

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 The Department shall develop guidelines for use in non-hospital
9 residential care facilities for pregnant women who have a
10 substance use disorder with respect to the care of those
11 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
17 disorder services statewide for pregnant and postpartum women,
18 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 (1) introduce uniform designations for levels of
2 maternal care that are complimentary but distinct from
3 levels of neonatal care;

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

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

23 (4) require higher-level facilities to provide
24 training for quality improvement initiatives, educational
25 support, and severe morbidity and mortality case review for
26 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) engage the Illinois Chapter of the American Academy
20 of Pediatrics in creating a quality improvement initiative
21 to expand efforts of pediatricians conducting postpartum
22 depression screening at well baby visits during the first
23 year of life; and

24 (10) adopt rules in accordance with the Illinois
25 Administrative Procedure Act to implement this subsection.

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

3 (210 ILCS 50/3.20)

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

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

14 (b) One hospital in each System program plan must be
15 designated as the Resource Hospital. All other hospitals which
16 are located within the geographic boundaries of a System and
17 which have standby, basic or comprehensive level emergency
18 departments must function in that EMS System as either an
19 Associate Hospital or Participating Hospital and follow all
20 System policies specified in the System Program Plan, including
21 but not limited to the replacement of drugs and equipment used
22 by providers who have delivered patients to their emergency
23 departments. All hospitals and vehicle service providers
24 participating in an EMS System must specify their level of
25 participation in the System Program Plan.

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

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

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

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

24 (4) Suspend, revoke, or refuse to renew approval of any
25 EMS System, after providing an opportunity for a hearing,
26 when findings show that it does not meet the minimum

1 standards for continuing operation as prescribed by the
2 Department, or is found to be in violation of its
3 previously approved Program Plan.

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

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

25 (A) Have experience on an EMS vehicle at the
26 highest level available within the System, or make

1 provision to gain such experience within 12 months
2 prior to the date responsibility for the System is
3 assumed or within 90 days after assuming the position;

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

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

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

13 (7) Prescribe statewide EMS data elements to be
14 collected and documented by providers in all EMS Systems
15 for all emergency and non-emergency medical services, with
16 a one-year phase-in for commencing collection of such data
17 elements.

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

24 (A) (Blank).

25 (B) (Blank).

26 (9) Investigate the circumstances that caused a

1 hospital in an EMS system to go on bypass status to
2 determine whether that hospital's decision to go on bypass
3 status was reasonable. The Department may impose
4 sanctions, as set forth in Section 3.140 of the Act, upon a
5 Department determination that the hospital unreasonably
6 went on bypass status in violation of the Act.

7 (10) Evaluate the capacity and performance of any
8 freestanding emergency center established under Section
9 32.5 of this Act in meeting emergency medical service needs
10 of the public, including compliance with applicable
11 emergency medical standards and assurance of the
12 availability of and immediate access to the highest quality
13 of medical care possible.

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

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

7 (Source: P.A. 97-333, eff. 8-12-11; 98-973, eff. 8-15-14.)

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