

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. The
11 changes made by this amendatory Act of the 104th General
12 Assembly do not apply to employees covered by a collective
13 bargaining agreement.

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

22 (5) Annually inspect all licensed vehicles operated by
23 Vehicle Service Providers.

24 (6) Suspend, revoke, refuse to issue or refuse to
25 renew the license of any Vehicle Service Provider, or that
26 portion of a license pertaining to a specific vehicle

1 operated by the Provider, after an opportunity for a
2 hearing, when findings show that the Provider or one or
3 more of its vehicles has failed to comply with the
4 standards and requirements of this Act or rules adopted by
5 the Department pursuant to this Act.

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

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

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

1 (10) Prohibit any Vehicle Service Provider from
2 advertising, identifying its vehicles, or disseminating
3 information in a false or misleading manner concerning the
4 Provider's type and level of vehicles, location, primary
5 service area, response times, level of personnel,
6 licensure status or System participation.

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

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

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

26 (A) Submit a waiver request to the Department with

1 intercept vehicle vehicle identification numbers,
2 calls signs, equipment detail, and a robust quality
3 assurance plan that shall list, at minimum, detailed
4 reasons each intercept had to be completed, barriers
5 to initial dispatch of advanced life support services,
6 and how this benefited the patient.

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

11 (C) Obtain a signed letter of approval from the
12 EMS Medical Director allowing for participation in the
13 pilot program.

14 (D) Update EMS System plans and protocols from the
15 pilot program.

16 (E) Update policies and procedures from the
17 agencies participating in the pilot program.

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

19 Section 99. Effective date. This Act takes effect upon
20 becoming law.