



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

HB5446

Introduced 2/13/2026, by Rep. Christopher "C.D." Davidsmeyer

#### SYNOPSIS AS INTRODUCED:

210 ILCS 50/3.85

Amends the Emergency Medical Services (EMS) Systems Act. Provides that the Department of Public Health shall allow for an alternative rural staffing model for vehicle service providers that serve a rural or semi-rural population of 10,000 or fewer inhabitants and exclusively use volunteers, paid-on-call, or part-time employees, or a combination thereof (now, the use of part-time employees is not an option). Effective immediately.

LRB104 17942 BAB 31379 b

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 Section 3.85 as follows:

6 (210 ILCS 50/3.85)

7 Sec. 3.85. Vehicle Service Providers.

8 (a) "Vehicle Service Provider" means an entity licensed by  
9 the Department to provide emergency or non-emergency medical  
10 services in compliance with this Act, the rules promulgated by  
11 the Department pursuant to this Act, and an operational plan  
12 approved by its EMS System(s), utilizing at least ambulances  
13 or specialized emergency medical service vehicles (SEMSV).

14 (1) "Ambulance" means any publicly or privately owned  
15 on-road vehicle that is specifically designed, constructed  
16 or modified and equipped, and is intended to be used for,  
17 and is maintained or operated for the emergency  
18 transportation of persons who are sick, injured, wounded  
19 or otherwise incapacitated or helpless, or the  
20 non-emergency medical transportation of persons who  
21 require the presence of medical personnel to monitor the  
22 individual's condition or medical apparatus being used on  
23 such individuals.

1           (2) "Specialized Emergency Medical Services Vehicle"  
2           or "SEMSV" means a vehicle or conveyance, other than those  
3           owned or operated by the federal government, that is  
4           primarily intended for use in transporting the sick or  
5           injured by means of air, water, or ground transportation,  
6           that is not an ambulance as defined in this Act. The term  
7           includes watercraft, aircraft and special purpose ground  
8           transport vehicles or conveyances not intended for use on  
9           public roads.

10           (3) An ambulance or SEMSV may also be designated as a  
11           Limited Operation Vehicle or Special-Use Vehicle:

12           (A) "Limited Operation Vehicle" means a vehicle  
13           which is licensed by the Department to provide basic,  
14           intermediate or advanced life support emergency or  
15           non-emergency medical services that are exclusively  
16           limited to specific events or locales.

17           (B) "Special-Use Vehicle" means any publicly or  
18           privately owned vehicle that is specifically designed,  
19           constructed or modified and equipped, and is intended  
20           to be used for, and is maintained or operated solely  
21           for the emergency or non-emergency transportation of a  
22           specific medical class or category of persons who are  
23           sick, injured, wounded or otherwise incapacitated or  
24           helpless (e.g. high-risk obstetrical patients,  
25           neonatal patients).

26           (C) "Reserve Ambulance" means a vehicle that meets

1 all criteria set forth in this Section and all  
2 Department rules, except for the required inventory of  
3 medical supplies and durable medical equipment, which  
4 may be rapidly transferred from a fully functional  
5 ambulance to a reserve ambulance without the use of  
6 tools or special mechanical expertise.

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

9 (1) Require all Vehicle Service Providers, both  
10 publicly and privately owned, to function within an EMS  
11 System.

12 (2) Require a Vehicle Service Provider utilizing  
13 ambulances to have a primary affiliation with an EMS  
14 System within the EMS Region in which its Primary Service  
15 Area is located, which is the geographic areas in which  
16 the provider renders the majority of its emergency  
17 responses. This requirement shall not apply to Vehicle  
18 Service Providers which exclusively utilize Limited  
19 Operation Vehicles.

20 (3) Establish licensing standards and requirements for  
21 Vehicle Service Providers, through rules adopted pursuant  
22 to this Act, including but not limited to:

23 (A) Vehicle design, specification, operation and  
24 maintenance standards, including standards for the use  
25 of reserve ambulances;

26 (B) Equipment requirements;

1 (C) Staffing requirements; and

2 (D) License renewal at intervals determined by the  
3 Department, which shall be not less than every 4  
4 years.

