

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, 3.55, 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) the examination of current testing mechanisms for  
8 EMRs, EMTs, and Paramedics and the utilization of the  
9 National Registry of Emergency Medical Technicians,  
10 including current pass rates by licensure level, national  
11 utilization, and test preparation strategies;

12 (5) how apprenticeship programs, local, regional, and  
13 statewide, can be utilized to recruit and retain EMRs,  
14 EMTs, and Paramedics;

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

17 (7) all other areas that the Task Force deems  
18 necessary to examine and assist in the recruitment and  
19 retention of EMTs and Paramedics.

20 (b) The Task Force shall be comprised of the following  
21 members:

22 (1) one member of the Illinois General Assembly,  
23 appointed by the President of the Senate, who shall serve  
24 as co-chair;

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

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

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

6           (5) 9 members representing private ground ambulance  
7           providers throughout this State representing for-profit  
8           and non-profit rural and urban ground ambulance providers,  
9           appointed by the President of the Senate;

10          (6) 3 members representing hospitals, appointed by the  
11          Speaker of the House of Representatives, with one member  
12          representing safety net hospitals and one member  
13          representing rural hospitals;

14          (7) 3 members representing a statewide association of  
15          nursing homes, appointed by the President of the Senate;

16          (8) one member representing the State Board of  
17          Education, appointed by the House Minority Leader;

18          (9) 2 EMS Medical Directors from a Regional EMS  
19          Medical Directors Committee, appointed by the Governor;  
20          and

21          (10) 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 50/3.55)

7 Sec. 3.55. Scope of practice.

8 (a) Any person currently licensed as an EMR, EMT, EMT-I,  
9 A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may perform emergency  
10 and non-emergency medical services as defined in this Act, in  
11 accordance with his or her level of education, training and  
12 licensure, the standards of performance and conduct prescribed  
13 by the Department in rules adopted pursuant to this Act, and  
14 the requirements of the EMS System in which he or she  
15 practices, as contained in the approved Program Plan for that  
16 System. The Director may, by written order, temporarily modify  
17 individual scopes of practice in response to public health  
18 emergencies for periods not exceeding 180 days.

19 (a-5) EMS personnel who have successfully completed a  
20 Department approved course in automated defibrillator  
21 operation and who are functioning within a Department approved  
22 EMS System may utilize such automated defibrillator according  
23 to the standards of performance and conduct prescribed by the  
24 Department in rules adopted pursuant to this Act and the  
25 requirements of the EMS System in which they practice, as

1 contained in the approved Program Plan for that System.

2 (a-7) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or  
3 Paramedic who has successfully completed a Department approved  
4 course in the administration of epinephrine shall be required  
5 to carry epinephrine with him or her as part of the EMS  
6 personnel medical supplies whenever he or she is performing  
7 official duties as determined by the EMS System. The  
8 epinephrine may be administered from a glass vial,  
9 auto-injector, ampule, or pre-filled syringe.

10 (b) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or  
11 Paramedic may practice as an EMR, EMT, EMT-I, A-EMT, or  
12 Paramedic or utilize his or her EMR, EMT, EMT-I, A-EMT, PHRN,  
13 PHAPRN, PHPA, or Paramedic license in pre-hospital or  
14 inter-hospital emergency care settings or non-emergency  
15 medical transport situations, under the written or verbal  
16 direction of the EMS Medical Director. For purposes of this  
17 Section, a "pre-hospital emergency care setting" may include a  
18 location, that is not a health care facility, which utilizes  
19 EMS personnel to render pre-hospital emergency care prior to  
20 the arrival of a transport vehicle. The location shall include  
21 communication equipment and all of the portable equipment and  
22 drugs appropriate for the EMR, EMT, EMT-I, A-EMT, or  
23 Paramedic's level of care, as required by this Act, rules  
24 adopted by the Department pursuant to this Act, and the  
25 protocols of the EMS Systems, and shall operate only with the  
26 approval and under the direction of the EMS Medical Director.

1           This Section shall not prohibit an EMR, EMT, EMT-I, A-EMT,  
2           PHRN, PHAPRN, PHPA, or Paramedic from practicing within an  
3           emergency department or other health care setting for the  
4           purpose of receiving continuing education or training approved  
5           by the EMS Medical Director. This Section shall also not  
6           prohibit an EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or  
7           Paramedic from seeking credentials other than his or her EMT,  
8           EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic license and  
9           utilizing such credentials to work in emergency departments or  
10          other health care settings under the jurisdiction of that  
11          employer.

12          (c) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic  
13          may honor Do Not Resuscitate (DNR) orders and powers of  
14          attorney for health care only in accordance with rules adopted  
15          by the Department pursuant to this Act and protocols of the EMS  
16          System in which he or she practices.

17          (d) A student enrolled in a Department approved EMS  
18          personnel program, while fulfilling the clinical training and  
19          in-field supervised experience requirements mandated for  
20          licensure or approval by the System and the Department, may  
21          perform prescribed procedures under the direct supervision of  
22          a physician licensed to practice medicine in all of its  
23          branches, a qualified registered professional nurse, or  
24          qualified EMS personnel, only when authorized by the EMS  
25          Medical Director.

