

AN ACT concerning State government.

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

Section 5. The Illinois State Police Law of the Civil Administrative Code of Illinois is amended by changing Section 2605-53 as follows:

(20 ILCS 2605/2605-53)

Sec. 2605-53. 9-1-1 system; sexual assault and sexual abuse.

(a) The Office of the Statewide 9-1-1 Administrator, in consultation with the Office of the Attorney General and the Illinois Law Enforcement Training Standards Board, shall:

(1) develop comprehensive guidelines for evidence-based, trauma-informed, victim-centered handling of sexual assault or sexual abuse calls by Public Safety Answering Point telecommunicators; and

(2) adopt rules and minimum standards for an evidence-based, trauma-informed, victim-centered training curriculum for handling of sexual assault or sexual abuse calls for Public Safety Answering Point telecommunicators ("PSAP").

(a-5) Within one year after June 3, 2021 (the effective date of Public Act 102-9), the Office of the Statewide 9-1-1

Administrator, in consultation with the Statewide 9-1-1 Advisory Board, shall:

(1) develop comprehensive guidelines for training on emergency dispatch procedures, including, but not limited to, ~~emergency medical dispatch,~~ and the delivery of 9-1-1 services and professionalism for public safety telecommunicators and public safety telecommunicator supervisors; and

(2) adopt rules and minimum standards for continuing education on emergency dispatch procedures, including, but not limited to, ~~emergency medical dispatch,~~ and the delivery of 9-1-1 services and professionalism for public safety telecommunicators and public safety telecommunicator Supervisors.

(a-10) The Office of the Statewide 9-1-1 Administrator may as necessary establish by rule appropriate testing and certification processes consistent with the training required by this Section.

(a-15) Beginning January 1, 2026, all 9-1-1 telecommunicators who provide dispatch for emergency medical conditions shall be required to be trained, utilizing the most current nationally recognized emergency cardiovascular care guidelines, in high-quality telecommunicator cardiopulmonary resuscitation (T-CPR). The instruction shall incorporate recognition protocols for out-of-hospital cardiac arrests (OHCA), compression-only cardiopulmonary resuscitation (CPR)

instructions for callers or bystanders, and continuing education.

(b) Training requirements:

(1) Newly hired PSAP telecommunicators must complete the sexual assault and sexual abuse training curriculum established in subsection (a) of this Section prior to handling emergency calls.

(2) All existing PSAP telecommunicators shall complete the sexual assault and sexual abuse training curriculum established in subsection (a) of this Section within 2 years of January 1, 2017 (the effective date of Public Act 99-801).

(3) Newly hired public safety telecommunicators shall complete the emergency dispatch procedures training curriculum established in subsection (a-5) of this Section prior to independently handling emergency calls within one year of the Statewide 9-1-1 Administrator establishing the required guidelines, rules, and standards.

(4) All public safety telecommunicators and public safety telecommunicator supervisors who were not required to complete new hire training prior to handling emergency calls, must either demonstrate proficiency or complete the training established in subsection (a-5) of this Section within one year of the Statewide 9-1-1 Administrator establishing the required guidelines, rules, and standards.

(5) Upon completion of the training required in either paragraph (3) or (4) of this subsection (b), whichever is applicable, all public safety telecommunicators and public safety telecommunicator supervisors shall complete the continuing education training regarding the delivery of 9-1-1 services and professionalism biennially.

(c) The Illinois State Police may adopt rules for the administration of this Section.

(d) As used in this Section, "telecommunicator cardiopulmonary resuscitation" or "T-CPR" means dispatcher-assisted delivery of cardiopulmonary resuscitation (CPR) instruction by trained emergency call takers or public safety dispatchers to callers or bystanders for events requiring CPR, such as out-of-hospital cardiac arrest (OHCA).

(Source: P.A. 102-9, eff. 6-3-21; 102-687, eff. 12-17-21.)

Section 10. The Emergency Medical Services (EMS) Systems Act is amended by changing Section 3.70 as follows:

(210 ILCS 50/3.70)

Sec. 3.70. Emergency Medical Dispatcher.

