



Rep. Bradley Fritts

**Filed: 3/14/2025**

10400HB3233ham001

LRB104 10785 BAB 23955 a

1 AMENDMENT TO HOUSE BILL 3233

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 3233 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Emergency Medical Services (EMS) Systems  
5 Act is amended by changing Section 3.20 and by adding Section  
6 3.23 as follows:

7 (210 ILCS 50/3.20)

8 Sec. 3.20. Emergency Medical Services (EMS) Systems.

9 (a) "Emergency Medical Services (EMS) System" means an  
10 organization of hospitals, vehicle service providers and  
11 personnel approved by the Department in a specific geographic  
12 area, which coordinates and provides pre-hospital and  
13 inter-hospital emergency care and non-emergency medical  
14 transports at a BLS, ILS and/or ALS level pursuant to a System  
15 program plan submitted to and approved by the Department, and  
16 pursuant to the EMS Region Plan adopted for the EMS Region in

1 which the System is located.

2 (b) One hospital in each System program plan must be  
3 designated as the Resource Hospital. All other hospitals which  
4 are located within the geographic boundaries of a System and  
5 which have standby, basic or comprehensive level emergency  
6 departments must function in that EMS System as either an  
7 Associate Hospital or Participating Hospital and follow all  
8 System policies specified in the System Program Plan,  
9 including but not limited to the replacement of drugs and  
10 equipment used by providers who have delivered patients to  
11 their emergency departments. All hospitals and vehicle service  
12 providers participating in an EMS System must specify their  
13 level of participation in the System Program Plan.

14 (c) The Department shall have the authority and  
15 responsibility to:

16 (1) Approve BLS, ILS and ALS level EMS Systems which  
17 meet minimum standards and criteria established in rules  
18 adopted by the Department pursuant to this Act, including  
19 the submission of a Program Plan for Department approval.  
20 Beginning September 1, 1997, the Department shall approve  
21 the development of a new EMS System only when a local or  
22 regional need for establishing such System has been  
23 verified by the Department. This shall not be construed as  
24 a needs assessment for health planning or other purposes  
25 outside of this Act. Following Department approval, EMS  
26 Systems must be fully operational within one year from the

1 date of approval.

2 (2) Monitor EMS Systems, based on minimum standards  
3 for continuing operation as prescribed in rules adopted by  
4 the Department pursuant to this Act, which shall include  
5 requirements for submitting Program Plan amendments to the  
6 Department for approval.

7 (3) Renew EMS System approvals every 4 years, after an  
8 inspection, based on compliance with the standards for  
9 continuing operation prescribed in rules adopted by the  
10 Department pursuant to this Act.

11 (4) Suspend, revoke, or refuse to renew approval of  
12 any EMS System, after providing an opportunity for a  
13 hearing, when findings show that it does not meet the  
14 minimum standards for continuing operation as prescribed  
15 by the Department, or is found to be in violation of its  
16 previously approved Program Plan.

17 (5) Require each EMS System to adopt written protocols  
18 for the bypassing of or diversion to any hospital, trauma  
19 center or regional trauma center, which provide that a  
20 person shall not be transported to a facility other than  
21 the nearest hospital, regional trauma center or trauma  
22 center unless the medical benefits to the patient  
23 reasonably expected from the provision of appropriate  
24 medical treatment at a more distant facility outweigh the  
25 increased risks to the patient from transport to the more  
26 distant facility, or the transport is in accordance with

1 the System's protocols for patient choice or refusal.

2 (6) Require that the EMS Medical Director of an ILS or  
3 ALS level EMS System be a physician licensed to practice  
4 medicine in all of its branches in Illinois, and certified  
5 by the American Board of Emergency Medicine or the  
6 American Osteopathic Board of Emergency Medicine, and that  
7 the EMS Medical Director of a BLS level EMS System be a  
8 physician licensed to practice medicine in all of its  
9 branches in Illinois, with regular and frequent  
10 involvement in pre-hospital emergency medical services. In  
11 addition, all EMS Medical Directors shall:

12 (A) Have experience on an EMS vehicle at the  
13 highest level available within the System, or make  
14 provision to gain such experience within 12 months  
15 prior to the date responsibility for the System is  
16 assumed or within 90 days after assuming the position;

17 (B) Be thoroughly knowledgeable of all skills  
18 included in the scope of practices of all levels of EMS  
19 personnel within the System;

20 (C) Have or make provision to gain experience  
21 instructing students at a level similar to that of the  
22 levels of EMS personnel within the System; and

23 (D) For ILS and ALS EMS Medical Directors,  
24 successfully complete a Department-approved EMS  
25 Medical Director's Course.

26 (7) Prescribe statewide EMS data elements to be

1 collected and documented by providers in all EMS Systems  
2 for all emergency and non-emergency medical services, with  
3 a one-year phase-in for commencing collection of such data  
4 elements.

5 (8) Define, through rules adopted pursuant to this  
6 Act, the terms "Resource Hospital", "Associate Hospital",  
7 "Participating Hospital", "Basic Emergency Department",  
8 "Standby Emergency Department", "Comprehensive Emergency  
9 Department", "EMS Medical Director", "EMS Administrative  
10 Director", and "EMS System Coordinator".

