

1 AN ACT concerning regulation.

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

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
17 accessible to EMS personnel through a Department-maintained or
18 Department-approved electronic platform, website, or
19 electronic application and is readily verifiable by Resource
20 Hospitals and vehicle service providers.

21 "Director" means the Director of the Illinois Department
22 of Public Health.

23 "Emergency" means a medical condition of recent onset and

1 severity that would lead a prudent layperson, possessing an
2 average knowledge of medicine and health, to believe that
3 urgent or unscheduled medical care is required.

4 "Emergency Medical Services personnel" or "EMS personnel"
5 means persons licensed as an Emergency Medical Responder (EMR)
6 (First Responder), Emergency Medical Dispatcher (EMD),
7 Emergency Medical Technician (EMT), Emergency Medical
8 Technician-Intermediate (EMT-I), Advanced Emergency Medical
9 Technician (A-EMT), Paramedic (EMT-P), Emergency
10 Communications Registered Nurse (ECRN), Pre-Hospital
11 Registered Nurse (PHRN), Pre-Hospital Advanced Practice
12 Registered Nurse (PHAPRN), or Pre-Hospital Physician Assistant
13 (PHPA).

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

16 "Health care facility" means a hospital, nursing home,
17 physician's office or other fixed location at which medical
18 and health care services are performed. It does not include
19 "pre-hospital emergency care settings" which utilize EMS
20 personnel to render pre-hospital emergency care prior to the
21 arrival of a transport vehicle, as defined in this Act.

22 "Hospital" has the meaning ascribed to that term in the
23 Hospital Licensing Act.

24 "Just Culture" means a system approach to safety that
25 promotes accountability through fair and consistent evaluation
26 of conduct, distinguishing human error from at-risk and

1 reckless behavior, and emphasizes learning, quality
2 improvement, and system improvement over punitive action when
3 appropriate.

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

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

17 "NREMT" means the National Registry of Emergency Medical
18 Technicians.

19 "Physical license" means the paper copy of the license
20 issued by the Department to EMS personnel who have met the
21 Department's education, training, and examination
22 requirements.

23 "Silver spanner program" means a program in which a member
24 under a fire department's or fire protection district's
25 collective bargaining agreement works on or at the EMS System
26 under another fire department's or fire protection district's

1 collective bargaining agreement and (i) the other fire
2 department or fire protection district is not the member's
3 full-time employer and (ii) any EMS services not included
4 under the original fire department's or fire protection
5 district's collective bargaining agreement are included in the
6 other fire department's or fire protection district's
7 collective bargaining agreement.

8 "Trauma" means any significant injury which involves
9 single or multiple organ systems.

10 (Source: P.A. 103-521, eff. 1-1-24; 103-689, eff. 1-1-25;
11 104-362, eff. 8-15-25.)

12 (210 ILCS 50/3.35)

13 Sec. 3.35. Emergency Medical Services (EMS) Resource
14 Hospital; Functions. The Resource Hospital of an EMS System
15 shall:

16 (a) Prepare a Program Plan in accordance with the
17 provisions of this Act and minimum standards and criteria
18 established in rules adopted by the Department pursuant to
19 this Act, and submit such Program Plan to the Department
20 for approval. The Department shall require each EMS System
21 to have a Department-approved policy regarding Just
22 Culture for evaluating and responding to human error,
23 at-risk, reckless behavior, or failures to perform
24 emergency and nonemergency medical services in accordance
25 with the defined scope of practice of the EMS personnel,

1 EMS System Program Plan, and rules established by the
2 Department. The Just Culture policy shall be used by the
3 EMS Medical Director when issuing EMS System discipline or
4 EMS System participation suspension.

5 (b) Appoint an EMS Medical Director, who will
6 continually monitor and supervise the System and who will
7 have the responsibility and authority for total management
8 of the System as delegated by the EMS Resource Hospital.

9 The Program Plan shall require the EMS Medical
10 Director to appoint an alternate EMS Medical Director and
11 establish a written protocol addressing the functions to
12 be carried out in his or her absence.

