



## 98TH GENERAL ASSEMBLY

### State of Illinois

2013 and 2014

SB3531

Introduced 2/14/2014, by Sen. John M. Sullivan

#### SYNOPSIS AS INTRODUCED:

210 ILCS 50/3.30  
210 ILCS 50/3.90  
210 ILCS 50/3.95  
210 ILCS 50/3.100  
210 ILCS 50/3.101 new  
210 ILCS 50/3.102 new  
210 ILCS 50/3.105  
210 ILCS 50/3.110  
210 ILCS 50/3.140

Amends the Emergency Medical Services (EMS) Systems Act. Provides that the Trauma Center Medical Directors or the Trauma Center Medical Directors Committee may consider Level III Trauma Centers in identifying the types of facilities in which patients can be cared for. Provides that Level II and Level III Trauma Centers shall have some essential services available in-house, 24 hours per day, and other essential services readily available. Provides that an Acute Injury Stabilization Center shall have a comprehensive emergency department capable of initial management and transfer of the acutely injured. Provides that the Department of Public Health shall have the authority to establish and enforce minimum standards for designation and re-designation of 3 levels of trauma centers that meet trauma center national standards (instead of minimum standards for designation as a Level I or Level II Trauma Center). Creates provisions concerning minimum standards for Level III Trauma Centers and Acute Injury Stabilization centers. Makes other changes.

LRB098 17146 RPS 52233 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 Sections 3.30, 3.90, 3.95, 3.100, 3.105,  
6 3.110, and 3.140 and by adding Section 3.101 and 3.102 as  
7 follows:

8 (210 ILCS 50/3.30)

9 Sec. 3.30. EMS Region Plan; Content.

10 (a) The EMS Medical Directors Committee shall address at  
11 least the following:

12 (1) Protocols for inter-System/inter-Region patient  
13 transports, including identifying the conditions of  
14 emergency patients which may not be transported to the  
15 different levels of emergency department, based on their  
16 Department classifications and relevant Regional  
17 considerations (e.g. transport times and distances);

18 (2) Regional standing medical orders;

19 (3) Patient transfer patterns, including criteria for  
20 determining whether a patient needs the specialized  
21 services of a trauma center, along with protocols for the  
22 bypassing of or diversion to any hospital, trauma center or  
23 regional trauma center which are consistent with

1 individual System bypass or diversion protocols and  
2 protocols for patient choice or refusal;

3 (4) Protocols for resolving Regional or Inter-System  
4 conflict;

5 (5) An EMS disaster preparedness plan which includes  
6 the actions and responsibilities of all EMS participants  
7 within the Region. Within 90 days of the effective date of  
8 this amendatory Act of 1996, an EMS System shall submit to  
9 the Department for review an internal disaster plan. At a  
10 minimum, the plan shall include contingency plans for the  
11 transfer of patients to other facilities if an evacuation  
12 of the hospital becomes necessary due to a catastrophe,  
13 including but not limited to, a power failure;

14 (6) Regional standardization of continuing education  
15 requirements;

16 (7) Regional standardization of Do Not Resuscitate  
17 (DNR) policies, and protocols for power of attorney for  
18 health care;

19 (8) Protocols for disbursement of Department grants;  
20 and

21 (9) Protocols for the triage, treatment, and transport  
22 of possible acute stroke patients.

23 (b) The Trauma Center Medical Directors or Trauma Center  
24 Medical Directors Committee shall address at least the  
25 following:

26 (1) The identification of Regional Trauma Centers;

1           (2) Protocols for inter-System and inter-Region trauma  
2 patient transports, including identifying the conditions  
3 of emergency patients which may not be transported to the  
4 different levels of emergency department, based on their  
5 Department classifications and relevant Regional  
6 considerations (e.g. transport times and distances);

7           (3) Regional trauma standing medical orders;

