1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Department of Human Services Act is amended
5 by changing Section 10-15 as follows:

6 (20 ILCS 1305/10-15)
7 Sec. 10-15. Pregnant women with a substance use disorder;
8 mental health services. The Department shall develop
9 guidelines for use in non-hospital residential care facilities
10 for pregnant women who have a substance use disorder with
11 respect to the care of those clients.
12 The Department shall administer infant mortality and
13 prenatal programs, through its provider agencies, to develop
14 special programs for case finding and service coordination for
15 pregnant women who have a substance use disorder.
16 The Department shall ensure access to substance use and
17 mental health services statewide for pregnant and postpartum
18 women, and ensure that programs are gender-responsive, are
19 trauma-informed, serve women and young children, and
20 prioritize justice-involved pregnant and postpartum women.
21 (Source: P.A. 100-759, eff. 1-1-19.)

22 Section 10. The Department of Public Health Powers and

1 Duties Law of the Civil Administrative Code of Illinois is
2 amended by adding Section 2310-223 as follows:

3 (20 ILCS 2310/2310-223 new)
4 Sec. 2310-223. Maternal care.
5 (a) The Department shall establish a classification system
6 for the following levels of maternal care:
7 (1) basic care: care of uncomplicated pregnancies with
8 the ability to detect, stabilize, and initiate management
9 of unanticipated maternal-fetal or neonatal problems that
10 occur during the antepartum, intrapartum, or postpartum
11 period until the patient can be transferred to a facility
12 at which specialty maternal care is available;
13 (2) specialty care: basic care plus care of appropriate
14 high-risk antepartum, intrapartum, or postpartum
15 conditions, both directly admitted and transferred to
16 another facility;
17 (3) subspecialty care: specialty care plus care of more
18 complex maternal medical conditions, obstetric
19 complications, and fetal conditions; and
20 (4) regional perinatal health care: subspecialty care
21 plus on-site medical and surgical care of the most complex
22 maternal conditions, critically ill pregnant women, and
23 fetuses throughout antepartum, intrapartum, and postpartum
24 care.
25 (b) The Department shall:

(1) introduce uniform designations for levels of maternal care that are complimentary but distinct from levels of neonatal care;

(2) establish clear, uniform criteria for designation of maternal centers that are integrated with emergency response systems to help ensure that the appropriate personnel, physical space, equipment, and technology are available to achieve optimal outcomes, as well as to facilitate subsequent data collection regarding risk-appropriate care;

(3) require each health care facility to have a clear understanding of its capability to handle increasingly complex levels of maternal care, and to have a well-defined threshold for transferring women to health care facilities that offer a higher level of care; to ensure optimal care of all pregnant women, the Department shall require all birth centers, hospitals, and higher-level facilities to collaborate in order to develop and maintain maternal and neonatal transport plans and cooperative agreements capable of managing the health care needs of women who develop complications; the Department shall require that receiving hospitals openly accept transfers;

(4) require higher-level facilities to provide training for quality improvement initiatives, educational support, and severe morbidity and mortality case review for lower-level hospitals; the Department shall ensure that,

1 in those regions that do not have a facility that qualifies
2 as a regional perinatal health care facility, any specialty
3 care facility in the region will provide the educational
4 and consultation function;
5 (5) require facilities and regional systems to develop
6 methods to track severe maternal morbidity and mortality to
7 assess the efficacy of utilizing maternal levels of care;
8 (6) analyze data collected from all facilities and
9 regional systems in order to inform future updates to the
10 levels of maternal care;
11 (7) require follow-up interdisciplinary work groups to
12 further explore the implementation needs that are
13 necessary to adopt the proposed classification system for
14 levels of maternal care in all facilities that provide
15 maternal care;
16 (8) disseminate data and materials to raise public
17 awareness about the importance of prenatal care and
18 maternal health;
19 (9) create or expand home visiting programs to target
20 high-risk mothers in Illinois during pregnancy and
21 postpartum periods, such as doula programs, and expand
22 efforts to provide universal home visiting to all mothers
23 within 3 weeks of giving birth; and
24 (10) engage the Illinois Chapter of the American
25 Academy of Pediatrics in creating a quality improvement
26 initiative to expand efforts of pediatricians conducting

1 postpartum depression screening at well baby visits during
2 the first year of life.

