1) Heading of the Part: Pregnancy Termination Report Code

2) Code Citation: 77 Ill. Adm. Code 505

3) Section Numbers: Proposed Action:

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>505.10</td>
<td>Amend</td>
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<tr>
<td>505.20</td>
<td>Repeal</td>
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<tr>
<td>505.30</td>
<td>Amend</td>
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<tr>
<td>505.40</td>
<td>Amend</td>
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<td>505.50</td>
<td>Amend</td>
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<tr>
<td>505.60</td>
<td>New</td>
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<tr>
<td>505.Appendix A</td>
<td>Repeal</td>
</tr>
<tr>
<td>505.Appendix B</td>
<td>New</td>
</tr>
<tr>
<td>505.Appendix C</td>
<td>New</td>
</tr>
</tbody>
</table>


5) A Complete Description of the Subjects and Issues Involved: Part 505 is being amended to clarify statutory requirements for reporting complications of abortion. Statutory citations are being updated. A definition of “complications” is being added, as well as a new Section setting forth requirements for reporting the complications of abortion. New reporting forms are being added and the existing form is being repealed.

The economic effect on this proposed rulemaking is minimal. The Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the Illinois Register.

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

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

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

9) Does this rulemaking contain incorporations by reference? No
10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the Illinois Register to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761
217/782-2043
e-mail: dph.rules@illinois.gov

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: This rulemaking will apply to physicians and facilities that perform abortions.

B) Reporting, bookkeeping or other procedures required for compliance: The reporting requirements and forms are set forth in the rules.

C) Types of professional skills necessary for compliance: physician

14) Regulatory Agenda on which this rulemaking was summarized: January 2012

The full text of the Proposed Amendments begins on the next page:
DEPARTMENT OF PUBLIC HEALTH
NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER e: VITAL RECORDS

PART 505
PREGNANCY TERMINATION REPORT CODE

Section
505.10 Statutes Referenced
505.20 Purpose (Repealed)
505.30 Definitions
505.40 Submission of Information
505.50 Availability of Information
505.60 Reporting Complications Resulting from Termination of Pregnancy

505.APPENDIX A Report of Induced Termination of Pregnancy (Repealed)
505.APPENDIX B Induced Termination of Pregnancy Report
505.APPENDIX C Report of Complications After an Induced Termination of Pregnancy


Section 505.10 Statutes Referenced

The following Illinois statutes are referenced in this Part:


(Source: Amended at 36 Ill. Reg. _______, effective ___________)

Section 505.20  Purpose (Repealed)

It is the intent of Section 10 of the Illinois Abortion Law of 1975 that a report of each abortion performed in Illinois shall be made to the Department. In implementing this Law, the Department promulgates rules to secure the anonymity of the identity of each woman undergoing an abortion.

(Source: Repealed at 36 Ill. Reg. _______, effective ___________)

Section 505.30  Definitions

"Aggregate data" means a compilation of the data received by the Department on Reports of Induced Termination of Pregnancy Reports for each data set listed, except that the following will not be included:

Facility name;

Patient's identification number;

Physician's license number;

Any set of information for which the amount is so small (e.g., 50 or fewer) that identity of any person or persons to whom it relates may be discerned; and

Education.

“Complications” means those complications resulting from an abortion which, according to contemporary medical standards, are manifested by symptoms with severity equal to or greater than hemorrhaging requiring transfusion, infection, incomplete abortion, or punctured organs. (Section 10.1 of the Law)

"Department" means the Department of Public Health, State of Illinois. (Section 2
"Director" means the Director, or his or her designee, of the Department of Public Health, State of Illinois.


"Patient identifying information" means any information or collection or grouping of data from which the identity of the person to whom it relates may be discerned.

"Physician" means any person licensed to practice medicine in all its branches under the Illinois Medical Practice Act of 1987. (Section 2 of the Law)

"Pregnancy Termination" means the use of any instrument, medicine, drug or other substance or any device to terminate the pregnancy of a woman known to be pregnant with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. (Section 2 of the Law)

"Public Use File Tape" means a computer file tape of aggregate data.

