

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 3.5, 3.35, 3.40, 3.45, 3.50,
6 3.55, 3.65, 3.80, 3.87, and 3.165 as follows:

7 (210 ILCS 50/3.5)

8 Sec. 3.5. Definitions. As used in this Act:

9 "Clinical observation" means the on-going observation of a
10 patient's condition by a licensed health care professional
11 utilizing a medical skill set while continuing assessment and
12 care.

13 "Department" means the Illinois Department of Public
14 Health.

15 "Director" means the Director of the Illinois Department of
16 Public Health.

17 "Emergency" means a medical condition of recent onset and
18 severity that would lead a prudent layperson, possessing an
19 average knowledge of medicine and health, to believe that
20 urgent or unscheduled medical care is required.

21 "Emergency Medical Services personnel" or "EMS personnel"
22 means persons licensed as an Emergency Medical Responder (EMR)
23 (First Responder), Emergency Medical Dispatcher (EMD),

1 Emergency Medical Technician (EMT), Emergency Medical
2 Technician-Intermediate (EMT-I), Advanced Emergency Medical
3 Technician (A-EMT), Paramedic (EMT-P), Emergency
4 Communications Registered Nurse (ECRN), or Pre-Hospital
5 Registered Nurse (PHRN), Pre-Hospital Advanced Practice
6 Registered Nurse (PHAPRN), or Pre-Hospital Physician Assistant
7 (PHPA).

8 "Health care facility" means a hospital, nursing home,
9 physician's office or other fixed location at which medical and
10 health care services are performed. It does not include
11 "pre-hospital emergency care settings" which utilize EMS
12 personnel to render pre-hospital emergency care prior to the
13 arrival of a transport vehicle, as defined in this Act.

14 "Hospital" has the meaning ascribed to that term in the
15 Hospital Licensing Act.

16 "Medical monitoring" means the performance of medical
17 tests and physical exams to evaluate an individual's on-going
18 exposure to a factor that could negatively impact that person's
19 health. "Medical monitoring" includes close surveillance or
20 supervision of patients liable to suffer deterioration in
21 physical or mental health and checks of various parameters such
22 as pulse rate, temperature, respiration rate, the condition of
23 the pupils, the level of consciousness and awareness, the
24 degree of appreciation of pain, and blood gas concentrations
25 such as oxygen and carbon dioxide.

26 "Trauma" means any significant injury which involves

1 single or multiple organ systems.

2 (Source: P.A. 98-973, eff. 8-15-14; 99-661, eff. 1-1-17.)

3 (210 ILCS 50/3.35)

4 Sec. 3.35. Emergency Medical Services (EMS) Resource
5 Hospital; Functions. The Resource Hospital of an EMS System
6 shall:

7 (a) Prepare a Program Plan in accordance with the
8 provisions of this Act and minimum standards and criteria
9 established in rules adopted by the Department pursuant to
10 this Act, and submit such Program Plan to the Department
11 for approval.

12 (b) Appoint an EMS Medical Director, who will
13 continually monitor and supervise the System and who will
14 have the responsibility and authority for total management
15 of the System as delegated by the EMS Resource Hospital.

16 The Program Plan shall require the EMS Medical Director
17 to appoint an alternate EMS Medical Director and establish
18 a written protocol addressing the functions to be carried
19 out in his or her absence.

20 (c) Appoint an EMS System Coordinator and EMS
21 Administrative Director in consultation with the EMS
22 Medical Director and in accordance with rules adopted by
23 the Department pursuant to this Act.

24 (d) Identify potential EMS System participants and
25 obtain commitments from them for the provision of services.

1 (e) Educate or coordinate the education of EMS
2 personnel and all other license holders in accordance with
3 the requirements of this Act, rules adopted by the
4 Department pursuant to this Act, and the EMS System Program
5 Plan.

6 (f) Notify the Department of EMS personnel who have
7 successfully completed the requirements as provided by law
8 for initial licensure, license renewal, and license
9 reinstatement by the Department.

10 (g) Educate or coordinate the education of Emergency
11 Medical Dispatcher candidates, in accordance with the
12 requirements of this Act, rules adopted by the Department
13 pursuant to this Act, and the EMS System Program Plan.

14 (h) Establish or approve protocols for prearrival
15 medical instructions to callers by System Emergency
16 Medical Dispatchers who provide such instructions.

17 (i) Educate or coordinate the education of
18 Pre-Hospital Registered Nurse, Pre-Hospital Advanced
19 Practice Registered Nurse, Pre-Hospital Physician
20 Assistant, and ECRN candidates, in accordance with the
21 requirements of this Act, rules adopted by the Department
22 pursuant to this Act, and the EMS System Program Plan.

23 (j) Approve Pre-Hospital Registered Nurse,
24 Pre-Hospital Advanced Practice Registered Nurse,
25 Pre-Hospital Physician Assistant, and ECRN candidates to
26 practice within the System, and reapprove Pre-Hospital

1 Registered Nurses, Pre-Hospital Advanced Practice
2 Registered Nurses, Pre-Hospital Physician Assistants, and
3 ECRNs every 4 years in accordance with the requirements of
4 the Department and the System Program Plan.

5 (k) Establish protocols for the use of Pre-Hospital
6 Registered Nurses, Pre-Hospital Advanced Practice
7 Registered Nurses, and Pre-Hospital Physician Assistants
8 within the System.

