



Rep. Michael J. Kelly

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LRB104 17768 BAB 36643 a

1 AMENDMENT TO HOUSE BILL 4477

2 AMENDMENT NO. _____. Amend House Bill 4477 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 Sections 3.5, 3.35, 3.40, 3.45, and
6 3.50 as follows:

7 (210 ILCS 50/3.5)

8 Sec. 3.5. Definitions. As used in this Act:

9 "Clinical observation" means the ongoing observation of a
10 patient's medical or mental health condition by a licensed
11 health care professional utilizing a medical skill set while
12 continuing assessment and care.

13 "Department" means the Illinois Department of Public
14 Health.

15 "Digital license" means a secure electronic record of a
16 license issued by the Department to EMS personnel that is

1 accessible to EMS personnel through a Department-maintained or
2 Department-approved electronic platform, website, or
3 electronic application and is readily verifiable by Resource
4 Hospitals and vehicle service providers.

5 "Director" means the Director of the Illinois Department
6 of Public Health.

7 "Emergency" means a medical condition of recent onset and
8 severity that would lead a prudent layperson, possessing an
9 average knowledge of medicine and health, to believe that
10 urgent or unscheduled medical care is required.

11 "Emergency Medical Services personnel" or "EMS personnel"
12 means persons licensed as an Emergency Medical Responder (EMR)
13 (First Responder), Emergency Medical Dispatcher (EMD),
14 Emergency Medical Technician (EMT), Emergency Medical
15 Technician-Intermediate (EMT-I), Advanced Emergency Medical
16 Technician (A-EMT), Paramedic (EMT-P), Emergency
17 Communications Registered Nurse (ECRN), Pre-Hospital
18 Registered Nurse (PHRN), Pre-Hospital Advanced Practice
19 Registered Nurse (PHAPRN), or Pre-Hospital Physician Assistant
20 (PHPA).

21 "Exclusive representative" has the same meaning as defined
22 in Section 3 of the Illinois Public Labor Relations Act.

23 "Health care facility" means a hospital, nursing home,
24 physician's office or other fixed location at which medical
25 and health care services are performed. It does not include
26 "pre-hospital emergency care settings" which utilize EMS

1 personnel to render pre-hospital emergency care prior to the
2 arrival of a transport vehicle, as defined in this Act.

3 "Hospital" has the meaning ascribed to that term in the
4 Hospital Licensing Act.

5 "Just Culture" means a system approach to safety that
6 promotes accountability through fair and consistent evaluation
7 of conduct, distinguishing human error from at-risk and
8 reckless behavior, and emphasizes learning, quality
9 improvement, and system improvement over punitive action when
10 appropriate.

11 "Labor organization" has the same meaning as defined in
12 Section 3 of the Illinois Public Labor Relations Act.

13 "Medical monitoring" means the performance of medical
14 tests and physical exams to evaluate an individual's ongoing
15 exposure to a factor that could negatively impact that
16 person's health. "Medical monitoring" includes close
17 surveillance or supervision of patients liable to suffer
18 deterioration in physical or mental health and checks of
19 various parameters such as pulse rate, temperature,
20 respiration rate, the condition of the pupils, the level of
21 consciousness and awareness, the degree of appreciation of
22 pain, and blood gas concentrations such as oxygen and carbon
23 dioxide.

24 "NREMT" means the National Registry of Emergency Medical
25 Technicians.

26 "Physical license" means the paper copy of the license

1 issued by the Department to EMS personnel who have met the
2 Department's education, training, and examination
3 requirements.

4 "Silver spanner program" means a program in which a member
5 under a fire department's or fire protection district's
6 collective bargaining agreement works on or at the EMS System
7 under another fire department's or fire protection district's
8 collective bargaining agreement and (i) the other fire
9 department or fire protection district is not the member's
10 full-time employer and (ii) any EMS services not included
11 under the original fire department's or fire protection
12 district's collective bargaining agreement are included in the
13 other fire department's or fire protection district's
14 collective bargaining agreement.

15 "Trauma" means any significant injury which involves
16 single or multiple organ systems.

17 (Source: P.A. 103-521, eff. 1-1-24; 103-689, eff. 1-1-25;
18 104-362, eff. 8-15-25.)