(Source: Amended at 36 Ill. Reg. _______, effective _________)

Section 505.40 Submission of Information

a) A report of each abortion performed shall be made to the Department on forms prescribed. Such report forms shall not identify the patient by name, but by an individual number to be noted in the patient’s permanent record in the possession of the physician. (Section 10 of the Act)

b)[a] The Report of Induced Termination of Pregnancy Report consists of one form as prescribed and promulgated by the Department as Appendix B A. of this Part. This form shall be provided by the Department.

c)[b] All Reports of Induced Termination of Pregnancy Reports shall be submitted to the Department not later than 10 days following the end of the month in which the pregnancy termination was performed. (Section 10 of the Law)
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

d) The Report of Subsequent Complications after an Induced Termination of Pregnancy consists of one form as prescribed and promulgated by the Department as Appendix C of this Part. This form shall be provided by the Department.

e) The Report of Subsequent Complications after an Induced Termination of Pregnancy shall be submitted to the Department within 10 days after the complication’s becoming known by any physician who diagnoses a woman as having complications resulting from an abortion. (Section 10.1 of the Law)

c) Any additional information that is submitted to the Department may be done on the same form and marked by the reporter as "Additional" Report of Induced Pregnancy Termination and must be submitted within 10 days after its becoming known.

(Source: Amended at 36 Ill. Reg.________, effective ___________)

Section 505.50 Availability of Information

a) All Reports of Induced Pregnancy Termination will shall be treated as confidential and are shall be exempt from the Freedom of Information Act.

b) The Department will shall compile the information contained in the Reports of Induced Pregnancy Termination and issue reports of aggregate data as it deems necessary.

c) The Department will shall compile a Public Use File Tape upon request. Any person or entity making such a request shall pay the cost of producing the such Public Use File Tape. If a Public Use File Tape has already been produced and paid for, then each succeeding requestor shall only pay only the cost of duplicating it.

d) Data There shall not be any release of data outside the Department compiled from the Reports of Induced Pregnancy Termination, other than the Public Use FilesTapes, will not be released outside the Department.

e) The Department will shall disclose individual patient or facility information only to the physician who originally supplied that information to the Department, upon written request of the physician.
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

f) The Department, by signed and reciprocating agreement, may disclose individual patient information concerning residents of another state to the registry in the individual's state of residence only if the recipient of such information is legally required to hold such information in confidence and provides protection from disclosure of patient identifying information equivalent to the protection afforded by the Illinois law.

f) The patient identifying information submitted to the Department by those entities required to submit information under the Law and this Part is to be used in the course of medical study under the Medical Studies Act. Therefore, such information is not admissible as evidence, nor discoverable in any action of any kind, in any court or before any tribunal, board, agency or person.

(Source: Amended at 36 Ill. Reg. _______, effective ________)

Section 505.60 Reporting Complications Resulting from Termination of Pregnancy

a) Any physician who diagnoses a woman as having complications resulting from an abortion shall report within the time period specified in this Section, the diagnosis and a summary of her physical symptoms to the Department in accordance with this Section.

b) Complications resulting from an abortion are those which, according to contemporary medical standards, are manifested by symptoms with severity equal to or greater than hemorrhaging requiring transfusion, infection, incomplete abortion, or punctured organs. (Section 10.1 of the Law)

c) If the patient with complications returns to the facility where the induced termination of pregnancy took place, the facility shall use the same patient identification number used in the Induced Termination of Pregnancy Report when completing the Report of Subsequent Complications after an Induced Termination of Pregnancy form.

d) If the patient with complications selects a different medical facility, the physician making the diagnosis shall complete the Report of Subsequent Complications after an Induced Termination of Pregnancy form. If the name or location of the facility where the abortion was performed is known, the physician shall include it on the form. (Section 10.1 of the Law)
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

e) The Report of Subsequent Complications after an Induced Termination of Pregnancy form shall be submitted to the Department within 10 days after the diagnosis of the complication.