9 (l) Establish protocols for utilizing ECRNs and
10 physicians licensed to practice medicine in all of its
11 branches to monitor telecommunications from, and give
12 voice orders to, EMS personnel, under the authority of the
13 EMS Medical Director.

14 (m) Monitor emergency and non-emergency medical
15 transports within the System, in accordance with rules
16 adopted by the Department pursuant to this Act.

17 (n) Utilize levels of personnel required by the
18 Department to provide emergency care to the sick and
19 injured at the scene of an emergency, during transport to a
20 hospital or during inter-hospital transport and within the
21 hospital emergency department until the responsibility for
22 the care of the patient is assumed by the medical personnel
23 of a hospital emergency department or other facility within
24 the hospital to which the patient is first delivered by
25 System personnel.

26 (o) Utilize levels of personnel required by the

1 Department to provide non-emergency medical services
2 during transport to a health care facility and within the
3 health care facility until the responsibility for the care
4 of the patient is assumed by the medical personnel of the
5 health care facility to which the patient is delivered by
6 System personnel.

7 (p) Establish and implement a program for System
8 participant information and education, in accordance with
9 rules adopted by the Department pursuant to this Act.

10 (q) Establish and implement a program for public
11 information and education, in accordance with rules
12 adopted by the Department pursuant to this Act.

13 (r) Operate in compliance with the EMS Region Plan.

14 (Source: P.A. 98-973, eff. 8-15-14.)

15 (210 ILCS 50/3.40)

16 Sec. 3.40. EMS System Participation Suspensions and Due
17 Process.

18 (a) An EMS Medical Director may suspend from participation
19 within the System any EMS personnel, EMS Lead Instructor (LI),
20 individual, individual provider or other participant
21 considered not to be meeting the requirements of the Program
22 Plan of that approved EMS System.

23 (b) Prior to suspending any individual or entity, an EMS
24 Medical Director shall provide an opportunity for a hearing
25 before the local System review board in accordance with

1 subsection (f) and the rules promulgated by the Department.

2 (1) If the local System review board affirms or
3 modifies the EMS Medical Director's suspension order, the
4 individual or entity shall have the opportunity for a
5 review of the local board's decision by the State EMS
6 Disciplinary Review Board, pursuant to Section 3.45 of this
7 Act.

8 (2) If the local System review board reverses or
9 modifies the EMS Medical Director's order, the EMS Medical
10 Director shall have the opportunity for a review of the
11 local board's decision by the State EMS Disciplinary Review
12 Board, pursuant to Section 3.45 of this Act.

13 (3) The suspension shall commence only upon the
14 occurrence of one of the following:

15 (A) the individual or entity has waived the
16 opportunity for a hearing before the local System
17 review board; or

18 (B) the order has been affirmed or modified by the
19 local system review board and the individual or entity
20 has waived the opportunity for review by the State
21 Board; or

22 (C) the order has been affirmed or modified by the
23 local system review board, and the local board's
24 decision has been affirmed or modified by the State
25 Board.

26 (c) An EMS Medical Director may immediately suspend an EMR,

1 EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHRN, LI, PHPA,
2 PHAPRN, or other individual or entity if he or she finds that
3 the continuation in practice by the individual or entity would
4 constitute an imminent danger to the public. The suspended
5 individual or entity shall be issued an immediate verbal
6 notification followed by a written suspension order by the EMS
7 Medical Director which states the length, terms and basis for
8 the suspension.

9 (1) Within 24 hours following the commencement of the
10 suspension, the EMS Medical Director shall deliver to the
11 Department, by messenger, telefax, or other
12 Department-approved electronic communication, a copy of
13 the suspension order and copies of any written materials
14 which relate to the EMS Medical Director's decision to
15 suspend the individual or entity. All medical and
16 patient-specific information, including Department
17 findings with respect to the quality of care rendered,
18 shall be strictly confidential pursuant to the Medical
19 Studies Act (Part 21 of Article VIII of the Code of Civil
20 Procedure).

21 (2) Within 24 hours following the commencement of the
22 suspension, the suspended individual or entity may deliver
23 to the Department, by messenger, telefax, or other
24 Department-approved electronic communication, a written
25 response to the suspension order and copies of any written
26 materials which the individual or entity feels are

1 appropriate. All medical and patient-specific information,
2 including Department findings with respect to the quality
3 of care rendered, shall be strictly confidential pursuant
4 to the Medical Studies Act.

5 (3) Within 24 hours following receipt of the EMS
6 Medical Director's suspension order or the individual or
7 entity's written response, whichever is later, the
8 Director or the Director's designee shall determine
9 whether the suspension should be stayed pending an
10 opportunity for a hearing or review in accordance with this
11 Act, or whether the suspension should continue during the
12 course of that hearing or review. The Director or the
13 Director's designee shall issue this determination to the
14 EMS Medical Director, who shall immediately notify the
15 suspended individual or entity. The suspension shall
16 remain in effect during this period of review by the
17 Director or the Director's designee.

18 (d) Upon issuance of a suspension order for reasons
19 directly related to medical care, the EMS Medical Director
20 shall also provide the individual or entity with the
21 opportunity for a hearing before the local System review board,
22 in accordance with subsection (f) and the rules promulgated by
23 the Department.