8           (4) Trauma patient transfer patterns, including  
9 criteria for determining whether a patient needs the  
10 specialized services of a trauma center, along with  
11 protocols for the bypassing of or diversion to any  
12 hospital, trauma center or regional trauma center which are  
13 consistent with individual System bypass or diversion  
14 protocols and protocols for patient choice or refusal;

15           (5) The identification of which types of patients can  
16 be cared for by Level I Trauma Centers, ~~and~~ Level II Trauma  
17 Centers, ~~and~~ Level III Trauma Centers;

18           (6) Criteria for inter-hospital transfer of trauma  
19 patients;

20           (7) The treatment of trauma patients in each trauma  
21 center within the Region;

22           (8) A program for conducting a quarterly conference  
23 which shall include at a minimum a discussion of morbidity  
24 and mortality between all professional staff involved in  
25 the care of trauma patients;

26           (9) The establishment of a Regional trauma quality

1 assurance and improvement subcommittee, consisting of  
2 trauma surgeons, which shall perform periodic medical  
3 audits of each trauma center's trauma services, and forward  
4 tabulated data from such reviews to the Department; and

5 (10) The establishment, ~~within 90 days of the effective~~  
6 ~~date of this amendatory Act of 1996,~~ of an internal  
7 disaster plan, which shall include, at a minimum,  
8 contingency plans for the transfer of patients to other  
9 facilities if an evacuation of the hospital becomes  
10 necessary due to a catastrophe, including but not limited  
11 to, a power failure.

12 (c) The Region's EMS Medical Directors and Trauma Center  
13 Medical Directors Committees shall appoint any subcommittees  
14 which they deem necessary to address specific issues concerning  
15 Region activities.

16 (Source: P.A. 96-514, eff. 1-1-10.)

17 (210 ILCS 50/3.90)

18 Sec. 3.90. Trauma Center Designations.

19 (a) "Trauma Center" means a hospital which: (1) within  
20 designated capabilities provides optimal care to trauma  
21 patients; (2) participates in an approved EMS System; and (3)  
22 is duly designated pursuant to the provisions of this Act.  
23 Level I Trauma Centers shall provide all essential services  
24 in-house, 24 hours per day, in accordance with rules adopted by  
25 the Department pursuant to this Act. Level II and Level III

1 Trauma Centers shall have some essential services available  
2 in-house, 24 hours per day, and other essential services  
3 readily available, 24 hours per day, in accordance with rules  
4 adopted by the Department pursuant to this Act.

5 (a-5) An Acute Injury Stabilization Center shall have a  
6 basic or comprehensive emergency department capable of initial  
7 management and transfer of the acutely injured in accordance  
8 with rules adopted by the Department pursuant to this Act.

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

11 (1) Establish and enforce minimum standards for  
12 designation and re-designation of 3 levels of trauma  
13 centers that meet trauma center national standards, as  
14 modified by the Department in administrative rules ~~as a~~  
15 ~~Level I or Level II Trauma Center, consistent with Sections~~  
16 ~~22 and 23 of this Act, through rules adopted pursuant to~~  
17 ~~this Act;~~

18 (2) Require hospitals applying for trauma center  
19 designation to submit a plan for designation in a manner  
20 and form prescribed by the Department through rules adopted  
21 pursuant to this Act;

22 (3) Upon receipt of a completed plan for designation,  
23 conduct a site visit to inspect the hospital for compliance  
24 with the Department's minimum standards. Such visit shall  
25 be conducted by specially qualified personnel with  
26 experience in the delivery of emergency medical and/or

1 trauma care. A report of the inspection shall be provided  
2 to the Director within 30 days of the completion of the  
3 site visit. The report shall note compliance or lack of  
4 compliance with the individual standards for designation,  
5 but shall not offer a recommendation on granting or denying  
6 designation;