19 (210 ILCS 50/3.35)

20 Sec. 3.35. Emergency Medical Services (EMS) Resource
21 Hospital; Functions. The Resource Hospital of an EMS System
22 shall:

23 (a) Prepare a Program Plan in accordance with the
24 provisions of this Act and minimum standards and criteria
25 established in rules adopted by the Department pursuant to

1 this Act, and submit such Program Plan to the Department
2 for approval. The Department shall require each EMS System
3 to have a Department-approved policy regarding Just
4 Culture for evaluating and responding to human error,
5 at-risk, reckless behavior, or failures to perform
6 emergency and nonemergency medical services in accordance
7 with the defined scope of practice of the EMS personnel,
8 EMS System Program Plan, and rules established by the
9 Department. The Just Culture policy shall be used by the
10 EMS Medical Director when issuing EMS System discipline or
11 EMS System participation suspension.

12 (b) Appoint an EMS Medical Director, who will
13 continually monitor and supervise the System and who will
14 have the responsibility and authority for total management
15 of the System as delegated by the EMS Resource Hospital.

16 The Program Plan shall require the EMS Medical
17 Director to appoint an alternate EMS Medical Director and
18 establish a written protocol addressing the functions to
19 be carried out in his or her absence.

20 (c) Appoint an EMS System Coordinator and EMS
21 Administrative Director in consultation with the EMS
22 Medical Director and in accordance with rules adopted by
23 the Department pursuant to this Act.

24 (d) Identify potential EMS System participants and
25 obtain commitments from them for the provision of
26 services.

1 (e) Educate or coordinate the education of EMS
2 personnel and all other license holders in accordance with
3 the requirements of this Act, rules adopted by the
4 Department pursuant to this Act, and the EMS System
5 Program Plan. An EMS System may coordinate education
6 outside of the region of which it is located with valid
7 justification and Department approval. The didactic
8 portion of education may be conducted through an online
9 platform with EMS System and Department approval. An
10 education plan within a Resource Hospital may include
11 classes performed outside of the region in which the
12 Resource Hospital is located. When considering whether to
13 approve or deny an education plan for classes performed
14 outside of the region in which a Resource Hospital is
15 located, the Department shall give deference to the EMS
16 Medical Director's education plan request and shall not
17 unreasonably withhold approval.

18 (f) Notify the Department of EMS personnel who have
19 successfully completed the requirements as provided by law
20 for initial licensure, license renewal, and license
21 reinstatement by the Department.

22 (g) Educate or coordinate the education of Emergency
23 Medical Dispatcher candidates, in accordance with the
24 requirements of this Act, rules adopted by the Department
25 pursuant to this Act, and the EMS System Program Plan.

26 (h) Establish or approve protocols for prearrival

1 medical instructions to callers by System Emergency
2 Medical Dispatchers who provide such instructions.

3 (i) Educate or coordinate the education of
4 Pre-Hospital Registered Nurse, Pre-Hospital Advanced
5 Practice Registered Nurse, Pre-Hospital Physician
6 Assistant, and ECRN candidates, in accordance with the
7 requirements of this Act, rules adopted by the Department
8 pursuant to this Act, and the EMS System Program Plan.

9 (j) Approve Pre-Hospital Registered Nurse,
10 Pre-Hospital Advanced Practice Registered Nurse,
11 Pre-Hospital Physician Assistant, and ECRN candidates to
12 practice within the System, and reapprove Pre-Hospital
13 Registered Nurses, Pre-Hospital Advanced Practice
14 Registered Nurses, Pre-Hospital Physician Assistants, and
15 ECRNs every 4 years in accordance with the requirements of
16 the Department and the System Program Plan.

17 (k) Establish protocols for the use of Pre-Hospital
18 Registered Nurses, Pre-Hospital Advanced Practice
19 Registered Nurses, and Pre-Hospital Physician Assistants
20 within the System.

21 (l) Establish protocols for utilizing ECRNs and
22 physicians licensed to practice medicine in all of its
23 branches to monitor telecommunications from, and give
24 voice orders to, EMS personnel, under the authority of the
25 EMS Medical Director.

26 (m) Monitor emergency and non-emergency medical

1 transports within the System, in accordance with rules
2 adopted by the Department pursuant to this Act.

3 (n) Utilize levels of personnel required by the
4 Department to provide emergency care to the sick and
5 injured at the scene of an emergency, during transport to
6 a hospital or during inter-hospital transport and within
7 the hospital emergency department until the responsibility
8 for the care of the patient is assumed by the medical
9 personnel of a hospital emergency department or other
10 facility within the hospital to which the patient is first
11 delivered by System personnel.

12 (o) Utilize levels of personnel required by the
13 Department to provide non-emergency medical services
14 during transport to a health care facility and within the
15 health care facility until the responsibility for the care
16 of the patient is assumed by the medical personnel of the
17 health care facility to which the patient is delivered by
18 System personnel.