24 (1) If the local System review board affirms or
25 modifies the EMS Medical Director's suspension order, the
26 individual or entity shall have the opportunity for a

1 review of the local board's decision by the State EMS
2 Disciplinary Review Board, pursuant to Section 3.45 of this
3 Act.

4 (2) If the local System review board reverses or
5 modifies the EMS Medical Director's suspension order, the
6 EMS Medical Director shall have the opportunity for a
7 review of the local board's decision by the State EMS
8 Disciplinary Review Board, pursuant to Section 3.45 of this
9 Act.

10 (3) The suspended individual or entity may elect to
11 bypass the local System review board and seek direct review
12 of the EMS Medical Director's suspension order by the State
13 EMS Disciplinary Review Board.

14 (e) The Resource Hospital shall designate a local System
15 review board in accordance with the rules of the Department,
16 for the purpose of providing a hearing to any individual or
17 entity participating within the System who is suspended from
18 participation by the EMS Medical Director. The EMS Medical
19 Director shall arrange for a certified shorthand reporter to
20 make a stenographic record of that hearing and thereafter
21 prepare a transcript of the proceedings. The transcript, all
22 documents or materials received as evidence during the hearing
23 and the local System review board's written decision shall be
24 retained in the custody of the EMS system. The System shall
25 implement a decision of the local System review board unless
26 that decision has been appealed to the State Emergency Medical

1 Services Disciplinary Review Board in accordance with this Act
2 and the rules of the Department.

3 (f) The Resource Hospital shall implement a decision of the
4 State Emergency Medical Services Disciplinary Review Board
5 which has been rendered in accordance with this Act and the
6 rules of the Department.

7 (Source: P.A. 100-201, eff. 8-18-17.)

8 (210 ILCS 50/3.45)

9 Sec. 3.45. State Emergency Medical Services Disciplinary
10 Review Board.

11 (a) The Governor shall appoint a State Emergency Medical
12 Services Disciplinary Review Board, composed of an EMS Medical
13 Director, an EMS System Coordinator, a Paramedic, an Emergency
14 Medical Technician (EMT), and the following members, who shall
15 only review cases in which a party is from the same
16 professional category: a Pre-Hospital Registered Nurse, a
17 Pre-Hospital Advanced Practice Registered Nurse, a
18 Pre-Hospital Physician Assistant, an ECRN, a Trauma Nurse
19 Specialist, an Emergency Medical Technician-Intermediate
20 (EMT-I), an Advanced Emergency Medical Technician (A-EMT), a
21 representative from a private vehicle service provider, a
22 representative from a public vehicle service provider, and an
23 emergency physician who monitors telecommunications from and
24 gives voice orders to EMS personnel. The Governor shall also
25 appoint one alternate for each member of the Board, from the

1 same professional category as the member of the Board.

2 (b) The members shall be appointed for a term of 3 years.
3 All appointees shall serve until their successors are
4 appointed. The alternate members shall be appointed and serve
5 in the same fashion as the members of the Board. If a member
6 resigns his or her appointment, the corresponding alternate
7 shall serve the remainder of that member's term until a
8 subsequent member is appointed by the Governor.

9 (c) The function of the Board is to review and affirm,
10 reverse or modify disciplinary orders.

11 (d) Any individual or entity, who received an immediate
12 suspension from an EMS Medical Director may request the Board
13 to reverse or modify the suspension order. If the suspension
14 had been affirmed or modified by a local System review board,
15 the suspended individual or entity may request the Board to
16 reverse or modify the local board's decision.

17 (e) Any individual or entity who received a non-immediate
18 suspension order from an EMS Medical Director which was
19 affirmed or modified by a local System review board may request
20 the Board to reverse or modify the local board's decision.

21 (f) An EMS Medical Director whose suspension order was
22 reversed or modified by a local System review board may request
23 the Board to reverse or modify the local board's decision.

24 (g) The Board shall meet on the first Tuesday of every
25 month, unless no requests for review have been submitted.
26 Additional meetings of the Board shall be scheduled to ensure

1 that a request for direct review of an immediate suspension
2 order is scheduled within 14 days after the Department receives
3 the request for review or as soon thereafter as a quorum is
4 available. The Board shall meet in Springfield or Chicago,
5 whichever location is closer to the majority of the members or
6 alternates attending the meeting. The Department shall
7 reimburse the members and alternates of the Board for
8 reasonable travel expenses incurred in attending meetings of
9 the Board.

10 (h) A request for review shall be submitted in writing to
11 the Chief of the Department's Division of Emergency Medical
12 Services and Highway Safety, within 10 days after receiving the
13 local board's decision or the EMS Medical Director's suspension
14 order, whichever is applicable, a copy of which shall be
15 enclosed.

16 (i) At its regularly scheduled meetings, the Board shall
17 review requests which have been received by the Department at
18 least 10 working days prior to the Board's meeting date.
19 Requests for review which are received less than 10 working
20 days prior to a scheduled meeting shall be considered at the
21 Board's next scheduled meeting, except that requests for direct
22 review of an immediate suspension order may be scheduled up to
23 3 working days prior to the Board's meeting date.

24 (j) A quorum shall be required for the Board to meet, which
25 shall consist of 3 members or alternates, including the EMS
26 Medical Director or alternate and the member or alternate from

1 the same professional category as the subject of the suspension
2 order. At each meeting of the Board, the members or alternates
3 present shall select a Chairperson to conduct the meeting.

