1) **Heading of the Part:** Pregnancy Termination Report Code

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

3) **Section Numbers:**
   - 505.10  Amended
   - 505.20  Repealed
   - 505.30  Amended
   - 505.40  Amended
   - 505.50  Amended
   - 505.60  New
   - 505.Appendix A  Repealed
   - 505.Appendix B  New
   - 505.Appendix C  New

4) **Statutory Authority:** Illinois Abortion Law of 1975 [720 ILCS 510]

5) **Effective Date of Amendments:**

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

7) **Does this rulemaking contain incorporations by reference?** No

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

9) **Notice of Proposed Amendments Published in Illinois Register:** September 21, 2013; 36 Ill. Reg. 14129

10) **Has JCAR issued a Statement of Objection to these amendments?** No

11) **Difference(s) between proposal and final version:**

   The following changes were made in response to comments received during the first notice or public comment period:

   1. In Section 505.30, definition of “Aggregate data”, “or Report of Subsequent Complications after an Induced Termination of Pregnancy” was inserted after “Reports”. 
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

2. In Section 505.40, a new subsection (b) was inserted as follows and subsequent subsections were renumbered: “b) A report of each diagnosis of a complication resulting from an abortion shall be made to the Department on forms prescribed.”

3. In Section 505.40 new (c) and new (e), “The Department will provide this form,” was added and “This form shall be provided by the Department.” was stricken.

4. In Section 505.50(a) and (d), “and Reports of Subsequent Complications after an Induced Termination of Pregnancy” was inserted after “Termination”.

5. In Section 505.60(c), “updating the original Induced Termination of Pregnancy Report or” was added before “completing” and “the Report” was changed to “a Report”.

6. In Section 505.60(d), the following was added after the first sentence: “The physician completing the Report of Subsequent Complications after an Induced Termination of Pregnancy in such circumstances shall not identify the patient by name, but shall create an individual identification number for that patient to be noted in the patient’s permanent record in possession of the physician.”

The following changes were made in response to comments and suggestions of JCAR:

1. In the Table of Contents, “Subsequent” was added after “of” in the heading for Section 505. Appendix C.

2. In Section 505.30, definition of “Aggregate data”, “Race and ethnicity” was added to follow “Education”; “; and” was stricken after “discerned”; “; and” was added after “Education” and the period was stricken.

In addition, various typographical, grammatical, and form changes were made in response to the comments from JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

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

14) Are there any amendments pending on this Part? No
Summary and Purpose of Rulemaking: Part 505 has been amended to clarify statutory requirements for reporting complications of an abortion. Statutory citations are being updated. A definition of “complications” has been added, as well as a new Section setting forth requirements for reporting the complications of an abortion. New reporting forms have been added and the existing form has been repealed.

Information and questions regarding these adopted amendments shall be directed to:

Susan Meister
Division of Legal Services
Department of Public Health
535 West Jefferson, 5th Floor
Springfield, Illinois 62761

e-mail: dph.rules@illinois.gov

The full text of the adopted amendments begins on the next page:
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 Subsequent Complications after an Induced Termination of Pregnancy

AUTHORITY: Implementing and authorized by the Illinois Abortion Law of 1975 [720 ILCS 510].

SOURCE: Emergency rules adopted at 17 Ill. Reg. 13631, effective August 1, 1993, for a maximum of 150 days; adopted at 18 Ill. Reg. 533, effective December 29, 1993; amended at 37 Ill. Reg. __________, effective ____________.

Section 505.10  Statutes Referenced

The following Illinois statutes are referenced in this Part:


d)  Medical Studies Act (Ill. Rev. Stat. 1991, ch. 110, par. 8-2101 et seq.) [735 ILCS 8-2101 et seq.];
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 37 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 or Reports of Subsequent Complications after an Induced Termination of Pregnancy 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; and

Race and ethnicity.

"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 FileTape" means a computer filetape of aggregate data.

