/15	Pending
Flexibility Regarding ASTC Policies	Waive requirement that ASTC's policies be consistent with the scope of practice and licensing acts for providers to the extent the scopes of practice and/or licensing requirements have been suspended, modified, waived, and/or extended due to the COVID-19 pandemic.	IDPH	210 ILCS 5	Pending

Level I Trauma Center Response Time and Staffing	This Act and corresponding Illinois Administrative Code outlines the requirements for response times and staffing for certain health care professionals at Level I Trauma Centers. These sections should be waived so that a hospital's trauma designation is not jeopardized if health care providers are re-deployed/assigned to other areas/facilities with critical needs.	IDPH	210 ILCS 50/90; 77 III. Adm. Code 515.2030	Pending
Level II Trauma Center Response Time and Staffing	This Act and corresponding Illinois Administrative Code regulations outline the requirements for response times and staffing for certain health care professionals at Level II Trauma Centers. These sections should be waived so that a hospital's trauma designation is not jeopardized if health care providers are re-deployed/assigned to other areas/facilities with critical needs.	IDPH	210 ILCS 50/100; 77 III. Adm. Code 515.2040	Pending
Patient Background Check Fine	Suspend the imposition of fines for failing to initiate a criminal background check on a patient that meets the criteria for a hospital-initiated background check.	IDPH	77 III. Adm. Code 250.245	Pending
Sexual Assault Survivors Emergency Treatment Act Training Fine	Suspend any imposition of a fine or need for a corrective action plan for at least six months on a hospital that has not had all emergency department attending physicians, physician assistants, advanced practice registered nurses, and registered professional nurses providing clinical services complete the Sexual Assault Survivor Emergency Treatment Act 2-hour training by July 1, 2020.	IDPH	410 ILCS 70; 77 III. Admn. Code 545.80(a)(3)	Pending
Suspension of Training for Obstretic Hemorrhage and Hypertension	Suspend required obstetric hemorrhage and hypertension training.	IDPH	20 ILCS 2310/223	Pending

State Mental Health Authority Evaluations and Determination Requirement	A waiver of the requirement that the state mental health authority conducts evaluations and determinations and instead rely on physician judgement to avoid delays in making emergency resources available.	IDPH	89 III. Adm. Code 140.642; IDHS Developmental Disabilities Program Manual Chapter 100	Pending
AIDS Confidentiality Act	This Act requires the informed, voluntary, and confidential use of tests designed to reveal HIV infection and appropriately protecting the health information privacy of patients who are HIV-positive. Sections 4, 6, and 9 should be waived to allow for the sharing of HIV-related information and remove the requirement for documented informed consent, and in order to be consistent with the HIPAA flexibilties granted at the federal level, temporarily suspend non-enforcement by the Illinois Attorney General for failing to obtain specific authorizations for dislcosure.	IDPH	410 ILCS 305; 77 III. Adm. Code, Part 697	Pending
Illinois Health Care Surrogate Act	This Act outlines the requirements to elect and allow a surrogate decision maker for patients who lack decisional capacity. Sections 20(d) and (e) should be waived to remove the requirement for a second physician to given an opinion that a patient has a "qualifying condition" and the requirement that an adult witness is present during a surrogate's expression of a desire to forgo life-sustaining treatment.	IDPH	755 ILCS 40	Pending
Illinois Power of Attorney Act	Permit greater flexibility in the method used to witness power of attorney for health care, including permitting nurses, social workers, and chaplains to act as a witness by using audiovisual/telephonic means and to document the witnessing by taking a "verbal witness". This will prevent paper signed by a patient from leaving the isolation area and also facilitate witnessing when a patient is in his/her home and no witnesses are physically present.	IDPH	755 ILCS 45/4-5.1 and 45/4-10(a)	Pending