4 (k) Deliberations for decisions of the State EMS
5 Disciplinary Review Board shall be conducted in closed session.
6 Department staff may attend for the purpose of providing
7 clerical assistance, but no other persons may be in attendance
8 except for the parties to the dispute being reviewed by the
9 Board and their attorneys, unless by request of the Board.

10 (l) The Board shall review the transcript, evidence and
11 written decision of the local review board or the written
12 decision and supporting documentation of the EMS Medical
13 Director, whichever is applicable, along with any additional
14 written or verbal testimony or argument offered by the parties
15 to the dispute.

16 (m) At the conclusion of its review, the Board shall issue
17 its decision and the basis for its decision on a form provided
18 by the Department, and shall submit to the Department its
19 written decision together with the record of the local System
20 review board. The Department shall promptly issue a copy of the
21 Board's decision to all affected parties. The Board's decision
22 shall be binding on all parties.

23 (Source: P.A. 98-973, eff. 8-15-14.)

24 (210 ILCS 50/3.50)

25 Sec. 3.50. Emergency Medical Services personnel licensure

1 levels.

2 (a) "Emergency Medical Technician" or "EMT" means a person
3 who has successfully completed a course in basic life support
4 as approved by the Department, is currently licensed by the
5 Department in accordance with standards prescribed by this Act
6 and rules adopted by the Department pursuant to this Act, and
7 practices within an EMS System. A valid Emergency Medical
8 Technician-Basic (EMT-B) license issued under this Act shall
9 continue to be valid and shall be recognized as an Emergency
10 Medical Technician (EMT) license until the Emergency Medical
11 Technician-Basic (EMT-B) license expires.

12 (b) "Emergency Medical Technician-Intermediate" or "EMT-I"
13 means a person who has successfully completed a course in
14 intermediate life support as approved by the Department, is
15 currently licensed by the Department in accordance with
16 standards prescribed by this Act and rules adopted by the
17 Department pursuant to this Act, and practices within an
18 Intermediate or Advanced Life Support EMS System.

19 (b-5) "Advanced Emergency Medical Technician" or "A-EMT"
20 means a person who has successfully completed a course in basic
21 and limited advanced emergency medical care as approved by the
22 Department, is currently licensed by the Department in
23 accordance with standards prescribed by this Act and rules
24 adopted by the Department pursuant to this Act, and practices
25 within an Intermediate or Advanced Life Support EMS System.

26 (c) "Paramedic (EMT-P)" means a person who has successfully

1 completed a course in advanced life support care as approved by
2 the Department, is licensed by the Department in accordance
3 with standards prescribed by this Act and rules adopted by the
4 Department pursuant to this Act, and practices within an
5 Advanced Life Support EMS System. A valid Emergency Medical
6 Technician-Paramedic (EMT-P) license issued under this Act
7 shall continue to be valid and shall be recognized as a
8 Paramedic license until the Emergency Medical
9 Technician-Paramedic (EMT-P) license expires.

10 (c-5) "Emergency Medical Responder" or "EMR (First
11 Responder)" means a person who has successfully completed a
12 course in emergency medical response as approved by the
13 Department and provides emergency medical response services
14 prior to the arrival of an ambulance or specialized emergency
15 medical services vehicle, in accordance with the level of care
16 established by the National EMS Educational Standards
17 Emergency Medical Responder course as modified by the
18 Department. An Emergency Medical Responder who provides
19 services as part of an EMS System response plan shall comply
20 with the applicable sections of the Program Plan, as approved
21 by the Department, of that EMS System. The Department shall
22 have the authority to adopt rules governing the curriculum,
23 practice, and necessary equipment applicable to Emergency
24 Medical Responders.

25 On the effective date of this amendatory Act of the 98th
26 General Assembly, a person who is licensed by the Department as

1 a First Responder and has completed a Department-approved
2 course in first responder defibrillator training based on, or
3 equivalent to, the National EMS Educational Standards or other
4 standards previously recognized by the Department shall be
5 eligible for licensure as an Emergency Medical Responder upon
6 meeting the licensure requirements and submitting an
7 application to the Department. A valid First Responder license
8 issued under this Act shall continue to be valid and shall be
9 recognized as an Emergency Medical Responder license until the
10 First Responder license expires.

11 (c-10) All EMS Systems and licensees shall be fully
12 compliant with the National EMS Education Standards, as
13 modified by the Department in administrative rules, within 24
14 months after the adoption of the administrative rules.

15 (d) The Department shall have the authority and
16 responsibility to:

17 (1) Prescribe education and training requirements,
18 which includes training in the use of epinephrine, for all
19 levels of EMS personnel except for EMRs, based on the
20 National EMS Educational Standards and any modifications
21 to those curricula specified by the Department through
22 rules adopted pursuant to this Act.

23 (2) Prescribe licensure testing requirements for all
24 levels of EMS personnel, which shall include a requirement
25 that all phases of instruction, training, and field
26 experience be completed before taking the appropriate

1 licensure examination. Candidates may elect to take the
2 appropriate National Registry examination in lieu of the
3 Department's examination, but are responsible for making
4 their own arrangements for taking the National Registry
5 examination. In prescribing licensure testing requirements
6 for honorably discharged members of the armed forces of the
7 United States under this paragraph (2), the Department
8 shall ensure that a candidate's military emergency medical
9 training, emergency medical curriculum completed, and
10 clinical experience, as described in paragraph (2.5), are
11 recognized.