7 (4) Designate applicant hospitals as Level I, ~~or~~ Level  
8 II, or Level III Trauma Centers which meet the minimum  
9 standards established by this Act and the Department. The  
10 ~~Beginning September 1, 1997 the~~ Department shall designate  
11 a new trauma center only when a local or regional need for  
12 such trauma center has been identified. The Department  
13 shall request an assessment of local or regional need from  
14 the applicable EMS Region's Trauma Center Medical  
15 Directors Committee, with advice from the Regional Trauma  
16 Advisory Committee. This shall not be construed as a needs  
17 assessment for health planning or other purposes outside of  
18 this Act;

19 (5) Designate ~~Attempt to designate~~ trauma centers in  
20 all areas of the State. There shall be at least one Level I  
21 Trauma Center serving each EMS Region, unless waived by the  
22 Department. This subsection shall not be construed to  
23 require a Level I Trauma Center to be located in each EMS  
24 Region. Level I Trauma Centers shall serve as resources for  
25 the Level II and Level III Trauma Centers and Acute Injury  
26 Stabilization Centers in the EMS Regions. The extent of

1 such relationships shall be defined in the EMS Region Plan;

2 (6) Inspect designated trauma centers to assure  
3 compliance with the provisions of this Act and the rules  
4 adopted pursuant to this Act. Information received by the  
5 Department through filed reports, inspection, or as  
6 otherwise authorized under this Act shall not be disclosed  
7 publicly in such a manner as to identify individuals or  
8 hospitals, except in proceedings involving the denial,  
9 suspension or revocation of a trauma center designation or  
10 imposition of a fine on a trauma center;

11 (7) Renew trauma center designations every 2 years,  
12 with onsite inspections conducted every 4 years ~~after an~~  
13 ~~on-site inspection~~, based on compliance with renewal  
14 requirements and standards for continuing operation, as  
15 prescribed by the Department through rules adopted  
16 pursuant to this Act;

17 (8) Refuse to issue or renew a trauma center  
18 designation, after providing an opportunity for a hearing,  
19 when findings show that it does not meet the standards and  
20 criteria prescribed by the Department;

21 (9) Review and determine whether a trauma center's  
22 annual morbidity and mortality rates for trauma patients  
23 significantly exceed the State average for such rates,  
24 using a uniform recording methodology based on nationally  
25 recognized standards. Such determination shall be  
26 considered as a factor in any decision by the Department to



1 renew or refuse to renew a trauma center designation under  
2 this Act, but shall not constitute the sole basis for  
3 refusing to renew a trauma center designation;

4 (10) Take the following action, as appropriate, after  
5 determining that a trauma center is in violation of this  
6 Act or any rule adopted pursuant to this Act:

7 (A) If the Director determines that the violation  
8 presents a substantial probability that death or  
9 serious physical harm will result and if the trauma  
10 center fails to eliminate the violation immediately or  
11 within a fixed period of time, not exceeding 10 days,  
12 as determined by the Director, the Director may  
13 immediately revoke the trauma center designation. The  
14 trauma center may appeal the revocation within 15 days  
15 after receiving the Director's revocation order, by  
16 requesting a hearing as provided by Section 29 of this  
17 Act. The Director shall notify the chair of the  
18 Region's Trauma Center Medical Directors Committee and  
19 EMS Medical Directors for appropriate EMS Systems of  
20 such trauma center designation revocation;

21 (B) If the Director determines that the violation  
22 does not present a substantial probability that death  
23 or serious physical harm will result, the Director  
24 shall issue a notice of violation and request a plan of  
25 correction which shall be subject to the Department's  
26 approval. The trauma center shall have 10 days after