19 (p) Establish and implement a program for System
20 participant information and education, in accordance with
21 rules adopted by the Department pursuant to this Act.

22 (q) Establish and implement a program for public
23 information and education, in accordance with rules
24 adopted by the Department pursuant to this Act.

25 (r) Operate in compliance with the EMS Region Plan.

26 (Source: P.A. 103-689, eff. 1-1-25.)

1 (210 ILCS 50/3.40)

2 Sec. 3.40. EMS System Participation Suspensions and Due
3 Process.

4 (a) An EMS Medical Director may suspend from participation
5 within the System any EMS personnel, EMS Lead Instructor (LI),
6 individual, individual provider, or other participant
7 considered not to be meeting the requirements of the Program
8 Plan of that approved EMS System. An EMS Medical Director must
9 submit a suspension order to the Department describing which
10 requirements of the Program Plan were not met and the
11 suspension's duration. The Department shall review and confirm
12 receipt of the suspension order, request additional
13 information, or initiate an investigation. The Department
14 shall incorporate the duration of that suspension into any
15 further action taken by the Department to suspend, revoke, or
16 refuse to issue or renew the license of the individual or
17 entity for any violation of this Act or the Program Plan
18 arising from the same conduct for which the suspension order
19 was issued if the suspended party has neither requested a
20 Department hearing on the suspension nor worked as a provider
21 in any other System during the term of the suspension.

22 (b) Prior to suspending any individual or entity, an EMS
23 Medical Director shall provide an opportunity for a hearing
24 before the local System review board in accordance with
25 subsection (f) and the rules promulgated by the Department.

1 The local System review board shall have the authority to
2 affirm, reduce, reverse, or modify, but not increase, the EMS
3 Medical Director's suspension order. The local System review
4 board shall consist of 3 members. One member shall be an
5 emergency department physician with knowledge of EMS, and 2
6 members shall be of the same professional category as the
7 individual, individual provider, or other participant
8 requesting the hearing. The EMS Medical Director shall
9 establish, maintain, and post in a 24-hour accessible location
10 a roster of pre-identified System review board members. The
11 roster shall include multiple individuals representing each
12 professional category operating within the EMS System, no less
13 than 5 members. The roster shall be structured to ensure
14 representation across the range of license types within the
15 EMS System and support the selection of impartial and
16 appropriately matched peers for each proceeding.

17 The selection of the System review board members for a
18 hearing shall be conducted by the EMS Medical Director or the
19 EMS Medical Director's designee from the roster. Prior to
20 finalizing the selection, the individual provider or
21 participant requesting the hearing shall be provided the
22 opportunity to review and approve the proposed review board
23 members and provide any objections based on conflicts of
24 interest or demonstrated bias. If the EMS Medical Director or
25 the EMS Medical Director's designee and the EMS System
26 participant or participating entity are unable to come to an

1 agreement, the final decision shall be made by the Department.

2 (1) If the local System review board affirms, ~~or~~
3 reduces, or modifies the EMS Medical Director's suspension
4 order, the individual or entity shall have the opportunity
5 for a review of the local board's decision by the State EMS
6 Disciplinary Review Board, pursuant to Section 3.45 of
7 this Act.

8 (2) If the local System review board reverses, ~~or~~
9 reduces, or modifies the EMS Medical Director's suspension
10 order, the EMS Medical Director shall have the opportunity
11 for a review of the local board's decision by the State EMS
12 Disciplinary Review Board, pursuant to Section 3.45 of
13 this Act.

14 (3) The suspension shall commence only upon the
15 occurrence of one of the following:

16 (A) the individual or entity has waived the
17 opportunity for a hearing before the local System
18 review board;

19 (B) the order has been affirmed, ~~or~~ reduced, or
20 modified by the local system review board and the
21 individual or entity has waived the opportunity for
22 review by the State Board; or

23 (C) the order has been affirmed, ~~or~~ reduced, or
24 modified by the local system review board, and the
25 local board's decision has been affirmed, ~~or~~ reduced,
26 or modified by the State Board.

1 (c) An individual interviewed or investigated by the local
2 system review board or the Department shall have the right to a
3 union representative and legal counsel of the individual's
4 choosing present at any interview. The union representative
5 must comply with any confidentiality requirements and
6 requirements for the protection of any patient information
7 presented during the proceeding.