12 (2.5) Review applications for EMS personnel licensure
13 from honorably discharged members of the armed forces of
14 the United States with military emergency medical
15 training. Applications shall be filed with the Department
16 within one year after military discharge and shall contain:
17 (i) proof of successful completion of military emergency
18 medical training; (ii) a detailed description of the
19 emergency medical curriculum completed; and (iii) a
20 detailed description of the applicant's clinical
21 experience. The Department may request additional and
22 clarifying information. The Department shall evaluate the
23 application, including the applicant's training and
24 experience, consistent with the standards set forth under
25 subsections (a), (b), (c), and (d) of Section 3.10. If the
26 application clearly demonstrates that the training and

1 experience meets such standards, the Department shall
2 offer the applicant the opportunity to successfully
3 complete a Department-approved EMS personnel examination
4 for the level of license for which the applicant is
5 qualified. Upon passage of an examination, the Department
6 shall issue a license, which shall be subject to all
7 provisions of this Act that are otherwise applicable to the
8 level of EMS personnel license issued.

9 (3) License individuals as an EMR, EMT, EMT-I, A-EMT,
10 or Paramedic who have met the Department's education,
11 training and examination requirements.

12 (4) Prescribe annual continuing education and
13 relicensure requirements for all EMS personnel licensure
14 levels.

15 (5) Relicense individuals as an EMD, EMR, EMT, EMT-I,
16 A-EMT, PHRN, PHAPRN, PHPA, or Paramedic every 4 years,
17 based on their compliance with continuing education and
18 relicensure requirements as required by the Department
19 pursuant to this Act. Every 4 years, a Paramedic shall have
20 100 hours of approved continuing education, an EMT-I and an
21 advanced EMT shall have 80 hours of approved continuing
22 education, and an EMT shall have 60 hours of approved
23 continuing education. An Illinois licensed EMR, EMD, EMT,
24 EMT-I, A-EMT, Paramedic, ECRN, PHPA, PHAPRN, or PHRN whose
25 license has been expired for less than 36 months may apply
26 for reinstatement by the Department. Reinstatement shall

1 require that the applicant (i) submit satisfactory proof of
2 completion of continuing medical education and clinical
3 requirements to be prescribed by the Department in an
4 administrative rule; (ii) submit a positive recommendation
5 from an Illinois EMS Medical Director attesting to the
6 applicant's qualifications for retesting; and (iii) pass a
7 Department approved test for the level of EMS personnel
8 license sought to be reinstated.

9 (6) Grant inactive status to any EMR, EMD, EMT, EMT-I,
10 A-EMT, Paramedic, ECRN, PHAPRN, PHPA, or PHRN who
11 qualifies, based on standards and procedures established
12 by the Department in rules adopted pursuant to this Act.

13 (7) Charge a fee for EMS personnel examination,
14 licensure, and license renewal.

15 (8) Suspend, revoke, or refuse to issue or renew the
16 license of any licensee, after an opportunity for an
17 impartial hearing before a neutral administrative law
18 judge appointed by the Director, where the preponderance of
19 the evidence shows one or more of the following:

20 (A) The licensee has not met continuing education
21 or relicensure requirements as prescribed by the
22 Department;

23 (B) The licensee has failed to maintain
24 proficiency in the level of skills for which he or she
25 is licensed;

26 (C) The licensee, during the provision of medical

1 services, engaged in dishonorable, unethical, or
2 unprofessional conduct of a character likely to
3 deceive, defraud, or harm the public;

4 (D) The licensee has failed to maintain or has
5 violated standards of performance and conduct as
6 prescribed by the Department in rules adopted pursuant
7 to this Act or his or her EMS System's Program Plan;

8 (E) The licensee is physically impaired to the
9 extent that he or she cannot physically perform the
10 skills and functions for which he or she is licensed,
11 as verified by a physician, unless the person is on
12 inactive status pursuant to Department regulations;

13 (F) The licensee is mentally impaired to the extent
14 that he or she cannot exercise the appropriate
15 judgment, skill and safety for performing the
16 functions for which he or she is licensed, as verified
17 by a physician, unless the person is on inactive status
18 pursuant to Department regulations;

19 (G) The licensee has violated this Act or any rule
20 adopted by the Department pursuant to this Act; or

21 (H) The licensee has been convicted (or entered a
22 plea of guilty or nolo-contendere) by a court of
23 competent jurisdiction of a Class X, Class 1, or Class
24 2 felony in this State or an out-of-state equivalent
25 offense.

26 (9) Prescribe education and training requirements in

1 the administration and use of opioid antagonists for all
2 levels of EMS personnel based on the National EMS
3 Educational Standards and any modifications to those
4 curricula specified by the Department through rules
5 adopted pursuant to this Act.

6 (d-5) An EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN,
7 PHAPRN, PHPA, or PHRN who is a member of the Illinois National
8 Guard or an Illinois State Trooper or who exclusively serves as
9 a volunteer for units of local government with a population
10 base of less than 5,000 or as a volunteer for a not-for-profit
11 organization that serves a service area with a population base
12 of less than 5,000 may submit an application to the Department
13 for a waiver of the fees described under paragraph (7) of
14 subsection (d) of this Section on a form prescribed by the
15 Department.

