**Section 2800.101 Definitions**

As used in this Part; the terms defined herein have the meanings ascribed to them in this Section:

"Act" refers to the Experimental Organ Transplantation Procedures Act (Ill. Rev. Stat. 1987, ch. 111½, par. 6601 et seq.).

"Board" refers to the Experimental Organ Transplantation Procedures Board and staff of the Department of Public Health assigned to the Experimental Organ Transplantation Procedures Program.

"Experimental" refers to those transplantation procedures for both single and multiple organs which are determined to be clinically viable and useful for the prolongation of life or vital functions by the majority of the Board and are not reimbursable by Medicare.

"Health insurance" refers to individual and group insurance, as defined in Ill. Rev. Stat. 1987, ch. 73, par. 616; health maintenance organizations (HMO's) as defined in the Ill. Rev. Stat. 1987, ch. 111½, par. 1402; recipients of the Illinois Department of Public Aid's Medical Assistance Program or Medicare coverage through the U.S. Department of Health and Human Services and those covered under the Civilian Health and Medical Program of the Armed Services (CHAMPUS) *and those covered under any Federal, State or local government medical assistance programs* (Section 4(b) of the Act) are also considered to have health insurance under the rules of this Part.

"Majority vote of the Board" means the affirmative vote of a majority of the members of the Board at a meeting at which a quorum is present.

"Organ Transplantation" means the implantation of a living (viable), functioning human organ or organ system for the purpose of maintaining all of, or a major part of, that organ function in the recipient. Permanent mechanical devices are excluded.

"Procedure" refers to an operation or those activities directly related to the transplantation. Pretransplant preparation consists of all services performed on the date of transplantation prior to the operation. Post surgical hospitalization and follow-up transplant related hospitalization deemed necessary by the transplant physician caring for the patient because of resulting complications will be covered for one year from the date of transplant; patients may reapply for additional funds up to the maximum of $200,000, including the original award, in subsequent years. Outpatient care, including pharmaceutical costs, is excluded.

"Professional fees" refers to any fees assessed for services rendered by medical professionals which are not included in the institutional cost data (See Section 2800.203).

"Screening team" refers to the three members of the Board appointed by the Chairman to review applications for referral to the full Board for final determination of eligibility.

(Source: Amended at 12 Ill. Reg. 15550, effective September 16, 1988)