13 (c) Appoint an EMS System Coordinator and EMS
14 Administrative Director in consultation with the EMS
15 Medical Director and in accordance with rules adopted by
16 the Department pursuant to this Act.

17 (d) Identify potential EMS System participants and
18 obtain commitments from them for the provision of
19 services.

20 (e) Educate or coordinate the education of EMS
21 personnel and all other license holders in accordance with
22 the requirements of this Act, rules adopted by the
23 Department pursuant to this Act, and the EMS System
24 Program Plan. An EMS System may coordinate education
25 outside of the region of which it is located with valid
26 justification and Department approval. The didactic

1 portion of education may be conducted through an online
2 platform with EMS System and Department approval. An
3 education plan within a Resource Hospital may include
4 classes performed outside of the region in which the
5 Resource Hospital is located. When considering whether to
6 approve or deny an education plan for classes performed
7 outside of the region in which a Resource Hospital is
8 located, the Department shall give deference to the EMS
9 Medical Director's education plan request and shall not
10 unreasonably withhold approval.

11 (f) Notify the Department of EMS personnel who have
12 successfully completed the requirements as provided by law
13 for initial licensure, license renewal, and license
14 reinstatement by the Department.

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

19 (h) Establish or approve protocols for prearrival
20 medical instructions to callers by System Emergency
21 Medical Dispatchers who provide such instructions.

22 (i) Educate or coordinate the education of
23 Pre-Hospital Registered Nurse, Pre-Hospital Advanced
24 Practice Registered Nurse, Pre-Hospital Physician
25 Assistant, and ECRN candidates, in accordance with the
26 requirements of this Act, rules adopted by the Department

1 pursuant to this Act, and the EMS System Program Plan.

2 (j) Approve Pre-Hospital Registered Nurse,
3 Pre-Hospital Advanced Practice Registered Nurse,
4 Pre-Hospital Physician Assistant, and ECRN candidates to
5 practice within the System, and reapprove Pre-Hospital
6 Registered Nurses, Pre-Hospital Advanced Practice
7 Registered Nurses, Pre-Hospital Physician Assistants, and
8 ECRNs every 4 years in accordance with the requirements of
9 the Department and the System Program Plan.

10 (k) Establish protocols for the use of Pre-Hospital
11 Registered Nurses, Pre-Hospital Advanced Practice
12 Registered Nurses, and Pre-Hospital Physician Assistants
13 within the System.

14 (l) Establish protocols for utilizing ECRNs and
15 physicians licensed to practice medicine in all of its
16 branches to monitor telecommunications from, and give
17 voice orders to, EMS personnel, under the authority of the
18 EMS Medical Director.

19 (m) Monitor emergency and non-emergency medical
20 transports within the System, in accordance with rules
21 adopted by the Department pursuant to this Act.

22 (n) Utilize levels of personnel required by the
23 Department to provide emergency care to the sick and
24 injured at the scene of an emergency, during transport to
25 a hospital or during inter-hospital transport and within
26 the hospital emergency department until the responsibility

1 for the care of the patient is assumed by the medical
2 personnel of a hospital emergency department or other
3 facility within the hospital to which the patient is first
4 delivered by System personnel.

5 (o) Utilize levels of personnel required by the
6 Department to provide non-emergency medical services
7 during transport to a health care facility and within the
8 health care facility until the responsibility for the care
9 of the patient is assumed by the medical personnel of the
10 health care facility to which the patient is delivered by
11 System personnel.

