Rep. Lakesia Collins

Filed: 5/8/2023

AMENDMENT TO SENATE BILL 761

AMENDMENT NO. _____. Amend Senate Bill 761 by replacing everything after the enacting clause with the following:

"Section 5. The Emergency Medical Services (EMS) Systems Act is amended by changing Sections 3.20, 3.55, and 3.85 and by adding Section 3.22 as follows:

(210 ILCS 50/3.20)

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

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

which the System is located.

(b) One hospital in each System program plan must be designated as the Resource Hospital. All other hospitals which are located within the geographic boundaries of a System and which have standby, basic or comprehensive level emergency departments must function in that EMS 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. All hospitals and vehicle service providers participating in an EMS System must specify their level of participation in the System Program Plan.

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

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

date of approval.

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

(3) Renew EMS System approvals every 4 years, after an inspection, based on compliance with the standards for continuing operation prescribed in rules adopted by the Department pursuant to this Act.

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

(5) Require each EMS System to adopt written protocols for the bypassing of or diversion to any hospital, trauma center or regional trauma center, which provide that a person shall not be transported to a facility other than the nearest hospital, regional trauma center or trauma center unless the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility, or the transport is in accordance with

the System's protocols for patient choice or refusal.

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

(A) 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;

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

(C) 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

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

(7) Prescribe statewide EMS data elements to be

collected and documented by providers in all EMS Systems for all emergency and non-emergency medical services, with a one-year phase-in for commencing collection of such data elements.

(8) Define, through rules adopted pursuant to this Act, the terms "Resource Hospital", "Associate Hospital", "Participating Hospital", "Basic Emergency Department", "Standby Emergency Department", "Comprehensive Emergency Department", "EMS Medical Director", "EMS Administrative Director", and "EMS System Coordinator".

(A) (Blank).

(B) (Blank).

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

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

(11) Permit limited EMS System participation by facilities operated by the United States Department of Veterans Affairs, Veterans Health Administration. Subject to patient preference, Illinois EMS providers may transport patients to Veterans Health Administration facilities that voluntarily participate in an EMS System. Any Veterans Health Administration facility seeking limited participation in an EMS System shall agree to comply with all Department administrative rules implementing this Section. The Department may promulgate rules, including, but not limited to, the types of Veterans Health Administration facilities that may participate in an EMS System and the limitations of participation.

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

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

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

(210 ILCS 50/3.22 new)

Sec. 3.22. EMT Training, Recruitment, and Retention Task

Force.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

and

(10) one member representing the Illinois Community College Systems, appointed by the Minority Leader of the Senate.

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

(d) The Task Force shall convene at the call of the co-chairs and shall hold at least 6 meetings.

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

(210 ILCS 50/3.55)

Sec. 3.55. Scope of practice.

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

(a-5) EMS personnel who have successfully completed a Department approved course in automated defibrillator operation and who are functioning within a Department approved EMS System may utilize such automated defibrillator according to the standards of performance and conduct prescribed by the Department in rules adopted pursuant to this Act and the requirements of the EMS System in which they practice, as contained in the approved Program Plan for that System.

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

(b) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may practice as an EMR, EMT, EMT-I, A-EMT, or Paramedic or utilize his or her EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic license in pre-hospital or inter-hospital emergency care settings or non-emergency medical transport situations, under the written or verbal direction of the EMS Medical Director. For purposes of this Section, a "pre-hospital emergency care setting" may include a location, that is not a health care facility, which utilizes EMS personnel to render pre-hospital emergency care prior to

the arrival of a transport vehicle. The location shall include communication equipment and all of the portable equipment and drugs appropriate for the EMR, EMT, EMT-I, A-EMT, or Paramedic's level of care, as required by this Act, rules adopted by the Department pursuant to this Act, and the protocols of the EMS Systems, and shall operate only with the approval and under the direction of the EMS Medical Director.

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

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

(d) A student enrolled in a Department approved EMS personnel program, while fulfilling the clinical training and in-field supervised experience requirements mandated for

licensure or approval by the System and the Department, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered professional nurse, or qualified EMS personnel, only when authorized by the EMS Medical Director.

(e) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may transport a police dog injured in the line of duty to a veterinary clinic or similar facility if there are no persons requiring medical attention or transport at that time. For the purposes of this subsection, "police dog" means a dog owned or used by a law enforcement department or agency in the course of the department or agency's work, including a search and rescue dog, service dog, accelerant detection canine, or other dog that is in use by a county, municipal, or State law enforcement agency.

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

(g) An EMT, EMT-I, A-EMT, Paramedic, PHRN, PHAPRN, or PHPA shall be eligible to work for another EMS System for a period not to exceed 2 weeks if the individual is under the direct supervision of another licensed individual operating at the

same or higher level as the EMT, EMT-I, A-EMT, Paramedic, PHRN, PHAPRN, or PHPA; obtained approval in writing from the EMS System's Medical Director; and tests into the EMS System based upon appropriate standards as outlined in the EMS System Program Plan. The EMS System within which the EMT, EMT-I, A-EMT, Paramedic, PHRN, PHAPRN, or PHPA is seeking to join must make all required testing available to the EMT, EMT-I, A-EMT, Paramedic, PHRN, PHAPRN, or PHPA within 2 weeks after the written request. Failure to do so by the EMS System shall allow the EMT, EMT-I, A-EMT, Paramedic, PHRN, PHAPRN, or PHPA to continue working for another EMS System until all required testing becomes available.