(Source: Added at 36 Ill. Reg. _______, effective ___________)

Section 505 APPENDIX A Report of Induced Termination of Pregnancy (Repealed)

REPORT OF INDUCED TERMINATION OF PREGNANCY
(All information submitted herein shall be confidential pursuant to the Pregnancy Termination Report Code, 77 Ill. Adm. Code 505)

<table>
<thead>
<tr>
<th>1. FACILITY NAME (if not clinic or hospital, give address)</th>
<th>2. COUNTY OF PREGNANCY TERMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>3. PATIENTS IDENTIFICATION NO.</td>
<td>4a. RESIDENCE -- STATE</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>5. PHYSICIAN’S LICENSE NO.:________</td>
<td>6. AGE LAST BIRTHDAY</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>9a. RACE/ETHNIC</td>
<td>9b. ETHNIC</td>
</tr>
<tr>
<td>Native American</td>
<td>Hispanic:</td>
</tr>
<tr>
<td>Black</td>
<td>Yes</td>
</tr>
<tr>
<td>White</td>
<td>No</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Other (Specify) ________________</td>
<td></td>
</tr>
</tbody>
</table>

12. PREVIOUS PREGNANCIES (Complete each section)

<table>
<thead>
<tr>
<th>LIVE BIRTHS</th>
<th>OTHER TERMINATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a. Now Living</td>
<td>12b. Now Dead</td>
</tr>
<tr>
<td>12c. Spontaneous</td>
<td>12d. Induced</td>
</tr>
<tr>
<td>Number________</td>
<td>Number________</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

13. RH DETERMINATION

<table>
<thead>
<tr>
<th>Rhesus Pos.</th>
<th>Rhesus Neg.</th>
<th>Not Done</th>
</tr>
</thead>
</table>

14. IF RH NEGATIVE ANTIRH

<table>
<thead>
<tr>
<th>Given</th>
<th>Not offered to patient</th>
<th>Refused by patient</th>
<th>Medically not indicated</th>
</tr>
</thead>
</table>

15. REASON FOR TERMINATION

<table>
<thead>
<tr>
<th>Patient’s Request</th>
<th>Other</th>
</tr>
</thead>
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<tr>
<th>Rhesus Pos.</th>
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<th>Not Done</th>
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<table>
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<tr>
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<th>Rhesus Neg.</th>
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<table>
<thead>
<tr>
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<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rhesus Pos.</th>
<th>Rhesus Neg.</th>
<th>Not Done</th>
</tr>
</thead>
</table>

14. IF RH NEGATIVE ANTIRH

<table>
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<tr>
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</table>

15. REASON FOR TERMINATION

<table>
<thead>
<tr>
<th>Patient’s Request</th>
<th>Other</th>
</tr>
</thead>
</table>
### INDUCED TERMINATION OF PREGNANCY REPORT

**COMPLETE THIS FORM AND MAIL IT TO:**
Illinois Department of Public Health, Division of Vital Records
925 E. Ridgely Ave., Springfield, IL 62702-2737

(AII information submitted shall be confidential pursuant to the Pregnancy Termination Report Code, 77 Ill. Adm. Code 505)

1. **FACILITY NAME** (If not ambulatory surgical treatment centers, hospitals, and other facilities, give address)
2. **COUNTY OF PREGNANCY TERMINATION** (See County Code Table)
3. **PATIENT IDENTIFICATION NUMBER**
4. REPORTING PHYSICIAN'S IDFPR LICENSE NUMBER

5. PATIENT INFORMATION
   a. PATIENT'S RESIDENT STATE (See State Code table)
   b. COUNTY (See County Code table)
   c. ZIP CODE (Chicago only)

6. RACE/ETHNICITY
   a. Race
      White
      Black or African American
      American Indian or Alaska Native (Name of the enrolled or principal tribe)
      Asian Indian
      Chinese
      Filipino
      Japanese
      Korean
      Vietnamese
      Other Asian (Specify)
      Native Hawaiian
      Guamanian or Chamorro
      Samoan
      Other Pacific Islander (Specify)
      Other (Specify)
   b. Hispanic Origin
      No, not Spanish/Hispanic/Latina
      Mexican, Mexican American, Chicana
      Puerto Rican
      Cuban
      Other Spanish/Hispanic/Latina