16 The education requirements prescribed by the Department
17 under this Section must allow for the suspension of those
18 requirements in the case of a member of the armed services or
19 reserve forces of the United States or a member of the Illinois
20 National Guard who is on active duty pursuant to an executive
21 order of the President of the United States, an act of the
22 Congress of the United States, or an order of the Governor at
23 the time that the member would otherwise be required to fulfill
24 a particular education requirement. Such a person must fulfill
25 the education requirement within 6 months after his or her
26 release from active duty.

1 (e) In the event that any rule of the Department or an EMS
2 Medical Director that requires testing for drug use as a
3 condition of the applicable EMS personnel license conflicts
4 with or duplicates a provision of a collective bargaining
5 agreement that requires testing for drug use, that rule shall
6 not apply to any person covered by the collective bargaining
7 agreement.

8 (Source: P.A. 98-53, eff. 1-1-14; 98-463, eff. 8-16-13; 98-973,
9 eff. 8-15-14; 99-480, eff. 9-9-15.)

10 (210 ILCS 50/3.55)

11 Sec. 3.55. Scope of practice.

12 (a) Any person currently licensed as an EMR, EMT, EMT-I,
13 A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may perform emergency
14 and non-emergency medical services as defined in this Act, in
15 accordance with his or her level of education, training and
16 licensure, the standards of performance and conduct prescribed
17 by the Department in rules adopted pursuant to this Act, and
18 the requirements of the EMS System in which he or she
19 practices, as contained in the approved Program Plan for that
20 System. The Director may, by written order, temporarily modify
21 individual scopes of practice in response to public health
22 emergencies for periods not exceeding 180 days.

23 (a-5) EMS personnel who have successfully completed a
24 Department approved course in automated defibrillator
25 operation and who are functioning within a Department approved

1 EMS System may utilize such automated defibrillator according
2 to the standards of performance and conduct prescribed by the
3 Department in rules adopted pursuant to this Act and the
4 requirements of the EMS System in which they practice, as
5 contained in the approved Program Plan for that System.

6 (a-7) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or
7 Paramedic who has successfully completed a Department approved
8 course in the administration of epinephrine shall be required
9 to carry epinephrine with him or her as part of the EMS
10 personnel medical supplies whenever he or she is performing
11 official duties as determined by the EMS System. The
12 epinephrine may be administered from a glass vial,
13 auto-injector, ampule, or pre-filled syringe.

14 (b) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or
15 Paramedic may practice as an EMR, EMT, EMT-I, A-EMT, or
16 Paramedic or utilize his or her EMR, EMT, EMT-I, A-EMT, PHRN,
17 PHAPRN, PHPA, or Paramedic license in pre-hospital or
18 inter-hospital emergency care settings or non-emergency
19 medical transport situations, under the written or verbal
20 direction of the EMS Medical Director. For purposes of this
21 Section, a "pre-hospital emergency care setting" may include a
22 location, that is not a health care facility, which utilizes
23 EMS personnel to render pre-hospital emergency care prior to
24 the arrival of a transport vehicle. The location shall include
25 communication equipment and all of the portable equipment and
26 drugs appropriate for the EMR, EMT, EMT-I, A-EMT, or

1 Paramedic's level of care, as required by this Act, rules
2 adopted by the Department pursuant to this Act, and the
3 protocols of the EMS Systems, and shall operate only with the
4 approval and under the direction of the EMS Medical Director.

5 This Section shall not prohibit an EMR, EMT, EMT-I, A-EMT,
6 PHRN, PHAPRN, PHPA, or Paramedic from practicing within an
7 emergency department or other health care setting for the
8 purpose of receiving continuing education or training approved
9 by the EMS Medical Director. This Section shall also not
10 prohibit an EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic
11 from seeking credentials other than his or her EMT, EMT-I,
12 A-EMT, PHRN, PHAPRN, PHPA, or Paramedic license and utilizing
13 such credentials to work in emergency departments or other
14 health care settings under the jurisdiction of that employer.

15 (c) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic
16 may honor Do Not Resuscitate (DNR) orders and powers of
17 attorney for health care only in accordance with rules adopted
18 by the Department pursuant to this Act and protocols of the EMS
19 System in which he or she practices.

20 (d) A student enrolled in a Department approved EMS
21 personnel program, while fulfilling the clinical training and
22 in-field supervised experience requirements mandated for
23 licensure or approval by the System and the Department, may
24 perform prescribed procedures under the direct supervision of a
25 physician licensed to practice medicine in all of its branches,
26 a qualified registered professional nurse, or qualified EMS

1 personnel, only when authorized by the EMS Medical Director.

2 (e) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or
3 Paramedic may transport a police dog injured in the line of
4 duty to a veterinary clinic or similar facility if there are no
5 persons requiring medical attention or transport at that time.
6 For the purposes of this subsection, "police dog" means a dog
7 owned or used by a law enforcement department or agency in the
8 course of the department or agency's work, including a search
9 and rescue dog, service dog, accelerant detection canine, or
10 other dog that is in use by a county, municipal, or State law
11 enforcement agency.

12 (Source: P.A. 99-862, eff. 1-1-17; 100-108, eff. 1-1-18.)

