

AN ACT concerning health facilities.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The Emergency Medical Services (EMS) Systems Act is amended by changing Section 3.190 as follows:

(210 ILCS 50/3.190)

Sec. 3.190. Emergency Department Classifications. The Department shall have the authority and responsibility to:

(a) Establish criteria for classifying the emergency departments of all hospitals within the State as Comprehensive, Basic, or Standby. In establishing such criteria, the Department may consult with the Illinois Hospital Licensing Board and incorporate by reference all or part of existing standards adopted as rules pursuant to the Hospital Licensing Act or Emergency Medical Treatment Act;

(b) Classify the emergency departments of all hospitals within the State in accordance with this Section;

(c) Annually publish, and distribute to all EMS Systems, a list reflecting the classification of all emergency departments.

(d) For the purposes of paragraphs (a) and (b) of this Section, long-term acute care hospitals, as defined under the Hospital Emergency Service Act, are not required to provide

hospital emergency services and shall be classified as not available.

(Source: P.A. 89-177, eff. 7-19-95.)

Section 10. The Hospital Emergency Service Act is amended by changing Section 1 and adding Section 1.3 as follows:

(210 ILCS 80/1) (from Ch. 111 1/2, par. 86)

Sec. 1. Every hospital required to be licensed by the Department of Public Health pursuant to the Hospital Licensing Act which provides general medical and surgical hospital services, except long-term acute care hospitals identified in Section 1.3 of this Act, shall provide a hospital emergency service in accordance with rules and regulations adopted by the Department of Public Health and shall furnish such 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. For purposes of this Act, "applicant" includes any person who is brought to a hospital by ambulance or specialized emergency medical services vehicle as defined in the Emergency Medical Services (EMS) Systems Act.

(Source: P.A. 86-1461.)

(210 ILCS 80/1.3 new)

Sec. 1.3. Long-term acute care hospitals. For the purpose

of this Act, general acute care hospitals designated by Medicare as long-term acute care hospitals are not required to provide hospital emergency services described in Section 1 of this Act. Hospitals defined in this Section may provide hospital emergency services at their option.

Any hospital defined in this Section that opts to discontinue emergency services described in Section 1 shall:

(1) comply with all provisions of the federal Emergency Medical Treatment & Labor Act (EMTALA);

(2) comply with all provisions required under the Social Security Act;

(3) provide annual notice to communities in the hospital's service area about available emergency medical services; and

(4) make educational materials available to individuals who are present at the hospital concerning the availability of medical services within the hospital's service area.

Long-term acute care hospitals that operate standby emergency services as of January 1, 2011 may discontinue hospital emergency services by notifying the Department of Public Health. 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 15. The Long Term Acute Care Hospital Quality Improvement Transfer Program Act is amended by changing Section 10 as follows:

(210 ILCS 155/10)

Sec. 10. Definitions. As used in this Act:

(a) "CARE tool" means the Continuity and Record Evaluation (CARE) tool. It is a patient assessment instrument that has been developed to document the medical, cognitive, functional, and discharge status of persons receiving health care services in acute and post-acute care settings. The data collected is able to document provider-level quality of care (patient outcomes) and characterize the clinical complexity of patients.

(b) "Department" means the Illinois Department of Healthcare and Family Services.

(c) "Discharge" means the release of a patient from hospital care for any discharge disposition other than a leave of absence, even if for Medicare payment purposes the discharge fits the definition of an interrupted stay.

(d) "FTE" means "full-time equivalent" or a person or persons employed in one full-time position.

(e) "Hospital" means an institution, place, building, or agency located in this State that is licensed as a general acute hospital by the Illinois Department of Public Health under the Hospital Licensing Act, whether public or private and

whether organized for profit or not-for-profit.

(f) "ICU" means intensive care unit.

(g) "LTAC hospital" means a hospital that is designated by Medicare as a long term acute care hospital as described in Section 1886(d)(1)(B)(iv)(I) of the Social Security Act and has an average length of Medicaid inpatient stay greater than 25 days as reported on the hospital's 2008 Medicaid cost report on file as of February 15, 2010, or a hospital that begins operations after January 1, 2009 ~~2010~~ and is designated by Medicare as a long term acute care hospital.

(h) "LTAC hospital criteria" means nationally recognized evidence-based evaluation criteria that have been publicly tested and includes criteria specific to an LTAC hospital for admission, continuing stay, and discharge. The criteria cannot include criteria derived or developed by or for a specific hospital or group of hospitals. Criteria and tools developed by hospitals or hospital associations or hospital-owned organizations are not acceptable and do not meet the requirements of this subsection.

(i) "Patient" means an individual who is admitted to a hospital for an inpatient stay.

(j) "Program" means the Long Term Acute Care Hospital Quality Improvement Transfer Program established by this Act.

(k) "STAC hospital" means a hospital that is not an LTAC hospital as defined in this Act or a psychiatric hospital or a rehabilitation hospital.

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(Source: P.A. 96-1130, eff. 7-20-10.)

Section 99. Effective date. This Act takes effect upon becoming law.