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

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

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

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

20 (210 ILCS 50/3.40)

21 Sec. 3.40. EMS System Participation Suspensions and Due
22 Process.

23 (a) An EMS Medical Director may suspend from participation
24 within the System any EMS personnel, EMS Lead Instructor (LI),
25 individual, individual provider, or other participant

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

16 (b) Prior to suspending any individual or entity, an EMS
17 Medical Director shall provide an opportunity for a hearing
18 before the local System review board in accordance with
19 subsection (f) and the rules promulgated by the Department.
20 The local System review board shall have the authority to
21 affirm, reduce, reverse, or modify, but not increase, the EMS
22 Medical Director's suspension order. The local System review
23 board shall consist of 3 members. One member shall be an
24 emergency department physician with knowledge of EMS, and 2
25 members shall be of the same professional category as the
26 individual, individual provider, or other participant

1 requesting the hearing. The EMS Medical Director shall
2 establish, maintain, and post in a 24-hour accessible location
3 a roster of pre-identified System review board members. The
4 roster shall include multiple individuals representing each
5 professional category operating within the EMS System, no less
6 than 5 members. The roster shall be structured to ensure
7 representation across the range of license types within the
8 EMS System and support the selection of impartial and
9 appropriately matched peers for each proceeding.

10 The selection of the System review board members for a
11 hearing shall be conducted by the EMS Medical Director or the
12 EMS Medical Director's designee from the roster. Prior to
13 finalizing the selection, the individual provider or
14 participant requesting the hearing shall be provided the
15 opportunity to review and approve the proposed review board
16 members and provide any objections based on conflicts of
17 interest or demonstrated bias. If the EMS Medical Director or
18 the EMS Medical Director's designee and the EMS System
19 participant or participating entity are unable to come to an
20 agreement, the final decision shall be made by the Department.

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 suspension shall commence only upon the
8 occurrence of one of the following:

9 (A) the individual or entity has waived the
10 opportunity for a hearing before the local System
11 review board;

12 (B) the order has been affirmed, ~~or~~ reduced, or
13 modified by the local system review board and the
14 individual or entity has waived the opportunity for
15 review by the State Board; or

16 (C) the order has been affirmed, ~~or~~ reduced, or
17 modified by the local system review board, and the
18 local board's decision has been affirmed, ~~or~~ reduced,
19 or modified by the State Board.

20 (c) An individual interviewed or investigated by the local
21 system review board or the Department shall have the right to a
22 union representative and legal counsel of the individual's
23 choosing present at any interview. The union representative
24 must comply with any confidentiality requirements and
25 requirements for the protection of any patient information
26 presented during the proceeding.

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

10 (1) Within 24 hours following the commencement of the
11 suspension, the EMS Medical Director shall deliver to the
12 Department, by messenger, telefax, or other
13 Department-approved electronic communication, a copy of
14 the suspension order and copies of any written materials
15 which relate to the EMS Medical Director's decision to
16 suspend the individual or entity. All medical and
17 patient-specific information, including Department
18 findings with respect to the quality of care rendered,
19 shall be strictly confidential pursuant to the Medical
20 Studies Act (Part 21 of Article VIII of the Code of Civil
21 Procedure).

22 (2) Within 24 hours following the commencement of the
23 suspension, the suspended individual or entity may deliver
24 to the Department, by messenger, telefax, or other
25 Department-approved electronic communication, a written
26 response to the suspension order and copies of any written

1 materials which the individual or entity feels are
2 appropriate. All medical and patient-specific information,
3 including Department findings with respect to the quality
4 of care rendered, shall be strictly confidential pursuant
5 to the Medical Studies Act.

6 (3) Within 24 hours following receipt of the EMS
7 Medical Director's suspension order or the individual or
8 entity's written response, whichever is later, the
9 Director or the Director's designee shall determine
10 whether the suspension should be stayed pending an
11 opportunity for a hearing or review in accordance with
12 this Act, or whether the suspension should continue during
13 the course of that hearing or review. When an immediate
14 suspension order is not stayed, the Director or the
15 Director's designee within the Department shall identify
16 if that suspension shall immediately apply to statewide
17 participation only in situations when a licensee has been
18 charged with a crime while performing the licensee's
19 official duties as an EMR, EMD, EMT, EMT-I, A-EMT,
20 Paramedic, ECRN, TNS, PHRN, LI, PHPA, or PHAPRN and the
21 licensee's continuation to practice poses the possibility
22 of imminent harm to the public based upon factual evidence
23 provided to the Department. The determination to issue an
24 immediate statewide suspension shall not deny the right to
25 due process to a licensee. The Director or the Director's
26 designee shall issue this determination to the EMS Medical

1 Director, who shall immediately notify the suspended
2 individual or entity. The suspension shall remain in
3 effect during this period of review by the Director or the
4 Director's designee.