13 (210 ILCS 50/3.65)

14 Sec. 3.65. EMS Lead Instructor.

15 (a) "EMS Lead Instructor" means a person who has
16 successfully completed a course of education as approved by the
17 Department, and who is currently approved by the Department to
18 coordinate or teach education, training and continuing
19 education courses, in accordance with standards prescribed by
20 this Act and rules adopted by the Department pursuant to this
21 Act.

22 (b) The Department shall have the authority and
23 responsibility to:

24 (1) Prescribe education requirements for EMS Lead
25 Instructor candidates through rules adopted pursuant to

1 this Act.

2 (2) Prescribe testing requirements for EMS Lead
3 Instructor candidates through rules adopted pursuant to
4 this Act.

5 (3) Charge each candidate for EMS Lead Instructor a fee
6 to be submitted with an application for an examination, an
7 application for licensure, and an application for
8 relicensure.

9 (4) Approve individuals as EMS Lead Instructors who
10 have met the Department's education and testing
11 requirements.

12 (5) Require that all education, training and
13 continuing education courses for EMT, EMT-I, A-EMT,
14 Paramedic, PHRN, PHPA, PHAPRN, ECRN, EMR, and Emergency
15 Medical Dispatcher be coordinated by at least one approved
16 EMS Lead Instructor. A program which includes education,
17 training or continuing education for more than one type of
18 personnel may use one EMS Lead Instructor to coordinate the
19 program, and a single EMS Lead Instructor may
20 simultaneously coordinate more than one program or course.

21 (6) Provide standards and procedures for awarding EMS
22 Lead Instructor approval to persons previously approved by
23 the Department to coordinate such courses, based on
24 qualifications prescribed by the Department through rules
25 adopted pursuant to this Act.

26 (7) Suspend, revoke, or refuse to issue or renew the

1 approval of an EMS Lead Instructor, after an opportunity
2 for a hearing, when findings show one or more of the
3 following:

4 (A) The EMS Lead Instructor has failed to conduct a
5 course in accordance with the curriculum prescribed by
6 this Act and rules adopted by the Department pursuant
7 to this Act; or

8 (B) The EMS Lead Instructor has failed to comply
9 with protocols prescribed by the Department through
10 rules adopted pursuant to this Act.

11 (Source: P.A. 98-973, eff. 8-15-14.)

12 (210 ILCS 50/3.80)

13 Sec. 3.80. Pre-Hospital Registered Nurse, Pre-Hospital
14 Advanced Practice Registered Nurse, Pre-Hospital Physician
15 Assistant, and Emergency Communications Registered Nurse.

16 (a) "Emergency Communications Registered Nurse" or "ECRN"
17 means a registered professional nurse licensed under the Nurse
18 Practice Act who has successfully completed supplemental
19 education in accordance with rules adopted by the Department,
20 and who is approved by an EMS Medical Director to monitor
21 telecommunications from and give voice orders to EMS System
22 personnel, under the authority of the EMS Medical Director and
23 in accordance with System protocols. For out-of-state
24 facilities that have Illinois recognition under the EMS, trauma
25 or pediatric programs, the professional shall have an

1 unencumbered registered nurse license in the state in which he
2 or she practices. In this Section, the term "license" is used
3 to reflect a change in terminology from "certification" to
4 "license" only.

5 (b) "Pre-Hospital Registered Nurse", "PHRN", or
6 "Pre-Hospital RN" means a registered professional nurse
7 licensed under the Nurse Practice Act who has successfully
8 completed supplemental education in accordance with rules
9 adopted by the Department pursuant to this Act, and who is
10 approved by an EMS Medical Director to practice within an
11 Illinois EMS System as emergency medical services personnel for
12 pre-hospital and inter-hospital emergency care and
13 non-emergency medical transports. For out-of-state facilities
14 that have Illinois recognition under the EMS, trauma or
15 pediatric programs, the professional shall have an
16 unencumbered registered nurse license in the state in which he
17 or she practices. In this Section, the term "license" is used
18 to reflect a change in terminology from "certification" to
19 "license" only.

20 (b-5) "Pre-Hospital Advanced Practice Registered Nurse",
21 "PHAPRN", or "Pre-Hospital APRN" means an advanced practice
22 registered nurse licensed under the Nurse Practice Act who has
23 successfully completed supplemental education in accordance
24 with rules adopted by the Department pursuant to this Act, and
25 who has the approval of an EMS Medical Director to practice
26 within an Illinois EMS System as emergency medical services

1 personnel for pre-hospital and inter-hospital emergency care
2 and non-emergency medical transports. For out-of-state
3 facilities that have Illinois recognition under the EMS, trauma
4 or pediatric programs, the professional shall have an
5 unencumbered advanced practice registered nurse license in the
6 state in which he or she practices.

7 (b-10) "Pre-Hospital Physician Assistant", "PHPA", or
8 "Pre-Hospital PA" means a physician assistant licensed under
9 the Physician Assistant Practice Act of 1987 who has
10 successfully completed supplemental education in accordance
11 with rules adopted by the Department pursuant to this Act, and
12 who has the approval of an EMS Medical Director to practice
13 within an Illinois EMS System as emergency medical services
14 personnel for pre-hospital and inter-hospital emergency care
15 and non-emergency medical transports. For out-of-state
16 facilities that have Illinois recognition under the EMS, trauma
17 or pediatric programs, the professional shall have an
18 unencumbered physician assistant license in the state in which
19 he or she practices.

