

# ADMINISTRATIVE CODE

**TITLE 77: PUBLIC HEALTH**  
**CHAPTER I: DEPARTMENT OF PUBLIC HEALTH**  
**SUBCHAPTER c: HOSPITALS AND OUTPATIENT SERVICES CARE FACILITIES**  
**PART 250 HOSPITAL LICENSING REQUIREMENTS**  
**SECTION 250.710 CLASSIFICATION OF EMERGENCY SERVICES**

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## **Section 250.710 Classification of Emergency Services**

- a) Each hospital, *except long-term acute care hospitals and rehabilitation hospitals identified in Section 1.3 of the Hospital Emergency Service Act* and in subsection (d) of this Section (Section 1 of the Hospital Emergency Service Act), shall provide emergency services according to one of the following categories:
- 1) Comprehensive Emergency Treatment Services
    - A) At least one licensed physician shall be in the emergency department at all times.
    - B) Physician specialists who represent the major specialties and sub-specialties, such as plastic surgery, dermatology and ophthalmology, shall be available within minutes.
    - C) Ancillary services, including laboratory and x-ray, shall be staffed at all times. The pharmacy shall be staffed or on call at all times.
  - 2) Basic Emergency Treatment Services
    - A) At least one licensed physician shall be in the emergency department at all times.
    - B) Physician specialists who represent the specialties of medicine, surgery, pediatrics and obstetrics shall be available within minutes.
    - C) Ancillary services, including laboratory, x-ray and pharmacy, shall be staffed or on call at all times.
  - 3) Standby Emergency Treatment Services
    - A) A registered nurse on duty in the hospital shall be available for emergency services at all times.
    - B) A licensed physician shall be on call to the emergency department at all times.

- b) All hospitals, irrespective of the category of services provided, shall provide immediate first aid and emergency care to persons requiring first aid emergency treatment on arrival at the hospital. *A hospital, in accordance with Section 1395dd(a) and 1395dd(b) of the Social Security Act, shall not delay provisions of a required appropriate medical screening examination or further medical examination and treatment for a patient in order to inquire about the individual's method of payment or insurance status.* (Section 6.34 of the Act)
- c) *Every hospital, except long-term acute care hospitals and rehabilitation hospitals identified in Section 1.3 of the Hospital Emergency Service Act, shall furnish hospital emergency services to any applicant who applies for the same in case of injury or acute medical condition where the same is liable to cause death or severe injury or serious illness.* (Section 1(a) of the Hospital Emergency Service Act)
  - 1) These services shall be furnished *in accordance with the procedures required by the federal Emergency Medical Treatment and Active Labor Act (EMTALA), including, but not limited to, medical screening, the provision of necessary stabilizing treatment, procedures for refusals to consent, restricting transfers until the individual is stabilized, appropriate transfers of patients, nondiscrimination, no delay in examination or treatment, and whistleblower protections.* (Section 1(a) of the Hospital Emergency Service Act)
  - 2) For the purposes of this Section:
    - A) *"Applicant" includes any person who presents at the hospital or who is brought to a hospital by ambulance or specialized emergency medical services vehicle as defined in the Emergency Medical Services (EMS) Systems Act.* (Section 1(a) of the Hospital Emergency Service Act)
    - B) *"Injury or acute medical condition where the same is liable to cause death or severe injury or serious illness" includes, but is not limited to, when a pregnant patient is experiencing ectopic pregnancy, complications of pregnancy loss, risks to future fertility, previable preterm premature rupture of membranes (PPROM), or emergent hypertensive disorders, such as preeclampsia.* (Section (b-1) of the Hospital Emergency Service Act)
    - C) *"Stabilizing treatment" includes, but is not limited to, abortion when abortion is necessary to resolve the patient's injury or acute medical condition that is liable to cause death or severe injury or serious illness.* (Section (b-2) of the Hospital Emergency Service Act)
- d) *General acute care hospitals designated by Medicare as long-term acute care hospitals and rehabilitation hospitals are not required to provide hospital emergency services described in this Section or Section 1 of the Hospital Emergency Service Act. Hospitals defined in this subsection (d) may provide hospital emergency services at their option.*
  - 1) *Any hospital defined in this subsection (d) that opts to discontinue or otherwise not provide emergency services shall:*

