

SB3516



98TH GENERAL ASSEMBLY

State of Illinois

2013 and 2014

SB3516

Introduced 2/14/2014, by Sen. Jason A. Barickman

SYNOPSIS AS INTRODUCED:

210 ILCS 50/3.20

Amends the Emergency Medical Services (EMS) Systems Act. Provides that an EMS System's protocols for the bypassing of or diversion to a hospital, trauma center, or regional trauma center must allow for the transport of a patient to another healthcare facility if that facility can provide appropriate medical treatment for that person.

LRB098 19619 RPS 54815 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 verified by the Department. This shall not be construed as
16 a needs assessment for health planning or other purposes
17 outside of this Act. Following Department approval, EMS
18 Systems must be fully operational within one year from the
19 date of 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 (i) 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, (ii) ~~or~~ the transport is in accordance
19 with the System's protocols for patient choice or refusal,
20 or (iii) another healthcare facility can provide
21 appropriate medical treatment for that person.

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

1 Medical Director of a BLS level EMS System be a physician
2 licensed to practice medicine in all of its branches in
3 Illinois, with regular and frequent involvement in
4 pre-hospital emergency medical services. In addition, all
5 EMS Medical Directors shall:

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

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

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

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

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

25 (8) Define, through rules adopted pursuant to this Act,
26 the terms "Resource Hospital", "Associate Hospital",

1 "Participating Hospital", "Basic Emergency Department",
2 "Standby Emergency Department", "Comprehensive Emergency
3 Department", "EMS Medical Director", "EMS Administrative
4 Director", and "EMS System Coordinator".

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

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

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

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

1 of medical care possible.

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

15 (Source: P.A. 96-1009, eff. 1-1-11; 96-1469, eff. 1-1-11;
16 97-333, eff. 8-12-11.)