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

(210 ILCS 50/3.85)

Sec. 3.85. Vehicle Service Providers.

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

(1) "Ambulance" means any publicly or privately owned on-road vehicle that is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated for the emergency

transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or the non-emergency medical transportation of persons who require the presence of medical personnel to monitor the individual's condition or medical apparatus being used on such individuals.

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

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

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

(B) "Special-Use Vehicle" means any publicly or privately owned vehicle that is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated solely

for the emergency or non-emergency transportation of a specific medical class or category of persons who are sick, injured, wounded or otherwise incapacitated or helpless (e.g. high-risk obstetrical patients, neonatal patients).

(C) "Reserve Ambulance" means a vehicle that meets all criteria set forth in this Section and all Department rules, except for the required inventory of medical supplies and durable medical equipment, which may be rapidly transferred from a fully functional ambulance to a reserve ambulance without the use of tools or special mechanical expertise.

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

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

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

(3) Establish licensing standards and requirements for

Vehicle Service Providers, through rules adopted pursuant to this Act, including but not limited to:

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

(B) Equipment requirements;

(C) Staffing requirements; and

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

The Department's standards and requirements with respect to vehicle staffing for private, nonpublic local government employers must allow for alternative staffing models that include an EMR ~~who drives an ambulance~~ with a licensed EMT, EMT-I, A-EMT, Paramedic, or PHRN, as appropriate, ~~in the patient compartment providing care to the patient~~ pursuant to the approval of the EMS System Program Plan developed and approved by the EMS Medical Director for an EMS System. The EMS personnel licensed at the highest level shall provide the initial assessment of the patient to determine the level of care required for transport to the receiving health care facility, and this assessment shall be documented in the patient care report and documented with online medical control. The EMS personnel licensed at or above the level of care required by the specific patient as directed by the EMS Medical

Director shall be the primary care provider en route to the destination facility or patient's residence. The Department shall monitor the implementation and performance of alternative staffing models and may issue a notice of termination of an alternative staffing model only upon evidence that an EMS System Program Plan is not being adhered to. Adoption of an alternative staffing model shall not result in a Vehicle Service Provider being prohibited or limited in the utilization of its staff or equipment from providing any of the services authorized by this Act or as otherwise outlined in the approved EMS System Program Plan, including, without limitation, the deployment of resources to provide out-of-state disaster response. EMS System Program Plans must address a process for out-of-state disaster response deployments that must meet the following:

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

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

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

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

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

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

(C) A requirement that a provider and EMS System shall implement a quality assurance plan that shall include for the initial waiver period the review of at least 5% of total interfacility transports utilizing an EMR with mechanisms outlined to audit dispatch screening, reason for transport, patient diagnosis, level of care, and the outcome of transports performed. Quality assurance reports must be submitted and reviewed by the provider and EMS System monthly and made available to the Department upon request. The percentage of transports reviewed under quality assurance plans for renewal periods shall be

determined by the EMS Medical Director, however, it shall not be less than 3%.

(D) The EMS System Medical Director shall develop a minimum set of requirements for individuals based on level of licensure that includes education, training, and credentialing for all team members identified to participate in an alternative staffing plan. The EMT, Paramedic, PHRN, PHPA, PHAPRN, and critical care transport staff shall have the minimum ~~at least one year of~~ experience in performance of pre-hospital and inter-hospital ~~emergency~~ care, as determined by the EMS Medical Director in accordance with the EMS System Program Plan, but at a minimum of 6 months of prehospital experience or at least 50 documented patient care interventions during transport as the primary care provider and approved by the Department.

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

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

(G) Beginning July 1, 2023, the utilization of

EMRs for advanced life support transports and Tier III Critical Care Transports shall be allowed for periods not to exceed 3 years under a pilot program. The pilot program shall not be implemented before Department approval. Agencies requesting to utilize this staffing model for the time period of the pilot program must complete the following:

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

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

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

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

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

(vi) Submit an explanation of how the provider

will support individuals obtaining a higher level of licensure and encourage a higher level of licensure during the year of the alternative staffing plan and specific examples of recruitment and retention activities or initiatives.

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

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

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

(4) License all Vehicle Service Providers that have met the Department's requirements for licensure, unless such Provider is owned or licensed by the federal government. All Provider licenses issued by the Department shall specify the level and type of each vehicle covered by the license (BLS, ILS, ALS, ambulance, critical care

transport, SEMSV, limited operation vehicle, special use vehicle, reserve ambulance).

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

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

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

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

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

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

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

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

(12) Beginning July 1, 2023, as part of a pilot program that shall not exceed a term of 3 years, an ambulance may be upgraded to a higher level of care for

interfacility transports by an ambulance assistance vehicle with appropriate equipment and licensed personnel to intercept with the licensed ambulance at the sending facility before departure. The pilot program shall not be implemented before Department approval. To participate in the pilot program, an agency must:

(A) Submit a waiver request to the Department with intercept vehicle vehicle identification numbers, calls signs, equipment detail, and a robust quality assurance plan that shall list, at minimum, detailed reasons each intercept had to be completed, barriers to initial dispatch of advanced life support services, and how this benefited the patient.

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

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

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

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

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

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