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

14 (1) If the local System review board affirms, ~~or~~
15 reduces, or modifies the EMS Medical Director's suspension
16 order, the individual or entity shall have the opportunity
17 for a review of the local board's decision by the State EMS
18 Disciplinary Review Board, pursuant to Section 3.45 of
19 this Act.

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

26 (3) The suspended individual or entity may elect to

1 bypass the local System review board and seek direct
2 review of the EMS Medical Director's suspension order by
3 the State EMS Disciplinary Review Board.

4 (f) The Resource Hospital shall designate a local System
5 review board in accordance with the rules of the Department,
6 for the purpose of providing a hearing to any individual or
7 entity participating within the System who is suspended from
8 participation by the EMS Medical Director. The EMS Medical
9 Director shall arrange for a certified shorthand reporter to
10 make a stenographic record of that hearing and thereafter
11 prepare a transcript of the proceedings. The EMS Medical
12 Director shall inform the individual of the individual's right
13 to have a union representative and legal counsel of the
14 individual's choosing present at any interview. The union
15 representative must comply with any confidentiality
16 requirements and requirements for the protection of any
17 patient information presented during the proceeding. The
18 transcript, all documents or materials received as evidence
19 during the hearing and the local System review board's written
20 decision shall be retained in the custody of the EMS system.
21 The System shall implement a decision of the local System
22 review board unless that decision has been appealed to the
23 State Emergency Medical Services Disciplinary Review Board in
24 accordance with this Act and the rules of the Department.

25 (g) The Resource Hospital shall implement a decision of
26 the State Emergency Medical Services Disciplinary Review Board

1 which has been rendered in accordance with this Act and the
2 rules of the Department.

3 (Source: P.A. 103-521, eff. 1-1-24; 103-779, eff. 8-2-24;
4 104-417, eff. 8-15-25.)

5 (210 ILCS 50/3.45)

6 Sec. 3.45. State Emergency Medical Services Disciplinary
7 Review Board.

8 (a) The Governor shall appoint a State Emergency Medical
9 Services Disciplinary Review Board, composed of an EMS Medical
10 Director, an EMS System Coordinator, a Paramedic, an Emergency
11 Medical Technician (EMT), and the following members, who shall
12 only review cases in which a party is from the same
13 professional category: a Pre-Hospital Registered Nurse, a
14 Pre-Hospital Advanced Practice Registered Nurse, a
15 Pre-Hospital Physician Assistant, an ECRN, a Trauma Nurse
16 Specialist, an Emergency Medical Technician-Intermediate
17 (EMT-I), an Advanced Emergency Medical Technician (A-EMT), a
18 representative from a private vehicle service provider, a
19 representative from a public vehicle service provider, and an
20 emergency physician who monitors telecommunications from and
21 gives voice orders to EMS personnel. The Governor shall also
22 appoint one alternate for each member of the Board, from the
23 same professional category as the member of the Board.

24 (b) The members shall be appointed for a term of 3 years.
25 All appointees shall serve until their successors are

1 appointed. The alternate members shall be appointed and serve
2 in the same fashion as the members of the Board. If a member
3 resigns his or her appointment, the corresponding alternate
4 shall serve the remainder of that member's term until a
5 subsequent member is appointed by the Governor.

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

9 (d) Any individual or entity, who received an immediate
10 suspension from an EMS Medical Director may request the Board
11 to reduce, reverse, or modify the suspension order. If the
12 suspension had been affirmed, ~~or~~ reduced, or modified by a
13 local System review board, the suspended individual or entity
14 may request the Board to reduce, reverse, or modify the local
15 board's decision.

