

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 3.20, 3.65, and 3.85 and by
6 adding Section 3.22 as follows:

7 (210 ILCS 50/3.20)

8 Sec. 3.20. Emergency Medical Services (EMS) Systems.

9 (a) "Emergency Medical Services (EMS) System" means an
10 organization of hospitals, vehicle service providers and
11 personnel approved by the Department in a specific geographic
12 area, which coordinates and provides pre-hospital and
13 inter-hospital emergency care and non-emergency medical
14 transports at a BLS, ILS and/or ALS level pursuant to a System
15 program plan submitted to and approved by the Department, and
16 pursuant to the EMS Region Plan adopted for the EMS Region in
17 which the System is located.

18 (b) One hospital in each System program plan must be
19 designated as the Resource Hospital. All other hospitals which
20 are located within the geographic boundaries of a System and
21 which have standby, basic or comprehensive level emergency
22 departments must function in that EMS System as either an
23 Associate Hospital or Participating Hospital and follow all

1 System policies specified in the System Program Plan,
2 including but not limited to the replacement of drugs and
3 equipment used by providers who have delivered patients to
4 their emergency departments. All hospitals and vehicle service
5 providers participating in an EMS System must specify their
6 level of participation in the System Program Plan.

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

9 (1) Approve BLS, ILS and ALS level EMS Systems which
10 meet minimum standards and criteria established in rules
11 adopted by the Department pursuant to this Act, including
12 the submission of a Program Plan for Department approval.
13 Beginning September 1, 1997, the Department shall approve
14 the development of a new EMS System only when a local or
15 regional need for establishing such System has been
16 verified by the Department. This shall not be construed as
17 a needs assessment for health planning or other purposes
18 outside of this Act. Following Department approval, EMS
19 Systems must be fully operational within one year from the
20 date of approval.

21 (2) Monitor EMS Systems, based on minimum standards
22 for continuing operation as prescribed in rules adopted by
23 the Department pursuant to this Act, which shall include
24 requirements for submitting Program Plan amendments to the
25 Department for approval.

26 (3) Renew EMS System approvals every 4 years, after an

1 inspection, based on compliance with the standards for
2 continuing operation prescribed in rules adopted by the
3 Department pursuant to this Act.

4 (4) Suspend, revoke, or refuse to renew approval of
5 any EMS System, after providing an opportunity for a
6 hearing, when findings show that it does not meet the
7 minimum standards for continuing operation as prescribed
8 by the Department, or is found to be in violation of its
9 previously approved Program Plan.

10 (5) Require each EMS System to adopt written protocols
11 for the bypassing of or diversion to any hospital, trauma
12 center or regional trauma center, which provide that a
13 person shall not be transported to a facility other than
14 the nearest hospital, regional trauma center or trauma
15 center unless the medical benefits to the patient
16 reasonably expected from the provision of appropriate
17 medical treatment at a more distant facility outweigh the
18 increased risks to the patient from transport to the more
19 distant facility, or the transport is in accordance with
20 the System's protocols for patient choice or refusal.

21 (6) Require that the EMS Medical Director of an ILS or
22 ALS level EMS System be a physician licensed to practice
23 medicine in all of its branches in Illinois, and certified
24 by the American Board of Emergency Medicine or the
25 American Osteopathic Board of Emergency Medicine, and that
26 the EMS Medical Director of a BLS level EMS System be a

1 physician licensed to practice medicine in all of its
2 branches in Illinois, with regular and frequent
3 involvement in pre-hospital emergency medical services. In
4 addition, all EMS Medical Directors shall:

5 (A) Have experience on an EMS vehicle at the
6 highest level available within the System, or make
7 provision to gain such experience within 12 months
8 prior to the date responsibility for the System is
9 assumed or within 90 days after assuming the position;

10 (B) Be thoroughly knowledgeable of all skills
11 included in the scope of practices of all levels of EMS
12 personnel within the System;

13 (C) Have or make provision to gain experience
14 instructing students at a level similar to that of the
15 levels of EMS personnel within the System; and

16 (D) For ILS and ALS EMS Medical Directors,
17 successfully complete a Department-approved EMS
18 Medical Director's Course.

19 (7) Prescribe statewide EMS data elements to be
20 collected and documented by providers in all EMS Systems
21 for all emergency and non-emergency medical services, with
22 a one-year phase-in for commencing collection of such data
23 elements.