26          (e) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or

1 Paramedic may transport a police dog injured in the line of  
2 duty to a veterinary clinic or similar facility if there are no  
3 persons requiring medical attention or transport at that time.  
4 For the purposes of this subsection, "police dog" means a dog  
5 owned or used by a law enforcement department or agency in the  
6 course of the department or agency's work, including a search  
7 and rescue dog, service dog, accelerant detection canine, or  
8 other dog that is in use by a county, municipal, or State law  
9 enforcement agency.

10 (f) Nothing in this Act shall be construed to prohibit an  
11 EMT, EMT-I, A-EMT, Paramedic, or PHRN from completing an  
12 initial Occupational Safety and Health Administration  
13 Respirator Medical Evaluation Questionnaire on behalf of fire  
14 service personnel, as permitted by his or her EMS System  
15 Medical Director.

16 (g) An EMT, EMT-I, A-EMT, Paramedic, PHRN, PHAPRN, or PHPA  
17 shall be eligible to work for another EMS System for a period  
18 not to exceed 2 weeks if the individual is under the direct  
19 supervision of another licensed individual operating at the  
20 same or higher level as the EMT, EMT-I, A-EMT, Paramedic,  
21 PHRN, PHAPRN, or PHPA; obtained approval in writing from the  
22 EMS System's Medical Director; and tests into the EMS System  
23 based upon appropriate standards as outlined in the EMS System  
24 Program Plan. The EMS System within which the EMT, EMT-I,  
25 A-EMT, Paramedic, PHRN, PHAPRN, or PHPA is seeking to join  
26 must make all required testing available to the EMT, EMT-I,

1 A-EMT, Paramedic, PHRN, PHAPRN, or PHPA within 2 weeks after  
2 the written request. Failure to do so by the EMS System shall  
3 allow the EMT, EMT-I, A-EMT, Paramedic, PHRN, PHAPRN, or PHPA  
4 to continue working for another EMS System until all required  
5 testing becomes available.

6 (Source: P.A. 102-79, eff. 1-1-22.)

7 (210 ILCS 50/3.85)

8 Sec. 3.85. Vehicle Service Providers.

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

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

25 (2) "Specialized Emergency Medical Services Vehicle"

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

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

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

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

25 (C) "Reserve Ambulance" means a vehicle that meets  
26 all criteria set forth in this Section and all

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

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

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

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

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

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

25 (B) Equipment requirements;

26 (C) Staffing requirements; and

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

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



1 model shall not result in a Vehicle Service Provider being  
2 prohibited or limited in the utilization of its staff or  
3 equipment from providing any of the services authorized by  
4 this Act or as otherwise outlined in the approved EMS  
5 System Program Plan, including, without limitation, the  
6 deployment of resources to provide out-of-state disaster  
7 response. EMS System Program Plans must address a process  
8 for out-of-state disaster response deployments that must  
9 meet the 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 ~~and an EMT~~ shall  
25 only be 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 ~~and~~  
2 ~~medical appointments, excluding any transport to or~~  
3 ~~from a dialysis center.~~

4 (B) Protocols that shall include dispatch  
5 procedures to properly screen and assess patients for  
6 EMR-staffed transports ~~and EMT-staffed Basic Life~~  
7 ~~Support transport.~~

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

22 (D) The EMS System Medical Director shall develop  
23 a minimum set of requirements for individuals based on  
24 level of licensure that includes education, training,  
25 and credentialing for all team members identified to  
26 participate in an alternative staffing plan. The EMT,

1 Paramedic, PHRN, PHPA, PHAPRN, and critical care  
2 transport staff shall have the minimum ~~at least one~~  
3 ~~year of~~ experience in performance of pre-hospital and  
4 inter-hospital emergency care, as determined by the  
5 EMS Medical Director in accordance with the EMS System  
6 Program Plan, but at a minimum of 6 months of  
7 prehospital experience or at least 50 documented  
8 patient care interventions during transport as the  
9 primary care provider and approved by the Department.

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

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

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

1           (i) Submit a waiver request to the Department  
2           requesting to participate in the pilot program  
3           with specific details of how quality assurance and  
4           improvement will be gathered, measured, reported  
5           to the Department, and reviewed and utilized  
6           internally by the participating agency.

7           (ii) Submit a signed approval letter from the  
8           EMS System Medical Director approving  
9           participation in the pilot program.

10           (iii) Submit updated EMS System plans,  
11           additional education, and training of the EMR and  
12           protocols related to the pilot program.

13           (iv) Submit agency policies and procedures  
14           related to the pilot program.

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

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

25           Upon submission of a renewal application and  
26           recruitment and retention plan, the provider shall

1           include additional data regarding current employment  
2           numbers, attrition rates over the year, and activities  
3           and initiatives over the previous year to address  
4           recruitment and retention.

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

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

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.)

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