16 (e) Any individual or entity who received a non-immediate
17 suspension order from an EMS Medical Director which was
18 affirmed or modified by a local System review board may
19 request the Board to reduce, reverse, or modify the local
20 board's decision. The individual shall be informed of the
21 individual's right to have one representative from the labor
22 organization recognized as the exclusive representative of
23 that individual's bargaining unit present and a legal
24 representative present during the State Emergency Medical
25 Services Disciplinary Review Board proceedings during open
26 session. The labor organization's representative must also

1 comply with all confidentiality requirements and requirements
2 for the protection of any patient information presented during
3 the proceeding.

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

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

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

26 (i) At its regularly scheduled meetings, the Board shall

1 review requests which have been received by the Department at
2 least 10 working days prior to the Board's meeting date.
3 Requests for review which are received less than 10 working
4 days prior to a scheduled meeting shall be considered at the
5 Board's next scheduled meeting, except that requests for
6 direct review of an immediate suspension order may be
7 scheduled up to 3 working days prior to the Board's meeting
8 date.

9 (j) A quorum shall be required for the Board to meet, which
10 shall consist of 3 members or alternates, including the EMS
11 Medical Director or alternate and the member or alternate from
12 the same professional category as the subject of the
13 suspension order. At each meeting of the Board, the members or
14 alternates present shall select a Chairperson to conduct the
15 meeting.

16 (k) Deliberations for decisions of the State EMS
17 Disciplinary Review Board shall be conducted in closed
18 session. Department staff may attend for the purpose of
19 providing clerical assistance, but no other persons may be in
20 attendance except for the parties to the dispute being
21 reviewed by the Board and their attorneys, unless by request
22 of the Board.

23 (l) The Board shall review the transcript, evidence, and
24 written decision of the local review board, or the written
25 decision and supporting documentation of the EMS Medical
26 Director, whichever is applicable, along with any additional

1 written or verbal testimony or argument offered by the parties
2 to the dispute.

3 (m) At the conclusion of its review, the Board shall issue
4 its decision and the basis for its decision on a form provided
5 by the Department, and shall submit to the Department its
6 written decision together with the record of the local System
7 review board. The Department shall promptly issue a copy of
8 the Board's decision to all affected parties. The Board's
9 decision shall be binding on all parties.

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

11 (210 ILCS 50/3.50)

12 Sec. 3.50. Emergency Medical Services personnel licensure
13 levels.

14 (a) "Emergency Medical Technician" or "EMT" means a person
15 who has successfully completed a course in basic life support
16 as approved by the Department, is currently licensed by the
17 Department in accordance with standards prescribed by this Act
18 and rules adopted by the Department pursuant to this Act, and
19 practices within an EMS System. A valid Emergency Medical
20 Technician-Basic (EMT-B) license issued under this Act shall
21 continue to be valid and shall be recognized as an Emergency
22 Medical Technician (EMT) license until the Emergency Medical
23 Technician-Basic (EMT-B) license expires.

24 (b) "Emergency Medical Technician-Intermediate" or "EMT-I"
25 means a person who has successfully completed a course in

1 intermediate life support as approved by the Department, is
2 currently licensed by the Department in accordance with
3 standards prescribed by this Act and rules adopted by the
4 Department pursuant to this Act, and practices within an
5 Intermediate or Advanced Life Support EMS System.

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

13 (c) "Paramedic (EMT-P)" means a person who has
14 successfully completed a course in advanced life support care
15 as approved by the Department, is licensed by the Department
16 in accordance with standards prescribed by this Act and rules
17 adopted by the Department pursuant to this Act, and practices
18 within an Advanced Life Support EMS System. A valid Emergency
19 Medical Technician-Paramedic (EMT-P) license issued under this
20 Act shall continue to be valid and shall be recognized as a
21 Paramedic license until the Emergency Medical
22 Technician-Paramedic (EMT-P) license expires.