1 receipt of the notice of violation in which to submit a  
2 plan of correction. The Department may extend this  
3 period for up to 30 days. The plan shall include a  
4 fixed time period not in excess of 90 days within which  
5 violations are to be corrected. The plan of correction  
6 and the status of its implementation by the trauma  
7 center shall be provided, as appropriate, to the EMS  
8 Medical Directors for appropriate EMS Systems. If the  
9 Department rejects a plan of correction, it shall send  
10 notice of the rejection and the reason for the  
11 rejection to the trauma center. The trauma center shall  
12 have 10 days after receipt of the notice of rejection  
13 in which to submit a modified plan. If the modified  
14 plan is not timely submitted, or if the modified plan  
15 is rejected, the trauma center shall follow an approved  
16 plan of correction imposed by the Department. If, after  
17 notice and opportunity for hearing, the Director  
18 determines that a trauma center has failed to comply  
19 with an approved plan of correction, the Director may  
20 revoke the trauma center designation. The trauma  
21 center shall have 15 days after receiving the  
22 Director's notice in which to request a hearing. Such  
23 hearing shall conform to the provisions of Section  
24 3.135 ~~30~~ of this Act;

25 (11) The Department may delegate authority to local  
26 health departments in jurisdictions which include a

1 substantial number of trauma centers. The delegated  
2 authority to those local health departments shall include,  
3 but is not limited to, the authority to designate trauma  
4 centers with final approval by the Department, maintain a  
5 regional data base with concomitant reporting of trauma  
6 registry data, and monitor, inspect and investigate trauma  
7 centers within their jurisdiction, in accordance with the  
8 requirements of this Act and the rules promulgated by the  
9 Department;

10 (A) The Department shall monitor the performance  
11 of local health departments with authority delegated  
12 pursuant to this Section, based upon performance  
13 criteria established in rules promulgated by the  
14 Department;

15 (B) Delegated authority may be revoked for  
16 ~~substantial~~ non-compliance with the Department's  
17 rules. Notice of an intent to revoke shall be served  
18 upon the local health department by certified mail,  
19 stating the reasons for revocation and offering an  
20 opportunity for an administrative hearing to contest  
21 the proposed revocation. The request for a hearing must  
22 be in writing and received by the Department within 10  
23 working days of the local health department's receipt  
24 of notification;

25 (C) The director of a local health department may  
26 relinquish its delegated authority upon 60 days

1 written notification to the Director of Public Health.

2 (Source: P.A. 89-177, eff. 7-19-95.)

3 (210 ILCS 50/3.95)

4 Sec. 3.95. Level I Trauma Center Minimum Standards. The  
5 Department shall establish, through rules adopted pursuant to  
6 this Act, standards for Level I Trauma Centers which shall  
7 include, but need not be limited to:

8 (a) The designation by the trauma center of a Trauma Center  
9 Medical Director and specification of his qualifications;

10 (b) The types of surgical services the trauma center must  
11 have available for trauma patients, including but not limited  
12 to a twenty-four hour in-house surgeon with operating  
13 privileges and ancillary staff necessary for immediate  
14 surgical intervention;

15 (c) The types of nonsurgical services the trauma center  
16 must have available for trauma patients;

17 (d) The numbers and qualifications of emergency medical  
18 personnel;

19 (e) The types of equipment that must be available to trauma  
20 patients;

21 (f) Requiring the trauma center to be affiliated with an  
22 EMS System;

23 (g) Requiring the trauma center to have a communications  
24 system that is fully integrated with all Level II Trauma  
25 Centers, Level III Trauma Centers, Acute Injury Stabilization

1 Centers, and EMS Systems with which it is affiliated;

2 (h) The types of data the trauma center must collect and  
3 submit to the Department relating to the trauma services it  
4 provides. Such data may include information on post-trauma care  
5 directly related to the initial traumatic injury provided to  
6 trauma patients until their discharge from the facility and  
7 information on discharge plans;

8 (i) Requiring the trauma center to have helicopter landing  
9 capabilities approved by appropriate State and federal  
10 authorities, if the trauma center is located within a  
11 municipality having a population of less than two million  
12 people; and

13 (j) Requiring written agreements with Level II Trauma  
14 Centers, Level III Trauma Centers, and Acute Injury  
15 Stabilization Centers in the EMS Regions it serves, executed  
16 within a reasonable time designated by the Department.

17 (Source: P.A. 89-177, eff. 7-19-95.)