8 (d) An EMS Medical Director may immediately suspend an
9 EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHRN, LI, PHPA,
10 PHAPRN, or other individual or entity if he or she finds that
11 the continuation in practice by the individual or entity would
12 constitute an imminent danger to the public. The suspended
13 individual or entity shall be issued an immediate verbal
14 notification followed by a written suspension order by the EMS
15 Medical Director which states the length, terms, and basis for
16 the suspension.

17 (1) Within 24 hours following the commencement of the
18 suspension, the EMS Medical Director shall deliver to the
19 Department, by messenger, telefax, or other
20 Department-approved electronic communication, a copy of
21 the suspension order and copies of any written materials
22 which relate to the EMS Medical Director's decision to
23 suspend the individual or entity. All medical and
24 patient-specific information, including Department
25 findings with respect to the quality of care rendered,
26 shall be strictly confidential pursuant to the Medical

1 Studies Act (Part 21 of Article VIII of the Code of Civil
2 Procedure).

3 (2) Within 24 hours following the commencement of the
4 suspension, the suspended individual or entity may deliver
5 to the Department, by messenger, telefax, or other
6 Department-approved electronic communication, a written
7 response to the suspension order and copies of any written
8 materials which the individual or entity feels are
9 appropriate. All medical and patient-specific information,
10 including Department findings with respect to the quality
11 of care rendered, shall be strictly confidential pursuant
12 to the Medical Studies Act.

13 (3) Within 24 hours following receipt of the EMS
14 Medical Director's suspension order or the individual or
15 entity's written response, whichever is later, the
16 Director or the Director's designee shall determine
17 whether the suspension should be stayed pending an
18 opportunity for a hearing or review in accordance with
19 this Act, or whether the suspension should continue during
20 the course of that hearing or review. When an immediate
21 suspension order is not stayed, the Director or the
22 Director's designee within the Department shall identify
23 if that suspension shall immediately apply to statewide
24 participation only in situations when a licensee has been
25 charged with a crime while performing the licensee's
26 official duties as an EMR, EMD, EMT, EMT-I, A-EMT,

1 Paramedic, ECRN, TNS, PHRN, LI, PHPA, or PHAPRN and the
2 licensee's continuation to practice poses the possibility
3 of imminent harm to the public based upon factual evidence
4 provided to the Department. The determination to issue an
5 immediate statewide suspension shall not deny the right to
6 due process to a licensee. The Director or the Director's
7 designee shall issue this determination to the EMS Medical
8 Director, who shall immediately notify the suspended
9 individual or entity. The suspension shall remain in
10 effect during this period of review by the Director or the
11 Director's designee.

12 (e) Upon issuance of a suspension order for reasons
13 directly related to medical care, the EMS Medical Director
14 shall also provide the individual or entity with the
15 opportunity for a hearing before the local System review
16 board, in accordance with subsection (f) and the rules
17 promulgated by the Department. The local System review board
18 shall have the authority to affirm, reduce, reverse, or
19 modify, but not increase, the EMS Medical Director's
20 suspension order.

21 (1) If the local System review board affirms, ~~or~~
22 reduces, or modifies the EMS Medical Director's suspension
23 order, the individual or entity shall have the opportunity
24 for a review of the local board's decision by the State EMS
25 Disciplinary Review Board, pursuant to Section 3.45 of
26 this Act.

1 (2) If the local System review board reverses, ~~or~~
2 reduces, or modifies the EMS Medical Director's suspension
3 order, the EMS Medical Director shall have the opportunity
4 for a review of the local board's decision by the State EMS
5 Disciplinary Review Board, pursuant to Section 3.45 of
6 this Act.

7 (3) The suspended individual or entity may elect to
8 bypass the local System review board and seek direct
9 review of the EMS Medical Director's suspension order by
10 the State EMS Disciplinary Review Board.

11 (f) The Resource Hospital shall designate a local System
12 review board in accordance with the rules of the Department,
13 for the purpose of providing a hearing to any individual or
14 entity participating within the System who is suspended from
15 participation by the EMS Medical Director. The EMS Medical
16 Director shall arrange for a certified shorthand reporter to
17 make a stenographic record of that hearing and thereafter
18 prepare a transcript of the proceedings. The EMS Medical
19 Director shall inform the individual of the individual's right
20 to have a union representative and legal counsel of the
21 individual's choosing present at any interview. The union
22 representative must comply with any confidentiality
23 requirements and requirements for the protection of any
24 patient information presented during the proceeding. The
25 transcript, all documents or materials received as evidence
26 during the hearing and the local System review board's written

1 decision shall be retained in the custody of the EMS system.
2 The System shall implement a decision of the local System
3 review board unless that decision has been appealed to the
4 State Emergency Medical Services Disciplinary Review Board in
5 accordance with this Act and the rules of the Department.

