

SBOH Summary
Proposed Changes to 77 Ill. Adm. Code 600
Certified Local Health Department Code

This rulemaking updates the Certified Local Health Department Code (“Code”), which sets forth the requirements local health departments (“LHDs”) must meet to be certified by the Illinois Department of Public Health (“Department”). All certified LHDs, by statute, must re-certify every five years, and these proposed rules function to ease the burden of the certification. The proposed rulemaking will give Illinois LHDs additional time for the certification process: time for engaging in opportunities such as accreditation or new grants, additional time for developing collaborations with hospitals and other community partners, and additional time for completing certification activities delayed by loss of key staff or staff re-assignment during disease outbreaks or other public health emergencies.

The proposed rulemaking eliminates references to the Data System for the Illinois Project for Local Assessment of Needs (“IPLAN”), an obsolete database; removes citations in the Illinois Revised Statutes format and adds Referenced Materials section; adds and revises definitions to be relevant to current public health practitioners (for example, definitions for accreditation, state health improvement plan, and the federal *Healthy People* program); corrects various capitalization and typographical errors; requires LHDs to notify the Department about terminations, resignations, or leaves of absence of Executive Director, Public Health Administrator, or Medical Health Officer (since these positions are specifically required in the Code); increases the number of waiver extensions to which an LHD can avail itself; and modifies the time frame for outcome objectives in order to offer more flexibility (*see further discussion below*).

The most substantive changes sought by this rulemaking expand the opportunities for LHDs to request waivers in meeting certain DPH-enforced certification deadlines. Waivers, in this context, will function as time-extensions to meet regulatory deadlines. The reason for this is because the LHD community has expressed to us the difficulty in collaborating with not-for-profit hospitals within current deadlines. These concerns spawn from various LHD legal obligations, which include assisting certain hospitals in meeting community health “needs assessments,” as well as accreditation assessments related to the Public Health Accreditation Board (“PHAB”) requirements. Participation in either of the aforementioned assessment activities would be an appropriate and reasonable condition or circumstance for waivers under these proposed rules.