(a) "Emergency Medical Dispatcher" means a person who has successfully completed a training course in emergency medical dispatching and telecommunicator cardiopulmonary resuscitation (T-CPR) in accordance with rules adopted by the Department pursuant to this Act, who accepts calls from the

public for emergency medical services and dispatches designated emergency medical services personnel and vehicles. The Emergency Medical Dispatcher must use the Department-approved emergency medical dispatch priority reference system (EMDPRS) protocol selected for use by its agency and approved by its EMS medical director. This protocol must be used by an emergency medical dispatcher in an emergency medical dispatch agency to dispatch aid to medical emergencies which includes systematized caller interrogation questions; systematized prearrival support instructions; and systematized coding protocols that match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode and vehicle response configuration and includes an appropriate training curriculum and testing process consistent with the specific EMDPRS protocol used by the emergency medical dispatch agency. Prearrival support instructions shall be provided in a non-discriminatory manner and shall be provided in accordance with the EMDPRS established by the EMS medical director of the EMS system in which the EMD operates. If the dispatcher operates under the authority of an Emergency Telephone System Board established under the Emergency Telephone System Act, the protocols shall be established by such Board in consultation with the EMS Medical Director.

(b) The Department shall have the authority and responsibility to:

(1) Require licensure and relicensure of a person who meets the training and other requirements as an emergency medical dispatcher pursuant to this Act.

(2) Require licensure and relicensure of a person, organization, or government agency that operates an emergency medical dispatch agency that meets the minimum standards prescribed by the Department for an emergency medical dispatch agency pursuant to this Act.

(3) Prescribe minimum education and continuing education requirements for the Emergency Medical Dispatcher, which meet standards specified by rules adopted pursuant to this Act.

(4) Require each EMS Medical Director to report to the Department whenever an action has taken place that may require the revocation or suspension of a license issued by the Department.

(5) Require each EMD to provide prearrival instructions and telecommunicator cardiopulmonary resuscitation (T-CPR) in compliance with protocols selected and approved by the system's EMS medical director and approved by the Department.

(6) Require the Emergency Medical Dispatcher to keep the Department currently informed as to the entity or agency that employs or supervises his activities as an Emergency Medical Dispatcher.

(7) Establish an annual relicensure requirement that

requires medical dispatch-specific continuing education as prescribed by the Department through rules adopted pursuant to this Act.

(8) Approve all EMDPRS protocols used by emergency medical dispatch agencies to assure compliance with national standards.

(9) Require that Department-approved emergency medical dispatch training programs are conducted in accordance with national standards.

(10) Require that the emergency medical dispatch agency be operated in accordance with national standards, including, but not limited to, (i) the use on every request for medical assistance of an emergency medical dispatch priority reference system (EMDPRS) in accordance with Department-approved policies and procedures and (ii) under the approval and supervision of the EMS medical director, the establishment of a continuous quality improvement program.

(11) Require that a person may not represent himself or herself, nor may an agency or business represent an agent or employee of that agency or business, as an emergency medical dispatcher unless licensed by the Department as an emergency medical dispatcher.

(12) Require that a person, organization, or government agency not represent itself as an emergency medical dispatch agency unless the person, organization,

or government agency is certified by the Department as an emergency medical dispatch agency.

(13) Require that a person, organization, or government agency may not offer or conduct a training course that is represented as a course for an emergency medical dispatcher unless the person, organization, or agency is approved by the Department to offer or conduct that course.

(14) Require that Department-approved emergency medical dispatcher training programs are conducted by instructors licensed by the Department who:

(i) are, at a minimum, licensed as emergency medical dispatchers;

(ii) have completed a Department-approved course on methods of instruction;

(iii) have previous experience in a medical dispatch agency; and

(iv) have demonstrated experience as an EMS instructor.

(15) Establish criteria for modifying or waiving Emergency Medical Dispatcher requirements based on (i) the scope and frequency of dispatch activities and the dispatcher's access to training or (ii) whether the previously-attended dispatcher training program merits automatic relicensure for the dispatcher.

(16) Charge each Emergency Medical Dispatcher



applicant a fee for licensure and license renewal.

(c) The Department shall have the authority to suspend, revoke, or refuse to issue or renew the license of an EMD when, after notice and the opportunity for an impartial hearing, the Department demonstrates that the licensee has violated this Act, violated the rules adopted by the Department, or failed to comply with the applicable standard of care.

(Source: P.A. 98-973, eff. 8-15-14.)