23 (c-5) "Emergency Medical Responder" or "EMR (First
24 Responder)" means a person who has successfully completed a
25 course in emergency medical response as approved by the
26 Department and provides emergency medical response services in

1 accordance with the level of care established by the National
2 EMS Educational Standards Emergency Medical Responder course
3 as modified by the Department, or who provides services as
4 part of an EMS System response plan, as approved by the
5 Department, of that EMS System. The Department shall have the
6 authority to adopt rules governing the curriculum, practice,
7 and necessary equipment applicable to Emergency Medical
8 Responders.

9 On August 15, 2014 (the effective date of Public Act
10 98-973), a person who is licensed by the Department as a First
11 Responder and has completed a Department-approved course in
12 first responder defibrillator training based on, or equivalent
13 to, the National EMS Educational Standards or other standards
14 previously recognized by the Department shall be eligible for
15 licensure as an Emergency Medical Responder upon meeting the
16 licensure requirements and submitting an application to the
17 Department. A valid First Responder license issued under this
18 Act shall continue to be valid and shall be recognized as an
19 Emergency Medical Responder license until the First Responder
20 license expires.

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

25 (d) The Department shall have the authority and
26 responsibility to:

1 (1) Prescribe education and training requirements,
2 which includes training in the use of epinephrine, for all
3 levels of EMS personnel except for EMRs, based on the
4 National EMS Educational Standards and any modifications
5 to those curricula specified by the Department through
6 rules adopted pursuant to this Act.

7 (A) A failure rate per course of 30% or greater at
8 the first attempt on the licensure examination shall
9 require the EMS System to submit a quality improvement
10 plan to the Department. The EMS System shall share
11 failure rates with the EMS Lead Instructor quarterly.
12 Neither the EMS System nor the Department may take
13 licensure action against an EMS Lead Instructor based
14 solely on first-attempt pass rates.

15 (B) Candidates shall complete the licensure
16 examination within the timeline required by the NREMT.

17 (C) An accredited Paramedic program shall be
18 conducted only by an EMS System or an academic
19 institution whose curriculum has been approved by the
20 EMS System. An EMS System associate hospital may allow
21 students from an EMS System-approved and
22 Department-approved Paramedic course to complete
23 clinical rotations as approved by the EMS System
24 Medical Director. The approval by the EMS System
25 Medical Director may not be unreasonably denied.

26 (2) Prescribe licensure testing requirements for all

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

12 (2.5) Review applications for EMS personnel licensure
13 from honorably discharged members of the armed forces of
14 the United States with military emergency medical
15 training. Applications shall be filed with the Department
16 within one year after military discharge and shall
17 contain: (i) proof of successful completion of military
18 emergency medical training; (ii) a detailed description of
19 the emergency medical curriculum completed; and (iii) a
20 detailed description of the applicant's clinical
21 experience. The Department may request additional and
22 clarifying information. The Department shall evaluate the
23 application, including the applicant's training and
24 experience, consistent with the standards set forth under
25 subsections (a), (b), (c), and (d) of Section 3.10. If the
26 application clearly demonstrates that the training and

1 experience meet such standards, the Department shall offer
2 the applicant the opportunity to successfully complete a
3 Department-approved EMS personnel examination for the
4 level of license for which the applicant is qualified.
5 Upon passage of an examination, the Department shall issue
6 a license, which shall be subject to all provisions of
7 this Act that are otherwise applicable to the level of EMS
8 personnel license issued.

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

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

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

17 (4) Prescribe annual continuing education and
18 relicensure requirements for all EMS personnel licensure
19 levels.