(Source: Amended at 37 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. The 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 report of each diagnosis of a complication resulting from an abortion shall be made to the Department on forms prescribed.

c) The Report of Induced Termination of Pregnancy Report consists of one form as prescribed and promulgated by the Department as Appendix BA of this Part. The Department will provide this form. This form shall be provided by the Department.

d) 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)

e) The Report of Subsequent Complications after an Induced Termination of Pregnancy consists of one form prescribed and promulgated by the Department as Appendix C of this Part. The Department will provide this form.

f) The Report of Subsequent Complications after an Induced Termination of Pregnancy shall be submitted to the Department within 10 days after the complications become 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 37 Ill. Reg. ______, effective __________)

Section 505.50 Availability of Information

a) All Reports of Induced Pregnancy Termination and Reports of Subsequent Complications after an Induced Termination of Pregnancy will be treated as confidential and will be exempt from the Freedom of Information Act.

b) The Department will 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 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 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 and Reports of Subsequent Complications after an Induced Termination of Pregnancy, other than the Public Use Files, will not be released outside the Department Tapes.

e) The Department will disclose individual patient or facility information only
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

to the physician who originally supplied that information to the Department, upon written request of the physician.

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)g) 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, the such information is not admissible as evidence or discoverable in any action of any kind, in any court or before any tribunal, board, agency or person.

(Source: Amended at 37 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 updating the original Induced Termination of Pregnancy Report or completing a 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. The physician completing the
Report of Subsequent Complications after an Induced Termination of Pregnancy in such circumstances shall not identify the patient by name, but shall create an individual identification number for that patient to be noted in the patient's permanent record in possession of the physician. 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)

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 37 Ill. Reg. ______, effective ____________ )
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.

1. FACILITY NAME (if not clinic or hospital, give address)
2. COUNTY OF PREGNANCY TERMINATION
3. PATIENTS IDENTIFICATION NO.
4a. RESIDENCE — STATE
4b. COUNTY
4c. ZIP CODE (Chicago only)
5. PHYSICIAN’S LICENSE NO.:________
6. AGE LAST BIRTHDAY
7. MARRIED? Yes ❑ No ❑
8. DATE OF PREGNANCY TERMINATION (month, day, year)
9a. RACE/ETHNIC
   ☐ Native American
   ☐ Hispanic:
   ☐ Black
   ☐ Yes
   ☐ Elementary/Secondary
   ☐ No
   ☐ College
   ☐ (0-12)
   ☐ (1-4 or 5+)
   ☐ Asian
   ☐ Other (Specify) ______________
10. EDUCATION (Specify only highest grade completed)
11. CLINICAL ESTIMATE OF GESTATION (Weeks)
12. PREVIOUS PREGNANCIES (Complete each section)
   LIVE BIRTHS
   12a. Now Living
   Number____
   ☐ None
   12b. Now Dead
   Number____
   ☐ None
   12c. Spontaneous
   Number____
   ☐ None
   12d. Induced (Do not include this termination)
   Number____
   ☐ None
13. RH DETERMINATION
   ☐ Rh Pos.
   ☐ Rh Neg.
   ☐ Not Done
14. IF RH NEGATIVE ANTIRH
   ☐ Given
   ☐ Not offered to patient
   ☐ Refused by patient
   ☐ Medically not indicated
15. REASON FOR TERMINATION
   ☐ Patient’s Request
   ☐ Other
16a. PROCEDURE THAT TERMINATED PREGNANCY
   (Check only one)
   ☐ Suction Curettage
   ☐ Sharp Curettage
   ☐ Dilation and Evacuation (D&E)
16b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY
   (Check all that apply)
### DEPARTMENT OF PUBLIC HEALTH

#### NOTICE OF ADOPTED AMENDMENTS

|   |   | Intra-Uterine Saline Instillation |   | Intra-Uterine Prostaglandin Instillation |   | Hysterotomy |   | Hysterectomy |   | Other (Specify)   |

17. **COMPLICATIONS OF PREGNANCY TERMINATION?**
   - [ ] Yes
   - [ ] No

   If Yes, Mark All That Apply
   - [ ] HEMORRHAGE
   - [ ] ANESTHETIC
   - [ ] UTERINE PERFORATION
   - [ ] RETAINED PRODUCTS
   - [ ] CERVICAL LACERATION
   - [ ] DEATH
   - [ ] INFECTION
   - [ ] DEATH
   - [ ] OTHER, SPECIFY

18. **HOSPITALIZATION REQUIRED AS A RESULT OF COMPLICATION?**
   - [ ] Yes
   - [ ] No

(Source: Repealed at 37 Ill. Reg. ______, effective ____________)
Section 505 APPENDIX B  Induced Termination of Pregnancy Report

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

(All 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
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

☐ 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


DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

a. SPONTANEOUS (Number)

b. 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 37 Ill. Reg. ______, effective ____________)
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

4. PATIENT INFORMATION
   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
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

☐ 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
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Added at 37 Ill. Reg. _______, effective ____________ )