24 (8) Define, through rules adopted pursuant to this
25 Act, the terms "Resource Hospital", "Associate Hospital",
26 "Participating Hospital", "Basic Emergency Department",

1 "Standby Emergency Department", "Comprehensive Emergency
2 Department", "EMS Medical Director", "EMS Administrative
3 Director", and "EMS System Coordinator".

4 (A) (Blank).

5 (B) (Blank).

6 (9) Investigate the circumstances that caused a
7 hospital in an EMS system to go on bypass status to
8 determine whether that hospital's decision to go on bypass
9 status was reasonable. The Department may impose
10 sanctions, as set forth in Section 3.140 of the Act, upon a
11 Department determination that the hospital unreasonably
12 went on bypass status in violation of the Act.

13 (10) Evaluate the capacity and performance of any
14 freestanding emergency center established under Section
15 32.5 of this Act in meeting emergency medical service
16 needs of the public, including compliance with applicable
17 emergency medical standards and assurance of the
18 availability of and immediate access to the highest
19 quality of medical care possible.

20 (11) Permit limited EMS System participation by
21 facilities operated by the United States Department of
22 Veterans Affairs, Veterans Health Administration. Subject
23 to patient preference, Illinois EMS providers may
24 transport patients to Veterans Health Administration
25 facilities that voluntarily participate in an EMS System.
26 Any Veterans Health Administration facility seeking

1 limited participation in an EMS System shall agree to
2 comply with all Department administrative rules
3 implementing this Section. The Department may promulgate
4 rules, including, but not limited to, the types of
5 Veterans Health Administration facilities that may
6 participate in an EMS System and the limitations of
7 participation.

8 (12) Ensure that EMS systems are transporting pregnant
9 women to the appropriate facilities based on the
10 classification of the levels of maternal care described
11 under subsection (a) of Section 2310-223 of the Department
12 of Public Health Powers and Duties Law of the Civil
13 Administrative Code of Illinois.

14 (13) Provide administrative support to the EMT
15 Training, Recruitment, and Retention Task Force.

16 (Source: P.A. 101-447, eff. 8-23-19.)

17 (210 ILCS 50/3.22 new)

18 Sec. 3.22. EMT Training, Recruitment, and Retention Task
19 Force.

20 (a) The EMT Training, Recruitment, and Retention Task
21 Force is created to address the following:

22 (1) the impact that the EMT and Paramedic shortage is
23 having on this State's EMS System and health care system;

24 (2) barriers to the training, recruitment, and
25 retention of Emergency Medical Technicians throughout this

1 State;

2 (3) steps that the State of Illinois can take,
3 including coordination and identification of State and
4 federal funding sources, to assist Illinois high schools,
5 community colleges, and ground ambulance providers to
6 train, recruit, and retain emergency medical technicians;

7 (4) how emergency medical responder and emergency
8 medical technician licensure and testing and certification
9 requirements affect the recruitment and retention of
10 emergency medical technicians, including, without
11 limitation, how the implementation of the National
12 Registry of Emergency Medical Technician training criteria
13 have impacted the certification and licensure of new EMRs,
14 EMTs, and Paramedics;

15 (5) how apprenticeship programs, local, regional, and
16 statewide, can be utilized to recruit and retain EMRs,
17 EMTs, and Paramedics;

18 (6) how ground ambulance reimbursement affects the
19 recruitment and retention of EMTs and Paramedics; and

20 (7) all other areas that the Task Force deems
21 necessary to examine to assist in the recruitment and
22 retention of EMTs and Paramedics.

23 (b) The Task Force shall be comprised of the following
24 members:

25 (1) one member of the Illinois General Assembly,
26 appointed by the Senate President, who shall serve as

1 co-chair;

2 (2) one member of the Illinois General Assembly,
3 appointed by the Speaker of the House;

4 (3) one member of the Illinois General Assembly,
5 appointed by the Senate Minority Leader;

6 (4) one member of the Illinois General Assembly,
7 appointed by the House Minority Leader, who shall serve as
8 co-chair;

9 (5) 9 members representing private ground ambulance
10 providers throughout this State representing for-profit
11 and non-profit rural and ground ambulance providers,
12 appointed by the Governor;

13 (6) 3 members representing hospitals, appointed by the
14 Speaker of the House, with one member representing safety
15 net hospitals and one member representing rural hospitals;

16 (7) 3 members representing a statewide association of
17 nursing homes, appointed by the President of the Senate;

18 (8) one member representing the State Board of
19 Education, appointed by the Minority Leader of the House;
20 and

21 (9) one member representing the Illinois Community
22 College Systems, appointed by the Minority Leader of the
23 Senate.