20 (5) Relicense individuals as an EMD, EMR, EMT, EMT-I,
21 A-EMT, PHRN, PHAPRN, PHPA, or Paramedic every 4 years,
22 based on their compliance with continuing education and
23 relicensure requirements as required by the Department
24 pursuant to this Act. Every 4 years, a Paramedic shall
25 have 100 hours of approved continuing education, an EMT-I
26 and an advanced EMT shall have 80 hours of approved

1 continuing education, and an EMT shall have 60 hours of
2 approved continuing education. An Illinois licensed EMR,
3 EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHPA, PHAPRN, or
4 PHRN whose license has been expired for less than 36
5 months may apply for reinstatement by the Department.
6 Reinstatement shall require that the applicant (i) submit
7 satisfactory proof of completion of continuing medical
8 education and clinical requirements to be prescribed by
9 the Department in an administrative rule; (ii) submit a
10 positive recommendation from an Illinois EMS Medical
11 Director attesting to the applicant's qualifications for
12 retesting; and (iii) pass a Department approved test for
13 the level of EMS personnel license sought to be
14 reinstated.

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

19 (7) Charge a fee for EMS personnel examination,
20 licensure, and license renewal.

21 (8) Suspend, revoke, or refuse to issue or renew the
22 license of any licensee, after an opportunity for an
23 impartial hearing before a neutral administrative law
24 judge appointed by the Director, where the preponderance
25 of the evidence shows one or more of the following:

26 (A) The licensee has not met continuing education

1 or relicensure requirements as prescribed by the
2 Department;

3 (B) The licensee has failed to maintain
4 proficiency in the level of skills for which he or she
5 is licensed;

6 (C) The licensee, during the provision of medical
7 services, engaged in dishonorable, unethical, or
8 unprofessional conduct of a character likely to
9 deceive, defraud, or harm the public;

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

14 (E) The licensee is physically impaired to the
15 extent that he or she cannot physically perform the
16 skills and functions for which he or she is licensed,
17 as verified by a physician, unless the person is on
18 inactive status pursuant to Department regulations;

19 (F) The licensee is mentally impaired to the
20 extent that he or she cannot exercise the appropriate
21 judgment, skill and safety for performing the
22 functions for which he or she is licensed, as verified
23 by a physician, unless the person is on inactive
24 status pursuant to Department regulations;

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

1 (H) The licensee has been convicted (or entered a
2 plea of guilty or nolo contendere) by a court of
3 competent jurisdiction of a Class X, Class 1, or Class
4 2 felony in this State or an out-of-state equivalent
5 offense.

6 (9) Prescribe education and training requirements in
7 the administration and use of opioid antagonists for all
8 levels of EMS personnel based on the National EMS
9 Educational Standards and any modifications to those
10 curricula specified by the Department through rules
11 adopted pursuant to this Act.

12 (d-5) An EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN,
13 PHAPRN, PHPA, or PHRN who is a member of the Illinois National
14 Guard or an Illinois State Trooper or who exclusively serves
15 as a volunteer for units of local government with a population
16 base of less than 5,000 or as a volunteer for a not-for-profit
17 organization that serves a service area with a population base
18 of less than 5,000 may submit an application to the Department
19 for a waiver of the fees described under paragraph (7) of
20 subsection (d) of this Section on a form prescribed by the
21 Department.

22 (d-10) A person who is not an EMS personnel may operate an
23 EMS vehicle pursuant to this Act if the following requirements
24 are met: (i) the person meets the requirements of Section
25 11-1421 of the Illinois Vehicle Code; (ii) 2
26 Department-licensed EMS personnel are present and have met

1 educational requirements prescribed by the Department; and
2 (iii) the clinical condition of the patient necessitates the
3 involvement of additional licensed personnel to ensure
4 appropriate assessment, treatment, and patient safety. If a
5 waiver is issued by the Department, the person who is not an
6 EMS personnel may operate the EMS vehicle if only one EMS
7 personnel is present. Upon request, the Department may issue a
8 retroactive waiver when appropriate.

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

20 (e) In the event that any rule of the Department or an EMS
21 Medical Director that requires testing for drug use as a
22 condition of the applicable EMS personnel license conflicts
23 with or duplicates a provision of a collective bargaining
24 agreement that requires testing for drug use, that rule shall
25 not apply to any person covered by the collective bargaining
26 agreement.

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

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