7. AGE LAST BIRTHDAY
8. MARRIED/CIVIL UNION?
9. DATE OF PREGNANCY TERMINATION (Mo/Day/Year)
10. EDUCATION (Specify only highest grade completed)
    Elementary/Secondary (0-12)
    College (1-4 or 5+)
11. CLINICAL ESTIMATE OF GESTATION (Number of Weeks)
12. PREVIOUS PREGNANCIES (Complete each section)
LIVE BIRTHS
   a. NOW LIVING (Number)
   b. NOW DEAD (Number)

OTHER TERMINATIONS
   c. SPONTANEOUS (Number)
   d. INDUCED (Number) (Do not include this termination)

13. Rh DETERMINATION (Not done/Rh Pos/ Rh Neg)

14. IF Rh NEGATIVE, ANTI Rh (Given/Not offered to patient/Refused by patient/Medically not indicated)

15. REASON FOR TERMINATION (Patient’s Request / Other)

16. TERMINATION PROCEDURES
   a. PROCEDURE THAT TERMINATED PREGNANCY (check only one)
      Antiprogestins (such as Mifepristone)
      Suction Curettage
      Sharp Curettage
      Dilation and Evacuation (D & E)
      Intra-Uterine saline Instillation
      Intra-Prostaglandin Instillation
      Hysterotomy
      Hysterectomy
      Other (Specify)
   b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY

17. COMPLICATIONS OF PREGNANCY TERMINATION? Y N (check all that apply)
      Hemorrhage
      Uterine Perforation
      Anesthesia
      Retained Products
      Cervical Laceration
      Infection
      Death
      Other (Specify)

18. HOSPITALIZATION REQUIRED AS A RESULT OF COMPLICATION(S)? Y N

19. This is a corrected version of a previously submitted form. Y

(Source: Added at 36 Ill. Reg. _______, effective ___________)

Section 505 APPENDIX C  Report of Subsequent Complications after an Induced
Termination of Pregnancy

REPORT OF SUBSEQUENT COMPLICATIONS AFTER AN INDUCED TERMINATION OF PREGNANCY

COMPLETE THIS FORM AND MAIL IT TO:
Illinois Department of Public Health, Division of Vital records
925 E. Ridgely Ave., Springfield, IL 62702-2737
(All information submitted shall be confidential pursuant to the Pregnancy Termination Report Code, 77 Ill. Adm. Code 505)

1. FACILITY NAME AND ADDRESS WHERE COMPLICATION WAS DIAGNOSED
2. PATIENT IDENTIFICATION NUMBER
3. REPORTING PHYSICIAN’S IDFPR LICENSE NUMBER

PATIENT INFORMATION

4. a. PATIENT’S RESIDENT STATE (See State Code table)
   b. COUNTY (See County Code table)
   c. ZIP CODE (Chicago only)
5. RACE/ETHNICITY
   a. Race
      White
      Black or African American
      American Indian or Alaska Native (Name of the enrolled or principal tribe)
      Asian Indian
      Chinese
      Filipino
      Japanese
      Korean
      Vietnamese
      Other Asian (Specify)
      Native Hawaiian
      Guamanian or Chamorro
      Samoan
      Other Pacific Islander (Specify)
      Other (Specify)
b. Hispanic Origin
   No, not Spanish/Hispanic/Latina
   Mexican, Mexican American, Chicana
   Puerto Rican
   Cuban
   Other Spanish/Hispanic/Latina

6. Age Last Birthday
7. Married/Civil Union?
8. Date of Pregnancy Termination (Mo/Day/Year)
9. Complications of Pregnancy Termination (check all that apply)
   Hemorrhage
   Uterine Perforation
   Anesthesia
   Retained Products
   Cervical laceration
   Infection
   Death
   Other (Specify)
10. Hospital Admission Required on Date of Examination? Y/N
11. Facility Name or Location (If Known) Where the Abortion Was Performed

(Source: Added at 36 Ill. Reg. _______, effective ___________)