5 The Department's standards and requirements with  
6 respect to vehicle staffing for private, nonpublic local  
7 government employers must allow for alternative staffing  
8 models that include an EMR with a licensed EMT, EMT-I,  
9 A-EMT, Paramedic, or PHRN, as appropriate, pursuant to the  
10 approval of the EMS System Program Plan developed and  
11 approved by the EMS Medical Director for an EMS System.  
12 The EMS personnel licensed at the highest level shall  
13 provide the initial assessment of the patient to determine  
14 the level of care required for transport to the receiving  
15 health care facility, and this assessment shall be  
16 documented in the patient care report and documented with  
17 online medical control. The EMS personnel licensed at or  
18 above the level of care required by the specific patient  
19 as directed by the EMS Medical Director shall be the  
20 primary care provider en route to the destination facility  
21 or patient's residence. The Department shall monitor the  
22 implementation and performance of alternative staffing  
23 models and may issue a notice of termination of an  
24 alternative staffing model only upon evidence that an EMS  
25 System Program Plan is not being adhered to. Adoption of  
26 an alternative staffing model shall not result in a

1 Vehicle Service Provider being prohibited or limited in  
2 the utilization of its staff or equipment from providing  
3 any of the services authorized by this Act or as otherwise  
4 outlined in the approved EMS System Program Plan,  
5 including, without limitation, the deployment of resources  
6 to provide out-of-state disaster response. EMS System  
7 Program Plans must address a process for out-of-state  
8 disaster response deployments that must meet the  
9 following:

10 (A) All deployments to provide out-of-state  
11 disaster response must first be approved by the EMS  
12 Medical Director and submitted to the Department.

13 (B) The submission must include the number of  
14 units being deployed, vehicle identification numbers,  
15 length of deployment, and names of personnel and their  
16 licensure level.

17 (C) Ensure that all necessary in-state requests  
18 for services will be covered during the duration of  
19 the deployment.

20 An EMS System Program Plan for a Basic Life Support,  
21 advanced life support, and critical care transport  
22 utilizing an EMR and an EMT shall include the following:

23 (A) Alternative staffing models for a Basic Life  
24 Support transport utilizing an EMR shall only be  
25 utilized for interfacility Basic Life Support  
26 transports as specified by the EMS System Program Plan

1 as determined by the EMS System Medical Director.

2 (B) Protocols that shall include dispatch  
3 procedures to properly screen and assess patients for  
4 EMR-staffed transports.

5 (C) A requirement that a provider and EMS System  
6 shall implement a quality assurance plan that shall  
7 include for the initial waiver period the review of at  
8 least 5% of total interfacility transports utilizing  
9 an EMR with mechanisms outlined to audit dispatch  
10 screening, reason for transport, patient diagnosis,  
11 level of care, and the outcome of transports  
12 performed. Quality assurance reports must be submitted  
13 and reviewed by the provider and EMS System monthly  
14 and made available to the Department upon request. The  
15 percentage of transports reviewed under quality  
16 assurance plans for renewal periods shall be  
17 determined by the EMS Medical Director, however, it  
18 shall not be less than 3%.

19 (D) The EMS System Medical Director shall develop  
20 a minimum set of requirements for individuals based on  
21 level of licensure that includes education, training,  
22 and credentialing for all team members identified to  
23 participate in an alternative staffing plan. The EMT,  
24 Paramedic, PHRN, PHPA, PHAPRN, and critical care  
25 transport staff shall have the minimum experience in  
26 performance of pre-hospital and inter-hospital care,

1 as determined by the EMS Medical Director in  
2 accordance with the EMS System Program Plan, but at a  
3 minimum of 6 months of prehospital experience or at  
4 least 50 documented patient care interventions during  
5 transport as the primary care provider and approved by  
6 the Department.

7 (E) The licensed EMR must complete a defensive  
8 driving course prior to participation in the  
9 Department's alternative staffing model.

10 (F) The length of the EMS System Program Plan for a  
11 Basic Life Support transport utilizing an EMR shall be  
12 for one year, and must be renewed annually if proof of  
13 the criteria being met is submitted, validated, and  
14 approved by the EMS Medical Director for the EMS  
15 System and the Department.

16 (G) Beginning July 1, 2023, the utilization of  
17 EMRs for advanced life support transports and Tier III  
18 Critical Care Transports shall be allowed for periods  
19 not to exceed 3 years under a pilot program. The pilot  
20 program shall not be implemented before Department  
21 approval. Agencies requesting to utilize this staffing  
22 model for the time period of the pilot program must  
23 complete the following:

24 (i) Submit a waiver request to the Department  
25 requesting to participate in the pilot program  
26 with specific details of how quality assurance and

1 improvement will be gathered, measured, reported  
2 to the Department, and reviewed and utilized  
3 internally by the participating agency.

4 (ii) Submit a signed approval letter from the  
5 EMS System Medical Director approving  
6 participation in the pilot program.

7 (iii) Submit updated EMS System plans,  
8 additional education, and training of the EMR and  
9 protocols related to the pilot program.

10 (iv) Submit agency policies and procedures  
11 related to the pilot program.

12 (v) Submit the number of individuals currently  
13 participating and committed to participating in  
14 education programs to achieve a higher level of  
15 licensure at the time of submission.

16 (vi) Submit an explanation of how the provider  
17 will support individuals obtaining a higher level  
18 of licensure and encourage a higher level of  
19 licensure during the year of the alternative  
20 staffing plan and specific examples of recruitment  
21 and retention activities or initiatives.