Illinois Living Will Act	Permit greater flexibility in the method used to witness living wills by allowing living wills to be a) verbally consented to by the individual, b) witnessed by a single witness and c) witnessed by using audiovisual/telephonic means and permit the documenting of the witnessing by taking a "verbal witness".	IDPH	755 ILCS 35	Pending
Mental Health Treatment Preference Declaration Act	Permit greater flexibility in the method used to witness declarations for mental health treatment by allowing such declarations to be a) verbally consented to by the individual, b) witnessed by a single witness and c) witnessed by using audiovisual/telephonic means, and permit the documentig of the witnessing by taking a "verbal witness".	IDPH	755 ILCS 43	Pending
POLST Form	Permit greater flexibility in the method used to witness DNR/POLST forms by allowing such forms to be a) verbally consented to by the individual, b) witnessed by a single witness and c) witnessed by using audiovisual/telephonic means, and permit the documentig of the witnessing by taking a "verbal witness"; and any DNR/POLST form consented to and witnessed under the reduced witness reqiurements shall be honored by providers.	IDPH	20 ILCS 2310/2310-600; 210 ILCS 50/3.57; 755 ILCS 40/65; 210 ILCS 85/6.19; 210 ILCS 45/2- 104.2	Pending
Medical Patient Rights Act	Temporarily suspend enforcement by the Illinois Attorney General of disclosures under the Act that are improper or impermissible, but otherwise consistent with the HIPAA flexibilities granted at the federal level.	IDPH	410 ILCS 50/1 et seq	Pending

Illinois Pharmacy Practice Act	This Act outlines the requirements for the operation of a pharmacy. Sections 15, 15.1, 18, 19, 19.5, 20, 30 and 31 should be waived to relax some of the staffing requirements and break provisions to allow hospitals to cope with staffing shortages, or the need for increased staff and work hours during the Covid-19 outbreak. These sections should also be waived to relax some of the technical requirements for processing prescriptions to allow prescription.	IDFPR	225 ILCS 85/15, 85/15.1, 85/18, 85/19, 85/19.5, 85/20, 85/30, and 85/31	Pending
Pharmacy Technician License	Allow pharmacy technicians who are licensed in other states to practice in Illinois on a voluntary basis. Waive any restrictions including: waiting periods, limitation to particular populations (e.g., underserved populations only), burdensome reporting requirements (or allow for them to be reported after-the-fact). If advanced registration with the state board is deemed necessary, create an online form for registering with the board.	IDFPR	225 ILCS 85	Pending
Perfusionist Practice License	Allow perfusionists who are licensed in other states to practice in Illinois on a voluntary basis. Waive any restrictions including: waiting periods, limitation to particular populations (e.g., underserved populations only), burdensome reporting requirements (or allow for them to be reported after-the-fact). If advanced registration with the state board is deemed necessary, create an online form for registering with the board.	IDFPR	225 ILCS 125; 68 III. Adm. Code, Part 1335	Pending
Surgical Assistant and Surgical Technologist License	Allow surgical assistants and surgical technologists who are licensed in other states to practice in Illinois on a voluntary basis. Waive any restrictions including: waiting periods, limitation to particular populations (e.g., underserved populations only), burdensome reporting requirements (or allow for them to be reported after-the-fact). If advanced registration with the state board is deemed necessary, create an online form for registering with the board.	IDFPR	225 ILCS 130; 68 III. Adm. Code, Part 1485	Pending

Storage and Access to Controlled Medications	Waiver regarding storage location of and access to controlled medications, specifically those stored within automated dispensing systems (i.e., Pyxis machine), for purposes of relocating and properly securing such equipment in the hallway, for example, of the isolation wings.	IDFPR	225 ILCS 85; 68 ILCS 1330.680	Pending
Temporary and Mobile Pharmacies	Flexibility to establish mobile or temporary (non-licensed) pharmacy sites during the crisis to respond to large volumes of patients.	IDFPR	225 ILCS 85/5, 85/5.5	Pending
Telehealth Practice Allowance	Within the definition of "telehealth" under the Telehealth Act, authorize the use of an asynchronous system that collects a patient's relevant health information using an adaptive internet questionnaire and subsequently transmits that information to a health care provider at a distant site without the patient being present. This would clarify authorization of the practice for critical provider use during this public health emergency, without requiring the practice to be paid for by insurers.	IDFPR	225 ILCS 150/5	Pending
Postponement of Insurance Cancellation/ Nonrenewals/ Premium Increases	Temporary postponement of insurance cancellation/nonrenewals/premium increases.	IDOI	215 ILCS 5, Article XX Accident and Health Insurance	Pending