18 (210 ILCS 50/3.100)

19 Sec. 3.100. Level II Trauma Center Minimum Standards. The  
20 Department shall establish, through rules adopted pursuant to  
21 this Act, standards for Level II Trauma Centers which shall  
22 include, but need not be limited to:

23 (a) The designation by the trauma center of a Trauma Center  
24 Medical Director and specification of his qualifications;

25 (b) The types of surgical services the trauma center must

1 have available for trauma patients. The Department shall not  
2 require the availability of all surgical services required of  
3 Level I Trauma Centers;

4 (c) The types of nonsurgical services the trauma center  
5 must have available for trauma patients;

6 (d) The numbers and qualifications of emergency medical  
7 personnel, taking into consideration the more limited trauma  
8 services available in a Level II Trauma Center;

9 (e) The types of equipment that must be available for  
10 trauma patients;

11 (f) Requiring the trauma center to have a written agreement  
12 with ~~a~~ Level I Trauma Centers, Level III Trauma Centers, and  
13 Acute Injury Stabilization Centers ~~Center~~ serving the EMS  
14 Region outlining their respective responsibilities in  
15 providing trauma services, executed within a reasonable time  
16 designated by the Department, unless the requirement for a  
17 Level I Trauma Center to serve that EMS Region has been waived  
18 by the Department;

19 (g) Requiring the trauma center to be affiliated with an  
20 EMS System;

21 (h) Requiring the trauma center to have a communications  
22 system that is fully integrated with the Level I Trauma  
23 Centers, Level III Trauma Centers, Acute Injury Stabilization  
24 Centers, and the EMS Systems with which it is affiliated;

25 (i) The types of data the trauma center must collect and  
26 submit to the Department relating to the trauma services it

1 provides. Such data may include information on post-trauma care  
2 directly related to the initial traumatic injury provided to  
3 trauma patients until their discharge from the facility and  
4 information on discharge plans;

5 (j) Requiring the trauma center to have helicopter landing  
6 capabilities approved by appropriate State and federal  
7 authorities, if the trauma center is located within a  
8 municipality having a population of less than two million  
9 people.

10 (Source: P.A. 89-177, eff. 7-19-95.)

11 (210 ILCS 50/3.101 new)

12 Sec. 3.101. Level III Trauma Center minimum standards. The  
13 Department shall establish, through rules adopted pursuant to  
14 this Act, standards for Level III Trauma Centers which shall  
15 include, but need not be limited to:

16 (1) the designation by the trauma center of a Trauma  
17 Center Medical Director and specification of his or her  
18 qualifications;

19 (2) the types of surgical services the trauma center  
20 must have available for trauma patients; the Department  
21 shall not require the availability of all surgical services  
22 required of Level I or Level II Trauma Centers;

23 (3) the types of nonsurgical services the trauma center  
24 must have available for trauma patients;

25 (4) the numbers and qualifications of emergency

1 medical personnel, taking into consideration the more  
2 limited trauma services available in a Level III Trauma  
3 Center;

4 (5) the types of equipment that must be available for  
5 trauma patients;

6 (6) requiring the trauma center to have a written  
7 agreement with Level I Trauma Centers, Level II Trauma  
8 Centers, and Acute Injury Stabilization Centers serving  
9 the EMS Region outlining their respective responsibilities  
10 in providing trauma services, executed within a reasonable  
11 time designated by the Department, unless the requirement  
12 for a Level I Trauma Center to serve that EMS Region has  
13 been waived by the Department;

14 (7) requiring the trauma center to be affiliated with  
15 an EMS System;

16 (8) requiring the trauma center to have a  
17 communications system that is fully integrated with the  
18 Level I Trauma Centers, Level II Trauma Centers, Acute  
19 Injury Stabilization Centers, and the EMS Systems with  
20 which it is affiliated;

21 (9) the types of data the trauma center must collect  
22 and submit to the Department relating to the trauma  
23 services it provides; such data may include information on  
24 post-trauma care directly related to the initial traumatic  
25 injury provided to trauma patients until their discharge  
26 from the facility and information on discharge plans; and



1           (10) requiring the trauma center to have helicopter  
2           landing capabilities that have been approved by  
3           appropriate State and federal authorities.