6 (g) The Resource Hospital shall implement a decision of
7 the State Emergency Medical Services Disciplinary Review Board
8 which has been rendered in accordance with this Act and the
9 rules of the Department.

10 (Source: P.A. 103-521, eff. 1-1-24; 103-779, eff. 8-2-24;
11 104-417, eff. 8-15-25.)

12 (210 ILCS 50/3.45)

13 Sec. 3.45. State Emergency Medical Services Disciplinary
14 Review Board.

15 (a) The Governor shall appoint a State Emergency Medical
16 Services Disciplinary Review Board, composed of an EMS Medical
17 Director, an EMS System Coordinator, a Paramedic, an Emergency
18 Medical Technician (EMT), and the following members, who shall
19 only review cases in which a party is from the same
20 professional category: a Pre-Hospital Registered Nurse, a
21 Pre-Hospital Advanced Practice Registered Nurse, a
22 Pre-Hospital Physician Assistant, an ECRN, a Trauma Nurse
23 Specialist, an Emergency Medical Technician-Intermediate
24 (EMT-I), an Advanced Emergency Medical Technician (A-EMT), a
25 representative from a private vehicle service provider, a

1 representative from a public vehicle service provider, and an
2 emergency physician who monitors telecommunications from and
3 gives voice orders to EMS personnel. The Governor shall also
4 appoint one alternate for each member of the Board, from the
5 same professional category as the member of the Board.

6 (b) The members shall be appointed for a term of 3 years.
7 All appointees shall serve until their successors are
8 appointed. The alternate members shall be appointed and serve
9 in the same fashion as the members of the Board. If a member
10 resigns his or her appointment, the corresponding alternate
11 shall serve the remainder of that member's term until a
12 subsequent member is appointed by the Governor.

13 (c) The function of the Board is to review and affirm,
14 reduce, reverse, or modify, but not increase, disciplinary
15 orders.

16 (d) Any individual or entity, who received an immediate
17 suspension from an EMS Medical Director may request the Board
18 to reduce, reverse, or modify the suspension order. If the
19 suspension had been affirmed, ~~or~~ reduced, or modified by a
20 local System review board, the suspended individual or entity
21 may request the Board to reduce, reverse, or modify the local
22 board's decision.

23 (e) Any individual or entity who received a non-immediate
24 suspension order from an EMS Medical Director which was
25 affirmed or modified by a local System review board may
26 request the Board to reduce, reverse, or modify the local

1 board's decision. The individual shall be informed of the
2 individual's right to have one representative from the labor
3 organization recognized as the exclusive representative of
4 that individual's bargaining unit present and a legal
5 representative present during the State Emergency Medical
6 Services Disciplinary Review Board proceedings during open
7 session. The labor organization's representative must also
8 comply with all confidentiality requirements and requirements
9 for the protection of any patient information presented during
10 the proceeding.

11 (f) An EMS Medical Director whose suspension order was
12 reduced, reversed, or modified by a local System review board
13 may request the Board to reverse or modify the local board's
14 decision.

15 (g) The Board shall meet on the first Tuesday of every
16 month, unless no requests for review have been submitted.
17 Additional meetings of the Board shall be scheduled to ensure
18 that a request for direct review of an immediate suspension
19 order is scheduled within 14 days after the Department
20 receives the request for review or as soon thereafter as a
21 quorum is available. The Board shall meet in Springfield or
22 Chicago, whichever location is closer to the majority of the
23 members or alternates attending the meeting. The Department
24 shall reimburse the members and alternates of the Board for
25 reasonable travel expenses incurred in attending meetings of
26 the Board.

1 (h) A request for review shall be submitted in writing to
2 the Chief of the Department's Division of Emergency Medical
3 Services and Highway Safety, within 10 days after receiving
4 the local board's decision or the EMS Medical Director's
5 suspension order, whichever is applicable, a copy of which
6 shall be enclosed.

7 (i) At its regularly scheduled meetings, the Board shall
8 review requests which have been received by the Department at
9 least 10 working days prior to the Board's meeting date.
10 Requests for review which are received less than 10 working
11 days prior to a scheduled meeting shall be considered at the
12 Board's next scheduled meeting, except that requests for
13 direct review of an immediate suspension order may be
14 scheduled up to 3 working days prior to the Board's meeting
15 date.