11 (A) (Blank).

12 (B) (Blank).

13 (9) Investigate the circumstances that caused a  
14 hospital in an EMS system to go on bypass status to  
15 determine whether that hospital's decision to go on bypass  
16 status was reasonable. The Department may impose  
17 sanctions, as set forth in Section 3.140 of the Act, upon a  
18 Department determination that the hospital unreasonably  
19 went on bypass status in violation of the Act.

20 (10) Evaluate the capacity and performance of any  
21 freestanding emergency center established under Section  
22 32.5 of this Act in meeting emergency medical service  
23 needs of the public, including compliance with applicable  
24 emergency medical standards and assurance of the  
25 availability of and immediate access to the highest  
26 quality of medical care possible.

1           (11) Permit limited EMS System participation by  
2 facilities operated by the United States Department of  
3 Veterans Affairs, Veterans Health Administration. Subject  
4 to patient preference, Illinois EMS providers may  
5 transport patients to Veterans Health Administration  
6 facilities that voluntarily participate in an EMS System.  
7 Any Veterans Health Administration facility seeking  
8 limited participation in an EMS System shall agree to  
9 comply with all Department administrative rules  
10 implementing this Section. The Department may promulgate  
11 rules, including, but not limited to, the types of  
12 Veterans Health Administration facilities that may  
13 participate in an EMS System and the limitations of  
14 participation.

15           (12) Ensure that EMS systems are transporting pregnant  
16 women to the appropriate facilities based on the  
17 classification of the levels of maternal care described  
18 under subsection (a) of Section 2310-223 of the Department  
19 of Public Health Powers and Duties Law of the Civil  
20 Administrative Code of Illinois.

21           (13) Provide administrative support to the EMT  
22 Training, Recruitment, and Retention Task Force.

23           (14) Provide administrative support to the Emergency  
24 Medical Service Response Task Force.

25 (Source: P.A. 103-547, eff. 8-11-23.)

1 (210 ILCS 50/3.23 new)

2 Sec. 3.23. Emergency Medical Service Response Task Force.

3 (a) The Emergency Medical Service Response Task Force is  
4 created to investigate and provide legislative and policy  
5 recommendations regarding slow and dangerous response times  
6 for ambulance and EMS services in parts of the State, in  
7 particular services in rural communities.

8 (b) The Emergency Medical Service Response Task Force  
9 shall address, study, and provide recommendations on any  
10 aspect of this response time crisis deemed appropriate by the  
11 Task Force, including the following:

12 (1) the sustainability of Emergency Medical Services  
13 (EMS) Systems in rural communities throughout the State;

14 (2) any regulatory or administrative burdens or  
15 staffing restrictions placed on providers that contribute  
16 to staffing issues or slow response times;

17 (3) revenue shortfalls that challenge the  
18 sustainability and survival of ambulance or emergency  
19 medical services; and

20 (4) the report, findings, and any recommendations of  
21 the EMT Training, Recruitment, and Retention Task Force.

22 (c) The Task Force shall be comprised of the following  
23 members:

24 (1) one member of the Illinois General Assembly,  
25 appointed by the President of the Senate, who shall serve  
26 as co-chair;

1           (2) one member of the Illinois General Assembly,  
2           appointed by the Speaker of the House of Representatives;

3           (3) one member of the Illinois General Assembly,  
4           appointed by the Minority Leader of the Senate;

5           (4) one member of the Illinois General Assembly,  
6           appointed by the Minority Leader of the House of  
7           Representatives, who shall serve as co-chair;

8           (5) 9 members representing private ground ambulance  
9           providers throughout this State representing for-profit  
10           and non-profit rural and urban ground ambulance providers,  
11           appointed by the President of the Senate;

12           (6) 3 members representing hospitals, appointed by the  
13           Speaker of the House of Representatives, with one member  
14           representing safety-net hospitals and one member  
15           representing rural hospitals;

16           (7) 3 members representing a statewide association of  
17           nursing homes, appointed by the President of the Senate;

18           (8) one member representing the State Board of  
19           Education, appointed by the Minority Leader of the House  
20           of Representatives;

21           (9) 2 EMS Medical Directors from a Regional EMS  
22           Medical Directors Committee, appointed by the Governor;

23           (10) one member representing the Illinois Community  
24           College Systems, appointed by the Minority Leader of the  
25           Senate;

26           (11) 3 members representing the Associated Fire



1 Fighters of Illinois, appointed by the President of the  
2 Senate; and

3 (12) 3 members representing volunteer rural fire  
4 service, appointed by the Speaker of the House.

5 (d) Members of the Task Force shall serve without  
6 compensation.

7 (e) The Task Force shall convene at the call of the  
8 co-chairs and shall hold at least 6 meetings.

9 (f) The Task Force shall submit its final report  
10 containing legislative and policy decisions to the General  
11 Assembly and the Governor no later than September 1, 2026, and  
12 upon the submission of its final report, the Task Force shall  
13 be dissolved.

14 (g) This Section is repealed on January 1, 2027."