**Section 515.320 Scope of EMS Service**

a) All BLS, ILS, and ALS services, and CCT, as defined in the Act, shall be provided through EMS Systems. An individual System shall operate at one or more of those levels of service, as specified in its EMS System Program Plan and the Department's letter of approval, using vehicles licensed by the Department pursuant to the Act and this Part.

b) All pre-hospital, inter-hospital and non-emergency medical care, as defined in the Act, shall be provided through EMS Systems, using the levels of Department licensed or approved personnel required by the Act and this Part.

c) An EMS System shall designate a Resource Hospital, which shall have the authority and responsibility for the System, through the EMS MD, as described in the Act, this Part and the EMS System Program Plan.

d) *All other hospitals that are located within the geographic boundaries of a System and that have standby, basic or comprehensive level emergency departments must function in that System as either an Associate Hospital or Participating Hospital and follow all System policies specified in the System Program Plan, including, but not limited to, the replacement of drugs and equipment used by providers who have delivered patients to their emergency departments*. (Section 3.20(b) of the Act)

1) All hospitals shall be formally affiliated with a System. A hospital may have a secondary affiliation with another System or may request a waiver to participate in a System other than that in which the hospital is geographically located. (See Section 515.150(d)(5).)

2) All EMS System Hospitals shall identify the level of its emergency department services in its letter of commitment, which is part of the EMS System Program Plan to be submitted to the Department.

3) An "Associate Hospital" shall provide the same clinical and communications services as the Resource Hospital, but shall not have the primary responsibility for personnel education and System operations. It shall have a basic or comprehensive emergency department with 24-hour physician coverage and a functioning intensive care and/or cardiac care unit.

4) All "Participating Hospitals" shall maintain ambulance to hospital communications capabilities that, at a minimum, include MERCI radio and comply with the Resource Hospital's communication plan.

5) All EMS System Hospitals shall agree to replace medical supplies and provide for equipment exchange for System vehicles.

6) All Resource and Associate Hospitals monitoring telecommunications from EMS field personnel shall provide voice orders by the EMS MD, a physician appointed by the EMS MD, or an ECRN.

7) All System Hospitals shall allow the Department, EMS MD and EMS System Coordinator access to all records, equipment, vehicles and personnel during their activities evaluating the Act and this Part.

e) The Resource Hospital shall appoint an EMS MD. *The* EMS MD *for* *an ILS or ALS* or CCT *level EMS* *System* shall be a *physician licensed to practice medicine in all of its branches in Illinois, and* shallbe *certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine, and,* for *a BLS level EMS System,* the *EMS MD* shall *be a physician licensed to practice medicine in all of its branches in Illinois, with regular and frequent involvement in pre-hospital emergency medical services. In addition, all EMS MDs shall:*

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

2) *Be thoroughly knowledgeable of all skills included in the scope of practices of all levels of EMS Personnel within the System;* and

3) *Have or make provision to gain experience instructing students at a level similar to that of the levels of EMS Personnel within the System;* and

4) *For ILS and ALS EMS MDs, successfully complete a Department-approved EMS MD's Course.* (Section 3.20(c)(1 through 6) of the Act)

f) The *EMS MD* shall *appoint an alternate EMS MD and establish a written protocol addressing the functions to be carried out in his or her absence*. (Section 3.35(b) of the Act)

g) The EMS MD shall appoint a physician for critical care medical direction. The SEMSV MD shall be a *physician licensed to practice medicine in all of its branches in Illinois, certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine*, in a specialty relevant to the provider agency mission, with competency in critical care transport medicine.

h) The Resource Hospital shall appoint a full-time EMS System Coordinator, who shall be responsible for coordinating the educational and functional aspects of the System, as described in the Program Plan. The EMS System Coordinator shall be an RN or Paramedic licensed in the State of Illinois, and meet at least the following qualifications:

1) Be educated and knowledgeable in all principles of the National EMS Education Standards;

2) Have experience in emergency or critical care; and

3) Within six months after being appointed, complete in-field observation and/or participation on at least 10 ambulance runs, half of which shall be at the highest level of service provided by the System.

i) The Resource Hospital shall appoint an EMS Administrative Director, who shall be responsible for administrative leadership of the System as described in the Program Plan.

j) To avoid any conflict of interest, the EMS MD, EMS System Coordinator and EMS Administrative Director shall notify the Department in writing of any association with an ambulance service provider through employment, contract, ownership, or otherwise specifying how the individual is answerable to or directed by the ambulance service provider concerning any matter falling within the scope of the Act or this Part. The Department shall review and address potential or actual conflicts of interest on a case-by-case basis.

k) The Resource Hospital must identify the EMS System in the facility's budget, with sufficient funds to support the EMS MD, EMS Administrative Director, EMS System Coordinator, and support staff and to provide for the operation of the EMS System.

l) All EMS Resource Hospitals shall obtain recognition as an SEDP, EDAP or PCCC. All Illinois hospitals are encouraged to obtain and maintain SEDP or EDAP status.

(Source: Amended at 48 Ill. Reg. 16159, effective November 1, 2024)