24 (c) Members of the Task Force shall serve without
25 compensation.

26 (d) The Task Force shall convene at the call of the

1 co-chairs and shall hold at least 6 meetings.

2 (e) The Task Force shall submit its final report to the
3 General Assembly and the Governor no later than January 1,
4 2024, and upon the submission of its final report, the Task
5 Force shall be dissolved.

6 (210 ILCS 50/3.65)

7 Sec. 3.65. EMS Lead Instructor.

8 (a) "EMS Lead Instructor" means a person who has
9 successfully completed a course of education as approved by
10 the Department or has obtained sufficient experience as
11 determined by the EMS Medical Director, and who is currently
12 approved by the Department to coordinate or teach education,
13 training and continuing education courses, in accordance with
14 standards prescribed by this Act and rules adopted by the
15 Department pursuant to this Act.

16 (b) The Department shall have the authority and
17 responsibility to:

18 (1) Prescribe education requirements for EMS Lead
19 Instructor candidates through rules adopted pursuant to
20 this Act.

21 (2) Prescribe testing requirements for EMS Lead
22 Instructor candidates through rules adopted pursuant to
23 this Act.

24 (3) Charge each candidate for EMS Lead Instructor a
25 fee to be submitted with an application for an

1 examination, an application for licensure, and an
2 application for relicensure.

3 (4) Approve individuals as EMS Lead Instructors who
4 have met the Department's education and testing
5 requirements.

6 (5) Require that all education, training and
7 continuing education courses for EMT, EMT-I, A-EMT,
8 Paramedic, PHRN, PHPA, PHAPRN, ECRN, EMR, and Emergency
9 Medical Dispatcher be coordinated by at least one approved
10 EMS Lead Instructor. A program which includes education,
11 training or continuing education for more than one type of
12 personnel may use one EMS Lead Instructor to coordinate
13 the program, and a single EMS Lead Instructor may
14 simultaneously coordinate more than one program or course.

15 (6) Provide standards and procedures for awarding EMS
16 Lead Instructor approval to persons previously approved by
17 the Department to coordinate such courses, based on
18 qualifications prescribed by the Department through rules
19 adopted pursuant to this Act.

20 (7) Suspend, revoke, or refuse to issue or renew the
21 approval of an EMS Lead Instructor, after an opportunity
22 for a hearing, when findings show one or more of the
23 following:

24 (A) The EMS Lead Instructor has failed to conduct
25 a course in accordance with the curriculum prescribed
26 by this Act and rules adopted by the Department

1 pursuant to this Act; or

2 (B) The EMS Lead Instructor has failed to comply
3 with protocols prescribed by the Department through
4 rules adopted pursuant to this Act.

5 (Source: P.A. 100-1082, eff. 8-24-19.)

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.

24 (2) "Specialized Emergency Medical Services Vehicle"
25 or "SEMSV" means a vehicle or conveyance, other than those

1 owned or operated by the federal government, that is
2 primarily intended for use in transporting the sick or
3 injured by means of air, water, or ground transportation,
4 that is not an ambulance as defined in this Act. The term
5 includes watercraft, aircraft and special purpose ground
6 transport vehicles or conveyances not intended for use on
7 public roads.

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

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

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

24 (C) "Reserve Ambulance" means a vehicle that meets
25 all criteria set forth in this Section and all
26 Department rules, except for the required inventory of

1 medical supplies and durable medical equipment, which
2 may be rapidly transferred from a fully functional
3 ambulance to a reserve ambulance without the use of
4 tools or special mechanical expertise.