- A) *Comply with all provisions of EMTALA and the Hospital Emergency Service Act;*
  - B) *Comply with all provisions required under the Social Security Act;*
  - C) *Provide annual notice to communities in the hospital's service area about available emergency medical services; and*
  - D) *Make educational materials available to individuals who are present at the hospital concerning the availability of medical services within the hospital's service area.*
- 2) *Long-term acute care hospitals that operate standby emergency services as of January 1, 2011 may discontinue hospital emergency services by notifying the Department. Long-term acute care hospitals that operate basic or comprehensive emergency services must notify the Health Facilities and Services Review Board and follow the appropriate procedures. (Section 1.3 of the Hospital Emergency Service Act)*
- 3) *Any rehabilitation hospital that opts to discontinue or otherwise not provide emergency services shall comply with subsection (d)(1), shall not use the term "hospital" in its name or on any signage, and shall notify in writing the Department, the Health Facilities and Services Review Board, and the Division of Emergency Medical Services and Highway Safety of the discontinuation. (Section 1.3 of the Hospital Emergency Service Act)*
- A) "Signage" means any signs or system of signs affixed to, adjacent to, or directing the public to the hospital, including but not limited to informational road signs.
  - B) Signage does not include materials for advertising, licensure, certification or patient referral materials.
- e) *Violations. The Department will investigate violations of the Hospital Emergency Service Act, which may include a medical clinical review by a physician, and may issue a minimum monetary penalty of \$50,000 for violating the Hospital Emergency Service Act. The Department may assess a fine only if there are no fines assessed for the violation by the federal government. (Section 2.1 of the Hospital Emergency Service Act) The Department will consider the following identifying factors in determining whether or not to issue a fine:*
- 1) *The applicant presented to the hospital requesting examination or treatment of an injury or acute medical condition liable to cause death or severe injury or serious illness (Section 1(b-1) of the Hospital Emergency Service Act) and was denied necessary stabilizing treatment;*
  - 2) *The applicant suffered harm that resulted from the failure to provide services as required by Section 1(a) of the Hospital Emergency Service Act and subsection (c)(1) of this Section;*
  - 3) *The applicant was transferred without documentation by the transferring physician that the transfer was necessary and that the benefits of the treatment provided by the receiving hospital would outweigh the risks of the transfer;*

- 4) The hospital's prior violations of the Hospital Emergency Service Act;
  - 5) The hospital's failure to take appropriate corrective action to remedy the violation prior to the Department's investigation;
  - 6) The hospital's failure to properly train staff and employees regarding their duties under this Section; and
  - 7) Any misrepresentation made by hospital staff to the applicant concerning the applicant's condition or other information, including the hospital's obligations under the Hospital Emergency Service Act.
- f) Aggravating Factors. In determining whether to issue a fine greater than \$50,000, the Department will consider aggravating factors, including, but not limited to:
- 1) The hospital's violation caused serious or permanent physical, mental, or emotional harm;
  - 2) The hospital's violation proximately caused death;
  - 3) The hospital's prior violations of the Hospital Emergency Service Act;
  - 4) The hospital's failure to self-report a violation to the Department; or
  - 5) The hospital's request for proof of insurance, prior authorization, or a monetary payment prior to appropriately screening or initiating stabilizing treatment for an emergency medical condition, or requesting a monetary payment prior to stabilizing an emergency medical condition.
- g) The presence of any single aggravating circumstance may justify imposing a larger penalty even when one or more mitigating factors is present.

(Source: Amended at 49 Ill. Reg. 7975, effective May 21, 2025)