4           (210 ILCS 50/3.102 new)

5           Sec. 3.102. Acute Injury Stabilization Center minimum  
6           standards. The Department shall establish, through rules  
7           adopted pursuant to this Act, standards for Acute Injury  
8           Stabilization Centers which shall include, but need not be  
9           limited to, Comprehensive or Basic Emergency Department  
10          services pursuant to the Hospital Licensing Act.

11          (210 ILCS 50/3.105)

12          Sec. 3.105. Trauma Center Misrepresentation. ~~No After the~~  
13          ~~effective date of this amendatory Act of 1995, no~~ facility  
14          shall use the phrase "trauma center" or words of similar  
15          meaning in relation to itself or hold itself out as a trauma  
16          center without first obtaining designation pursuant to this  
17          Act.

18          (Source: P.A. 89-177, eff. 7-19-95.)

19          (210 ILCS 50/3.110)

20          Sec. 3.110. EMS system and trauma center confidentiality  
21          and immunity.

22          (a) All information contained in or relating to any medical  
23          audit performed of a trauma center's trauma services or an

1 Acute Injury Stabilization Center pursuant to this Act or by an  
2 EMS Medical Director or his designee of medical care rendered  
3 by System personnel, shall be afforded the same status as is  
4 provided information concerning medical studies in Article  
5 VIII, Part 21 of the Code of Civil Procedure. Disclosure of  
6 such information to the Department pursuant to this Act shall  
7 not be considered a violation of Article VIII, Part 21 of the  
8 Code of Civil Procedure.

9 (b) Hospitals, trauma centers and individuals that perform  
10 or participate in medical audits pursuant to this Act shall be  
11 immune from civil liability to the same extent as provided in  
12 Section 10.2 of the Hospital Licensing Act.

13 (c) All information relating to the State Emergency Medical  
14 Services Disciplinary Review Board or a local review board,  
15 except final decisions, shall be afforded the same status as is  
16 provided information concerning medical studies in Article  
17 VIII, Part 21 of the Code of Civil Procedure. Disclosure of  
18 such information to the Department pursuant to this Act shall  
19 not be considered a violation of Article VIII, Part 21 of the  
20 Code of Civil Procedure.

21 (Source: P.A. 92-651, eff. 7-11-02.)

22 (210 ILCS 50/3.140)

23 Sec. 3.140. Violations; Fines.

24 (a) The Department shall have the authority to impose fines  
25 on any licensed vehicle service provider, designated trauma

1 center, Acute Injury Stabilization Center, resource hospital,  
2 associate hospital, or participating hospital.

3 (b) The Department shall adopt rules pursuant to this Act  
4 which establish a system of fines related to the type and level  
5 of violation or repeat violation, including but not limited to:

6 (1) A fine not exceeding \$10,000 for a violation which  
7 created a condition or occurrence presenting a substantial  
8 probability that death or serious harm to an individual  
9 will or did result therefrom; and

10 (2) A fine not exceeding \$5,000 for a violation which  
11 creates or created a condition or occurrence which  
12 threatens the health, safety or welfare of an individual.

13 (c) A Notice of Intent to Impose Fine may be issued in  
14 conjunction with or in lieu of a Notice of Intent to Suspend,  
15 Revoke, Nonrenew or Deny, and shall conform to the requirements  
16 specified in Section 3.130(d) of this Act. All Hearings  
17 conducted pursuant to a Notice of Intent to Impose Fine shall  
18 conform to the requirements specified in Section 3.135 of this  
19 Act.

20 (d) All fines collected pursuant to this Section shall be  
21 deposited into the EMS Assistance Fund.

22 (Source: P.A. 89-177, eff. 7-19-95.)