16 (j) A quorum shall be required for the Board to meet, which
17 shall consist of 3 members or alternates, including the EMS
18 Medical Director or alternate and the member or alternate from
19 the same professional category as the subject of the
20 suspension order. At each meeting of the Board, the members or
21 alternates present shall select a Chairperson to conduct the
22 meeting.

23 (k) Deliberations for decisions of the State EMS
24 Disciplinary Review Board shall be conducted in closed
25 session. Department staff may attend for the purpose of
26 providing clerical assistance, but no other persons may be in

1 attendance except for the parties to the dispute being
2 reviewed by the Board and their attorneys, unless by request
3 of the Board.

4 (l) The Board shall review the transcript, evidence, and
5 written decision of the local review board, or the written
6 decision and supporting documentation of the EMS Medical
7 Director, whichever is applicable, along with any additional
8 written or verbal testimony or argument offered by the parties
9 to the dispute.

10 (m) At the conclusion of its review, the Board shall issue
11 its decision and the basis for its decision on a form provided
12 by the Department, and shall submit to the Department its
13 written decision together with the record of the local System
14 review board. The Department shall promptly issue a copy of
15 the Board's decision to all affected parties. The Board's
16 decision shall be binding on all parties.

17 (Source: P.A. 103-521, eff. 1-1-24.)

18 (210 ILCS 50/3.50)

19 Sec. 3.50. Emergency Medical Services personnel licensure
20 levels.

21 (a) "Emergency Medical Technician" or "EMT" means a person
22 who has successfully completed a course in basic life support
23 as approved by the Department, is currently licensed by the
24 Department in accordance with standards prescribed by this Act
25 and rules adopted by the Department pursuant to this Act, and

1 practices within an EMS System. A valid Emergency Medical
2 Technician-Basic (EMT-B) license issued under this Act shall
3 continue to be valid and shall be recognized as an Emergency
4 Medical Technician (EMT) license until the Emergency Medical
5 Technician-Basic (EMT-B) license expires.

6 (b) "Emergency Medical Technician-Intermediate" or "EMT-I"
7 means a person who has successfully completed a course in
8 intermediate life support as approved by the Department, is
9 currently licensed by the Department in accordance with
10 standards prescribed by this Act and rules adopted by the
11 Department pursuant to this Act, and practices within an
12 Intermediate or Advanced Life Support EMS System.

13 (b-5) "Advanced Emergency Medical Technician" or "A-EMT"
14 means a person who has successfully completed a course in
15 basic and limited advanced emergency medical care as approved
16 by the Department, is currently licensed by the Department in
17 accordance with standards prescribed by this Act and rules
18 adopted by the Department pursuant to this Act, and practices
19 within an Intermediate or Advanced Life Support EMS System.

20 (c) "Paramedic (EMT-P)" means a person who has
21 successfully completed a course in advanced life support care
22 as approved by the Department, is licensed by the Department
23 in accordance with standards prescribed by this Act and rules
24 adopted by the Department pursuant to this Act, and practices
25 within an Advanced Life Support EMS System. A valid Emergency
26 Medical Technician-Paramedic (EMT-P) license issued under this

1 Act shall continue to be valid and shall be recognized as a
2 Paramedic license until the Emergency Medical
3 Technician-Paramedic (EMT-P) license expires.

4 (c-5) "Emergency Medical Responder" or "EMR (First
5 Responder)" means a person who has successfully completed a
6 course in emergency medical response as approved by the
7 Department and provides emergency medical response services in
8 accordance with the level of care established by the National
9 EMS Educational Standards Emergency Medical Responder course
10 as modified by the Department, or who provides services as
11 part of an EMS System response plan, as approved by the
12 Department, of that EMS System. The Department shall have the
13 authority to adopt rules governing the curriculum, practice,
14 and necessary equipment applicable to Emergency Medical
15 Responders.

16 On August 15, 2014 (the effective date of Public Act
17 98-973), a person who is licensed by the Department as a First
18 Responder and has completed a Department-approved course in
19 first responder defibrillator training based on, or equivalent
20 to, the National EMS Educational Standards or other standards
21 previously recognized by the Department shall be eligible for
22 licensure as an Emergency Medical Responder upon meeting the
23 licensure requirements and submitting an application to the
24 Department. A valid First Responder license issued under this
25 Act shall continue to be valid and shall be recognized as an
26 Emergency Medical Responder license until the First Responder

1 license expires.

2 (c-10) All EMS Systems and licensees shall be fully
3 compliant with the National EMS Education Standards, as
4 modified by the Department in administrative rules, within 24
5 months after the adoption of the administrative rules.