3 Section 15. The Emergency Medical Services (EMS) Systems
4 Act is amended by changing Section 3.20 as follows:

5 (210 ILCS 50/3.20)
6 Sec. 3.20. Emergency Medical Services (EMS) Systems.
7 (a) "Emergency Medical Services (EMS) System" means an
8 organization of hospitals, vehicle service providers and
9 personnel approved by the Department in a specific geographic
10 area, which coordinates and provides pre-hospital and
11 inter-hospital emergency care and non-emergency medical
12 transports at a BLS, ILS and/or ALS level pursuant to a System
13 program plan submitted to and approved by the Department, and
14 pursuant to the EMS Region Plan adopted for the EMS Region in
15 which the System is located.
16 (b) One hospital in each System program plan must be
17 designated as the Resource Hospital. All other hospitals which
18 are located within the geographic boundaries of a System and
19 which have standby, basic or comprehensive level emergency
20 departments must function in that EMS System as either an
21 Associate Hospital or Participating Hospital and follow all
22 System policies specified in the System Program Plan, including
23 but not limited to the replacement of drugs and equipment used
24 by providers who have delivered patients to their emergency

1 departments. All hospitals and vehicle service providers
2 participating in an EMS System must specify their level of
3 participation in the System Program Plan.
4 (c) The Department shall have the authority and
5 responsibility to:
6 (1) Approve BLS, ILS and ALS level EMS Systems which
7 meet minimum standards and criteria established in rules
8 adopted by the Department pursuant to this Act, including
9 the submission of a Program Plan for Department approval.
10 Beginning September 1, 1997, the Department shall approve
11 the development of a new EMS System only when a local or
12 regional need for establishing such System has been
13 verified by the Department. This shall not be construed as
14 a needs assessment for health planning or other purposes
15 outside of this Act. Following Department approval, EMS
16 Systems must be fully operational within one year from the
17 date of approval.
18 (2) Monitor EMS Systems, based on minimum standards for
19 continuing operation as prescribed in rules adopted by the
20 Department pursuant to this Act, which shall include
21 requirements for submitting Program Plan amendments to the
22 Department for approval.
23 (3) Renew EMS System approvals every 4 years, after an
24 inspection, based on compliance with the standards for
25 continuing operation prescribed in rules adopted by the
26 Department pursuant to this Act.

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

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

18 (6) Require that the EMS Medical Director of an ILS or
19 ALS level EMS System be a physician licensed to practice
20 medicine in all of its branches in Illinois, and certified
21 by the American Board of Emergency Medicine or the American
22 Osteopathic Board of Emergency Medicine, and that the EMS
23 Medical Director of a BLS level EMS System be a physician
24 licensed to practice medicine in all of its branches in
25 Illinois, with regular and frequent involvement in
26 pre-hospital emergency medical services. In addition, all

1 EMS Medical Directors shall:
2 (A) Have experience on an EMS vehicle at the
3 highest level available within the System, or make
4 provision to gain such experience within 12 months
5 prior to the date responsibility for the System is
6 assumed or within 90 days after assuming the position;
7 (B) Be thoroughly knowledgeable of all skills
8 included in the scope of practices of all levels of EMS
9 personnel within the System;
10 (C) Have or make provision to gain experience
11 instructing students at a level similar to that of the
12 levels of EMS personnel within the System; and
13 (D) For ILS and ALS EMS Medical Directors,
14 successfully complete a Department-approved EMS
15 Medical Director's Course.
16 (7) Prescribe statewide EMS data elements to be
17 collected and documented by providers in all EMS Systems
18 for all emergency and non-emergency medical services, with
19 a one-year phase-in for commencing collection of such data
20 elements.
21 (8) Define, through rules adopted pursuant to this Act,
22 the terms "Resource Hospital", "Associate Hospital",
23 "Participating Hospital", "Basic Emergency Department",
24 "Standby Emergency Department", "Comprehensive Emergency
25 Department", "EMS Medical Director", "EMS Administrative
26 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

1 rules, including, but not limited to, the types of Veterans
2 Health Administration facilities that may participate in
3 an EMS System and the limitations of participation.
4 (12) Ensure that EMS systems are transporting pregnant
5 women to the appropriate facilities based on the
6 classification of the levels of maternal care described
7 under subsection (a) of Section 2310-223 of the Department
8 of Public Health Powers and Duties Law of the Civil
9 Administrative Code of Illinois.
10 (Source: P.A. 97-333, eff. 8-12-11; 98-973, eff. 8-15-14.)

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