

May 24, 2023

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

SUBJECT: IDPH Omnibus Rulemaking Adopted

The Illinois Dept. of Public Health (IDPH) has adopted amendments to the Hospital Licensing Requirements (77 Ill. Adm. Code 250 et seq.), (May 12 [Illinois Register](#), pages 6477 to 6527). The adopted amendments, which are now effective, codify recent statutory changes as well as make changes related to: types of hospital license, process for reinstating hospital operations after a natural or human disaster, and certain changes to hospital procedures and policies to ensure patient safety. This memo serves as a summary of the adopted changes.

License Categories (250.120) – The Department seeks to bring greater clarity to the type of license a hospital is seeking. As adopted, a hospital would receive a license as either a “General Acute Care Hospital” or a “Specialty or Specialized Hospital.” A General Acute Care Hospital would be a facility that offers an integrated variety of categories of acute care services and **performs scheduled surgical procedures**. Through IHA's advocacy efforts, a hospital designated as a Critical Access Hospital by the Centers for Medicare and Medicaid Services must be considered a general acute care hospital even if they do not meet the surgical requirement.

A hospital licensed as a Specialty or Specialized Hospital would offer primarily a special or a particular category of services, such as psychiatric, pediatric, rehabilitation or long-term acute care.

Suspension of Hospital Operations Due to Natural or Human-Induced Disaster (250.120) – The Department has adopted a process a hospital must follow to reinstate operations after services are suspended due to a natural or human-induced disaster. This process includes:

- Written notification to IDPH, should operations be suspended for longer than one day;
- Submission of a description of the event, changes that were made, modifications to operations and the projected date of return to full services;
- Progress reports with regards to changes in the projected re-opening, as requested by the Department;
- On-site survey by the Department, once notice has been provided that the hospital is in compliance with all licensing requirements and ready to resume normal operations; and
- Issuance of a provisional license, should the Department find the hospital not in compliance during the survey process.

Facility-Provided Medication Upon Discharge (Section 250.240) – The Department codifies legislation ([P.A. 102-0155](#)) that requires hospital-provided medication that is ordered at least 24 hours in advance of a surgical procedure and administered to the patient, to then be offered

to the patient upon discharge when the medication is required for continuous treatment. This medication requirement, per the statute, is limited to topical antibiotic, anti-inflammatory, dilation, or glaucoma drop or ointment.

Updated Visitation Policies (Section 250.250) – The Department codifies new requirements under the Medical Patient Rights Act ([P.A. 102-0989](#)) regarding visitation rights, policies, and procedures. Pursuant to the Act, hospitals must develop new policies and procedures to address visitation when a disaster exists, or in cases of an outbreak or epidemic of communicable disease.

Hospital Notification of Employee Assistance Programs (Section 250.410) – The Department codifies legislation ([P.A. 102-1007](#)) requiring hospitals to ensure their employees are aware of any employee assistance programs that are available to them. This information must be provided at the time of employment and again during any open enrollment period.

Reporting of Patient Injuries from Possible Sexual Assault or Other Criminal Offense (Section 250.990) – To clarify reporting requirements in cases of possible criminal wrongdoing, the Department has adopted that, in cases where a patient is not accompanied by a law enforcement officer, a physician or nurse (as soon as treatment allows) must notify local law enforcement if it appears as though the patient has any injury sustained as a victim of an alleged sexual assault or due to a criminal offense. Hospitals, physicians and nurses would be held harmless from civil liability for their compliance with this provision.

Care of Patients in Psychiatric Units (Section 250.2280) – To ensure the safety of patients receiving psychiatric services at a hospital, the Department has adopted changes to what must be included in the hospital policy and procedure manual to include:

- Specific procedures for the care of suicidal and assaultive patients;
- Procedures for the assessment of patients for sexual safety, specifically measures to assess the risk of sexual harassment, abuse or assault. Examples of these measures provided in rule include the identification of vulnerable patients and patients with the potential to display sexual behavior that places other patients at risk. Further, the procedures would require protocols be in place for the management and oversight of the physical environment, internal reporting, investigation of allegations and incidents and notification of law enforcement;
- Policies and procedures that describe the relationship between the hospital and other stakeholders, including State agencies and community organizations providing psychiatric services; and
- Policies and procedures relating to the evaluation and disposition of psychiatric emergencies.

Through IHA's advocacy efforts, earlier versions of the Department's proposal were changed to clear up confusing language, as well as eliminate proposed requirements that would conflict with federal regulations.

In addition to these changes, the Department adopted various updates to the hospital licensing regulations to clean up language and update citations.

[Contact us](#) with questions.