Authorization/ Network Status	For services related to COVID-19, require state-regulated plans to temporarily waive cost sharing. For all services, including COVID-19-related services, suspend authorization, referral, notification, concurrent review, and other utilization management requirements when provided by in-network and out-of-network providers. Extend existing authorizations for all services provided by in- and out-of-network providers. Waive post-acute care authorization requirements for in- and out-of-network providers. Reimburse innetwork providers the full contracted rate (inclusive of patient cost sharing amounts) and out-of-network providers, at a minimum, the plan's allowed amount (inclusive of patient cost sharing amounts).	IDOI	215 ILCS 5, Article XX Accident and Health Insurance	Pending
Backdating Effective Date of Provider Network Contracts	In light of the Governor's request for retired healthcare workers to come back to work, permit the backdating of the effective date of innetwork provider contracts.	IDOI	305 ILCS 5/5-5	Pending
Immediate Transfer of All Hospital Patients Without Prior Authorization to Alternative Sites of Care	Waive the requirements under these sections to treat all patients as emergency patients. This will allow for the immediate transfer and plan coverage of all hospital patients without prior authorization to alternative sites of care including home with home health, SNF, or hospice services to avoid delays in making emergency resources available.	IDOI	215 ILCS 134/65; 77 III. Adm. Code 250.720	Pending
Relocation Sanction	Waive sanctions for the direction or relocation of an individual to another location to receive medical screening pursuant to an appropriate state emergency preparedness plan or for the transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared Federal public	IDOI	215 ILCS 134/65(d); 210 ILCS 80/1	Pending
Health Care Worker Referral Notice	Suspend compliance with the requirements to notify patients of a provider's investment interest in an entity to the patient being referred.	Attorney General	225 ILCS 47/20(b)(7) and 47/50	Pending
Genetic Information Privacy Act	Temporarily suspend enforcement by the Illinois Attorney General of disclosures under the Act that are improper or impermissible, but otherwise consistent with the HIPAA flexibilities granted at the federal level.	Attorney General	410 ILCS 513/1 et seq	Pending
Biometric Information Privacy Act	Temporarily suspend enforcement by the Illinois Attorney General of disclosures under the Act that are improper or impermissible, but otherwise consistent with the HIPAA flexibilities granted at the federal level.	Attorney General	740 ILCS 14/1 et seq	Pending

Denied State Waiver Requests							
Waiver	Summary	Regulatory Authority	Citation	Status			
Substance Use Disorder Act	This Act protects the rights, benefits, and privileges of patients with substance use disorders. Sections (f) and (bb) should be waived in order to allow health care entities to share this information, and temporarily suspend enforcement by the Illinois Attorney General of disclosures under the Act that are improper or impermissible, but otherwise consistent with the HIPAA flexibilities granted at the federal level.	IDHS	20 ILCS 301/30-5	Denied			
Private Right of Action by Impacted Nurse	Suspend private right of action by an impacted nurse towards a hospital.	IDPH	210 ILCS 86/40	Denied			
Medicaid Managed Care Provider Rosters	Temporarily waive roster submission requirements and reimburse providers for services rendered retroactive to the effective date of their enrollment in Illinois Medicaid regardless of provider network status on the date(s) of service.	HFS	305 ILCS 5/5-30.1(g-10)	Denied			
Prescription Shipping Fee Coverage	cover costs of snipping prescriptions to patients so they don't have to come in to pick-up their prescriptions. Costs range from \$3.00-\$70.00 depending on timing and packages. HFS could add an adjudication code that could be entered at the time of dispensing.	HFS	305 ILCS 5/5-5	Denied			