22 Upon submission of a renewal application and  
23 recruitment and retention plan, the provider shall  
24 include additional data regarding current employment  
25 numbers, attrition rates over the year, and activities  
26 and initiatives over the previous year to address

1 recruitment and retention.

2 The information required under this subparagraph  
3 (G) shall be provided to and retained by the EMS System  
4 upon initial application and renewal and shall be  
5 provided to the Department upon request.

6 The Department must allow for an alternative rural  
7 staffing model for those vehicle service providers that  
8 serve a rural or semi-rural population of 10,000 or fewer  
9 inhabitants and exclusively uses volunteers, paid-on-call,  
10 or part-time employees, or a combination thereof.

11 (4) License all Vehicle Service Providers that have  
12 met the Department's requirements for licensure, unless  
13 such Provider is owned or licensed by the federal  
14 government. All Provider licenses issued by the Department  
15 shall specify the level and type of each vehicle covered  
16 by the license (BLS, ILS, ALS, ambulance, critical care  
17 transport, SEMSV, limited operation vehicle, special use  
18 vehicle, reserve ambulance).

19 (5) Annually inspect all licensed vehicles operated by  
20 Vehicle Service Providers.

21 (6) Suspend, revoke, refuse to issue or refuse to  
22 renew the license of any Vehicle Service Provider, or that  
23 portion of a license pertaining to a specific vehicle  
24 operated by the Provider, after an opportunity for a  
25 hearing, when findings show that the Provider or one or  
26 more of its vehicles has failed to comply with the

1 standards and requirements of this Act or rules adopted by  
2 the Department pursuant to this Act.

3 (7) Issue an Emergency Suspension Order for any  
4 Provider or vehicle licensed under this Act, when the  
5 Director or his designee has determined that an immediate  
6 and serious danger to the public health, safety and  
7 welfare exists. Suspension or revocation proceedings which  
8 offer an opportunity for hearing shall be promptly  
9 initiated after the Emergency Suspension Order has been  
10 issued.

11 (8) Exempt any licensed vehicle from subsequent  
12 vehicle design standards or specifications required by the  
13 Department, as long as said vehicle is continuously in  
14 compliance with the vehicle design standards and  
15 specifications originally applicable to that vehicle, or  
16 until said vehicle's title of ownership is transferred.

17 (9) Exempt any vehicle (except an SEMSV) which was  
18 being used as an ambulance on or before December 15, 1980,  
19 from vehicle design standards and specifications required  
20 by the Department, until said vehicle's title of ownership  
21 is transferred. Such vehicles shall not be exempt from all  
22 other licensing standards and requirements prescribed by  
23 the Department.

24 (10) Prohibit any Vehicle Service Provider from  
25 advertising, identifying its vehicles, or disseminating  
26 information in a false or misleading manner concerning the

1 Provider's type and level of vehicles, location, primary  
2 service area, response times, level of personnel,  
3 licensure status or System participation.

4 (10.5) Prohibit any Vehicle Service Provider, whether  
5 municipal, private, or hospital-owned, from advertising  
6 itself as a critical care transport provider unless it  
7 participates in a Department-approved EMS System critical  
8 care transport plan.

9 (11) Charge each Vehicle Service Provider a fee per  
10 transport vehicle, due annually at time of inspection. The  
11 fee per transport vehicle shall be set by administrative  
12 rule by the Department and shall not exceed 100 vehicles  
13 per provider.

14 (12) Beginning July 1, 2023, as part of a pilot  
15 program that shall not exceed a term of 3 years, an  
16 ambulance may be upgraded to a higher level of care for  
17 interfacility transports by an ambulance assistance  
18 vehicle with appropriate equipment and licensed personnel  
19 to intercept with the licensed ambulance at the sending  
20 facility before departure. The pilot program shall not be  
21 implemented before Department approval. To participate in  
22 the pilot program, an agency must:

23 (A) Submit a waiver request to the Department with  
24 intercept vehicle vehicle identification numbers,  
25 calls signs, equipment detail, and a robust quality  
26 assurance plan that shall list, at minimum, detailed

1 reasons each intercept had to be completed, barriers  
2 to initial dispatch of advanced life support services,  
3 and how this benefited the patient.

4 (B) Report to the Department quarterly additional  
5 data deemed meaningful by the providing agency along  
6 with the data required under subparagraph (A) of this  
7 paragraph (12).

8 (C) Obtain a signed letter of approval from the  
9 EMS Medical Director allowing for participation in the  
10 pilot program.

11 (D) Update EMS System plans and protocols from the  
12 pilot program.

13 (E) Update policies and procedures from the  
14 agencies participating in the pilot program.

15 (Source: P.A. 102-623, eff. 8-27-21; 103-547, eff. 8-11-23.)

16 Section 99. Effective date. This Act takes effect upon  
17 becoming law.