5 (b) The Department shall have the authority and
6 responsibility to:

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

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

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

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

24 (B) Equipment requirements;

25 (C) Staffing requirements; and

26 (D) License renewal at intervals determined by the

1 Department, which shall be not less than every 4
2 years.

3 The Department's standards and requirements with
4 respect to vehicle staffing for private, nonpublic local
5 government employers must allow for alternative staffing
6 models that include an EMR ~~who drives an ambulance~~ with a
7 licensed EMT, EMT-I, A-EMT, Paramedic, or PHRN, as
8 appropriate, ~~in the patient compartment providing care to~~
9 ~~the patient~~ pursuant to the approval of the EMS System
10 Program Plan developed and approved by the EMS Medical
11 Director for an EMS System. The Department shall monitor
12 the implementation and performance of alternative staffing
13 models and may issue a notice of termination of an
14 alternative staffing model only upon evidence that an EMS
15 System Program Plan is not being adhered to. Adoption of
16 an alternative staffing model shall not result in a
17 Vehicle Service Provider being prohibited or limited in
18 the utilization of its staff or equipment from providing
19 any of the services authorized by this Act or as otherwise
20 outlined in the approved EMS System Program Plan,
21 including, without limitation, the deployment of resources
22 to provide out-of-state disaster response.

23 An EMS System Program Plan for a Basic Life Support,
24 advanced life support, and critical care transport
25 services ~~transport~~ utilizing an EMR and an EMT, Paramedic,
26 or appropriate critical care transport staff shall include

1 the following:

2 (A) Alternative staffing models for ~~a Basic Life~~
3 ~~Support~~ transport utilizing an EMR ~~and an EMT~~ shall
4 only be utilized for ~~interfacility Basic Life Support~~
5 transports specified by the EMS System Program Plan as
6 determined by the EMS System Medical Director ~~and~~
7 ~~medical appointments, excluding any transport to or~~
8 ~~from a dialysis center.~~

9 (B) Protocols that shall include dispatch
10 procedures to properly screen and assess patients for
11 EMR-staffed transports ~~and EMT-staffed Basic Life~~
12 ~~Support transport.~~

13 (C) A requirement that a provider shall implement
14 a quality assurance plan with mechanisms outlined to
15 audit dispatch screening and the outcome of transports
16 performed.

17 (D) The EMT, Paramedic, and critical care
18 transport staff shall have the minimum ~~at least one~~
19 ~~year of~~ experience in performance of pre-hospital,
20 inter-hospital emergency care and other health care
21 experience as a clinician, as determined by the EMS
22 Medical Director in accordance with the EMS System
23 Program Plan.

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

1 (F) The length of the EMS System Program Plan for a
2 ~~Basic Life Support~~ transport utilizing an EMR ~~and an~~
3 ~~EMT~~ shall be for one year, and must be renewed annually
4 if proof of the criteria being met is submitted,
5 validated, and approved by the EMS Medical Director
6 for the EMS System and the Department.

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

12 (4) License all Vehicle Service Providers that have
13 met the Department's requirements for licensure, unless
14 such Provider is owned or licensed by the federal
15 government. All Provider licenses issued by the Department
16 shall specify the level and type of each vehicle covered
17 by the license (BLS, ILS, ALS, ambulance, SEMSV, limited
18 operation vehicle, special use vehicle, ambulance assist
19 vehicle, reserve ambulance) and shall allow for ambulances
20 to be immediately upgraded to a higher level of service
21 when the Vehicle Service Provider sends an ambulance
22 assist vehicle with appropriate equipment and licensed
23 staff to intercept with the licensed ambulance in the
24 field.

25 (5) Annually inspect all licensed vehicles operated by
26 Vehicle Service Providers.

1 (6) Suspend, revoke, refuse to issue or refuse to
2 renew the license of any Vehicle Service Provider, or that
3 portion of a license pertaining to a specific vehicle
4 operated by the Provider, after an opportunity for a
5 hearing, when findings show that the Provider or one or
6 more of its vehicles has failed to comply with the
7 standards and requirements of this Act or rules adopted by
8 the Department pursuant to this Act.

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

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

23 (9) Exempt any vehicle (except an SEMSV) which was
24 being used as an ambulance on or before December 15, 1980,
25 from vehicle design standards and specifications required
26 by the Department, until said vehicle's title of ownership

1 is transferred. Such vehicles shall not be exempt from all
2 other licensing standards and requirements prescribed by
3 the Department.

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

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

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

20 (Source: P.A. 102-623, eff. 8-27-21.)