**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 (c) 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) *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 (c) *may provide hospital emergency services at their option*.

1) *Any hospital* defined in this subsection (c) *that opts to discontinue or* *otherwise not provide emergency services shall*:

A) *Comply with all provisions of the federal Emergency Medical Treatment and Labor Act (EMTALA)*;

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 (c)(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.

(Source: Amended at 48 Ill. Reg. 7321, effective May 3, 2024)