

SB3054



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

SB3054

Introduced 2/8/2010, by Sen. Don Harmon

SYNOPSIS AS INTRODUCED:

210 ILCS 50/3.20

Amends the Emergency Medical Services (EMS) Systems Act. Provides that beginning on the effective date of this amendatory Act, implementation of any amendments, additions, subtractions, or changes to an EMS System's Program Plan shall be delayed for a period of 180 days to allow for a hearing and final approval by the Department of Public Health. Effective immediately.

LRB096 17678 KTG 33040 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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 Act
5 is amended by changing Section 3.20 as follows:

6 (210 ILCS 50/3.20)

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

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

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

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

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

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

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

25 (3) Renew EMS System approvals every 4 years, after an
26 inspection, based on compliance with the standards for

1 continuing operation prescribed in rules adopted by the
2 Department pursuant to this Act.

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

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

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

1 Illinois, with regular and frequent involvement in
2 pre-hospital emergency medical services. In addition, all
3 EMS Medical Directors shall:

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

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

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

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

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

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

1 Department", "EMS Medical Director", "EMS Administrative
2 Director", and "EMS System Coordinator".

3 (A) Upon the effective date of this amendatory Act
4 of 1995, all existing Project Medical Directors shall
5 be considered EMS Medical Directors, and all persons
6 serving in such capacities on the effective date of
7 this amendatory Act of 1995 shall be exempt from the
8 requirements of paragraph (7) of this subsection;

9 (B) Upon the effective date of this amendatory Act
10 of 1995, all existing EMS System Project Directors
11 shall be considered EMS Administrative Directors.

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

19 (10) Evaluate the capacity and performance of any
20 freestanding emergency center established under Section
21 32.5 of this Act in meeting emergency medical service needs
22 of the public, including compliance with applicable
23 emergency medical standards and assurance of the
24 availability of and immediate access to the highest quality
25 of medical care possible.

26 (d) Beginning on the effective date of this amendatory Act

1 of the 96th General Assembly, implementation of any amendments,
2 additions, subtractions, or changes to an EMS System's Program
3 Plan shall be delayed for a period of 180 days to allow for a
4 hearing and final approval by the Department.

5 (Source: P.A. 95-584, eff. 8-31-07.)

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