6 (d) The Department shall have the authority and
7 responsibility to:

8 (1) Prescribe education and training requirements,
9 which includes training in the use of epinephrine, for all
10 levels of EMS personnel except for EMRs, based on the
11 National EMS Educational Standards and any modifications
12 to those curricula specified by the Department through
13 rules adopted pursuant to this Act.

14 (A) A failure rate per course of 30% or greater at
15 the first attempt on the licensure examination shall
16 require the EMS System to submit a quality improvement
17 plan to the Department. The EMS System shall share
18 failure rates with the EMS Lead Instructor quarterly.
19 Neither the EMS System nor the Department may take
20 licensure action against an EMS Lead Instructor based
21 solely on first-attempt pass rates.

22 (B) Candidates shall complete the licensure
23 examination within the timeline required by the NREMT.

24 (C) An accredited Paramedic program shall be
25 conducted only by an EMS System or an academic
26 institution whose curriculum has been approved by the

1 EMS System. An EMS System associate hospital may allow
2 students from an EMS System-approved and
3 Department-approved Paramedic course to complete
4 clinical rotations as approved by the EMS System
5 Medical Director. The approval by the EMS System
6 Medical Director may not be unreasonably denied.

7 (2) Prescribe licensure testing requirements for all
8 levels of EMS personnel, which shall include a requirement
9 that all phases of instruction, training, and field
10 experience be completed before taking the appropriate
11 licensure examination. Candidates shall take the
12 appropriate National Registry examination. In prescribing
13 licensure testing requirements for honorably discharged
14 members of the armed forces of the United States under
15 this paragraph (2), the Department shall ensure that a
16 candidate's military emergency medical training, emergency
17 medical curriculum completed, and clinical experience, as
18 described in paragraph (2.5), are recognized.

19 (2.5) Review applications for EMS personnel licensure
20 from honorably discharged members of the armed forces of
21 the United States with military emergency medical
22 training. Applications shall be filed with the Department
23 within one year after military discharge and shall
24 contain: (i) proof of successful completion of military
25 emergency medical training; (ii) a detailed description of
26 the emergency medical curriculum completed; and (iii) a

1 detailed description of the applicant's clinical
2 experience. The Department may request additional and
3 clarifying information. The Department shall evaluate the
4 application, including the applicant's training and
5 experience, consistent with the standards set forth under
6 subsections (a), (b), (c), and (d) of Section 3.10. If the
7 application clearly demonstrates that the training and
8 experience meet such standards, the Department shall offer
9 the applicant the opportunity to successfully complete a
10 Department-approved EMS personnel examination for the
11 level of license for which the applicant is qualified.
12 Upon passage of an examination, the Department shall issue
13 a license, which shall be subject to all provisions of
14 this Act that are otherwise applicable to the level of EMS
15 personnel license issued.

16 (3) License individuals as an EMR, EMT, EMT-I, A-EMT,
17 or Paramedic who have met the Department's education,
18 training and examination requirements.

19 (A) The Department shall issue to EMS personnel a
20 physical license or digital license.

21 (B) A licensee shall not be required to possess a
22 copy of a physical license or a digital license on the
23 licensee's person while on duty.

24 (4) Prescribe annual continuing education and
25 relicensure requirements for all EMS personnel licensure
26 levels.

1 (5) Relicense individuals as an EMD, EMR, EMT, EMT-I,
2 A-EMT, PHRN, PHAPRN, PHPA, or Paramedic every 4 years,
3 based on their compliance with continuing education and
4 relicensure requirements as required by the Department
5 pursuant to this Act. Every 4 years, a Paramedic shall
6 have 100 hours of approved continuing education, an EMT-I
7 and an advanced EMT shall have 80 hours of approved
8 continuing education, and an EMT shall have 60 hours of
9 approved continuing education. An Illinois licensed EMR,
10 EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHPA, PHAPRN, or
11 PHRN whose license has been expired for less than 36
12 months may apply for reinstatement by the Department.
13 Reinstatement shall require that the applicant (i) submit
14 satisfactory proof of completion of continuing medical
15 education and clinical requirements to be prescribed by
16 the Department in an administrative rule; (ii) submit a
17 positive recommendation from an Illinois EMS Medical
18 Director attesting to the applicant's qualifications for
19 retesting; and (iii) pass a Department approved test for
20 the level of EMS personnel license sought to be
21 reinstated.

22 (6) Grant inactive status to any EMR, EMD, EMT, EMT-I,
23 A-EMT, Paramedic, ECRN, PHAPRN, PHPA, or PHRN who
24 qualifies, based on standards and procedures established
25 by the Department in rules adopted pursuant to this Act.

26 (7) Charge a fee for EMS personnel examination,

1 licensure, and license renewal.

2 (8) Suspend, revoke, or refuse to issue or renew the
3 license of any licensee, after an opportunity for an
4 impartial hearing before a neutral administrative law
5 judge appointed by the Director, where the preponderance
6 of the evidence shows one or more of the following:

7 (A) The licensee has not met continuing education
8 or relicensure requirements as prescribed by the
9 Department;

10 (B) The licensee has failed to maintain
11 proficiency in the level of skills for which he or she
12 is licensed;

13 (C) The licensee, during the provision of medical
14 services, engaged in dishonorable, unethical, or
15 unprofessional conduct of a character likely to
16 deceive, defraud, or harm the public;

17 (D) The licensee has failed to maintain or has
18 violated standards of performance and conduct as
19 prescribed by the Department in rules adopted pursuant
20 to this Act or his or her EMS System's Program Plan;

21 (E) The licensee is physically impaired to the
22 extent that he or she cannot physically perform the
23 skills and functions for which he or she is licensed,
24 as verified by a physician, unless the person is on
25 inactive status pursuant to Department regulations;

26 (F) The licensee is mentally impaired to the

1 extent that he or she cannot exercise the appropriate
2 judgment, skill and safety for performing the
3 functions for which he or she is licensed, as verified
4 by a physician, unless the person is on inactive
5 status pursuant to Department regulations;

6 (G) The licensee has violated this Act or any rule
7 adopted by the Department pursuant to this Act; or

8 (H) The licensee has been convicted (or entered a
9 plea of guilty or nolo contendere) by a court of
10 competent jurisdiction of a Class X, Class 1, or Class
11 2 felony in this State or an out-of-state equivalent
12 offense.

13 (9) Prescribe education and training requirements in
14 the administration and use of opioid antagonists for all
15 levels of EMS personnel based on the National EMS
16 Educational Standards and any modifications to those
17 curricula specified by the Department through rules
18 adopted pursuant to this Act.

19 (d-5) An EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN,
20 PHAPRN, PHPA, or PHRN who is a member of the Illinois National
21 Guard or an Illinois State Trooper or who exclusively serves
22 as a volunteer for units of local government with a population
23 base of less than 5,000 or as a volunteer for a not-for-profit
24 organization that serves a service area with a population base
25 of less than 5,000 may submit an application to the Department
26 for a waiver of the fees described under paragraph (7) of

1 subsection (d) of this Section on a form prescribed by the
2 Department.

3 (d-10) A person who is not an EMS personnel may operate an
4 EMS vehicle pursuant to this Act if the following requirements
5 are met: (i) the person meets the requirements of Section
6 11-1421 of the Illinois Vehicle Code; (ii) 2
7 Department-licensed EMS personnel are present and have met
8 educational requirements prescribed by the Department; and
9 (iii) the clinical condition of the patient necessitates the
10 involvement of additional licensed personnel to ensure
11 appropriate assessment, treatment, and patient safety. If a
12 waiver is issued by the Department, the person who is not an
13 EMS personnel may operate the EMS vehicle if only one EMS
14 personnel is present. Upon request, the Department may issue a
15 retroactive waiver when appropriate.

16 The education requirements prescribed by the Department
17 under this Section must allow for the suspension of those
18 requirements in the case of a member of the armed services or
19 reserve forces of the United States or a member of the Illinois
20 National Guard who is on active duty pursuant to an executive
21 order of the President of the United States, an act of the
22 Congress of the United States, or an order of the Governor at
23 the time that the member would otherwise be required to
24 fulfill a particular education requirement. Such a person must
25 fulfill the education requirement within 6 months after his or
26 her release from active duty.

1 (e) In the event that any rule of the Department or an EMS
2 Medical Director that requires testing for drug use as a
3 condition of the applicable EMS personnel license conflicts
4 with or duplicates a provision of a collective bargaining
5 agreement that requires testing for drug use, that rule shall
6 not apply to any person covered by the collective bargaining
7 agreement.

8 (f) At the time of applying for or renewing his or her
9 license, an applicant for a license or license renewal may
10 submit an email address to the Department. The Department
11 shall keep the email address on file as a form of contact for
12 the individual. The Department shall send license renewal
13 notices electronically and by mail to a licensee who provides
14 the Department with his or her email address. The notices
15 shall be sent at least 60 days prior to the expiration date of
16 the license.

17 (Source: P.A. 104-362, eff. 8-15-25.)".