20 (c) The Department shall have the authority and
21 responsibility to:

22 (1) Prescribe or pre-approve education and continuing
23 education requirements for Pre-Hospital Registered Nurse,
24 Pre-Hospital Advanced Practice Registered Nurse,
25 Pre-Hospital Physician Assistant, and ECRN candidates
26 through rules adopted pursuant to this Act:

1 (A) Education for a Pre-Hospital Registered Nurse,
2 a Pre-Hospital Advanced Practice Registered Nurse, or
3 a Pre-Hospital Physician Assistant shall include
4 extrication, telecommunications, EMS System standing
5 medical orders, the procedures and protocols
6 established by the EMS Medical Director, and
7 pre-hospital cardiac, medical, and trauma care;

8 (B) Education for ECRN shall include
9 telecommunications, System standing medical orders and
10 the procedures and protocols established by the EMS
11 Medical Director;

12 (C) A Pre-Hospital Registered Nurse, Pre-Hospital
13 Advanced Practice Registered Nurse, or Pre-Hospital
14 Physician Assistant candidate who is fulfilling
15 clinical training and in-field supervised experience
16 requirements may perform prescribed procedures under
17 the direct supervision of a physician licensed to
18 practice medicine in all of its branches, a qualified
19 registered professional nurse or a qualified EMT, only
20 when authorized by the EMS Medical Director;

21 (D) An EMS Medical Director may impose in-field
22 supervised field experience requirements on System
23 ECRNs as part of their training or continuing
24 education, in which they perform prescribed procedures
25 under the direct supervision of a physician licensed to
26 practice medicine in all of its branches, a qualified

1 registered professional nurse, or qualified EMS
2 personnel, only when authorized by the EMS Medical
3 Director;

4 (2) Require EMS Medical Directors to reapprove
5 Pre-Hospital Registered Nurses, Pre-Hospital Advanced
6 Practice Registered Nurses, Pre-Hospital Physician
7 Assistants, and ECRNs every 4 years, based on compliance
8 with continuing education requirements prescribed by the
9 Department through rules adopted pursuant to this Act;

10 (3) Allow EMS Medical Directors to grant inactive EMS
11 System status to any Pre-Hospital Registered Nurse,
12 Pre-Hospital Advanced Practice Registered Nurse,
13 Pre-Hospital Physician Assistant, or ECRN who qualifies,
14 based on standards and procedures established by the
15 Department in rules adopted pursuant to this Act;

16 (4) Require a Pre-Hospital Registered Nurse, a
17 Pre-Hospital Advanced Practice Registered Nurse, or a
18 Pre-Hospital Physician Assistant to honor Do Not
19 Resuscitate (DNR) orders and powers of attorney for health
20 care only in accordance with rules adopted by the
21 Department pursuant to this Act and protocols of the EMS
22 System in which he or she practices;

23 (5) Charge each Pre-Hospital Registered Nurse,
24 Pre-Hospital Advanced Practice Registered Nurse,
25 Pre-Hospital Physician Assistant, ~~applicant~~ and ECRN
26 applicant a fee for licensure and relicensure.

1 (d) The Department shall have the authority to suspend,
2 revoke, or refuse to issue or renew a Department-issued PHRN,
3 PHAPRN, PHPA, or ECRN license when, after notice and the
4 opportunity for a hearing, the Department demonstrates that the
5 licensee has violated this Act, violated the rules adopted by
6 the Department, or failed to comply with the applicable
7 standards of care.

8 (Source: P.A. 98-973, eff. 8-15-14.)

9 (210 ILCS 50/3.87)

10 Sec. 3.87. Ambulance service provider and vehicle service
11 provider upgrades; rural population.

12 (a) In this Section, "rural ambulance service provider"
13 means an ambulance service provider licensed under this Act
14 that serves a rural population of 7,500 or fewer inhabitants.

15 In this Section, "rural vehicle service provider" means an
16 entity that serves a rural population of 7,500 or fewer
17 inhabitants and is licensed by the Department to provide
18 emergency or non-emergency medical services in compliance with
19 this Act, the rules adopted by the Department pursuant to this
20 Act, and an operational plan approved by the entity's EMS
21 System, utilizing at least an ambulance, alternate response
22 vehicle as defined by the Department in rules, or specialized
23 emergency medical services vehicle.

24 (b) A rural ambulance service provider or rural vehicle
25 service provider may submit a proposal to the EMS System

1 Medical Director requesting approval of either or both of the
2 following:

3 (1) Rural ambulance service provider or rural vehicle
4 service provider in-field service level upgrade.

5 (A) An ambulance operated by a rural ambulance
6 service provider or a specialized emergency medical
7 services vehicle or alternate response vehicle
8 operated by a rural vehicle service provider may be
9 upgraded, as defined by the EMS System Medical Director
10 in a policy or procedure, as long as the EMS System
11 Medical Director and the Department have approved the
12 proposal, to the highest level of EMT license (advanced
13 life support/paramedic, intermediate life support, or
14 basic life support) or Pre-Hospital APRN, Pre-Hospital
15 PA, or Pre-Hospital RN license ~~certification~~ held by
16 any person staffing that ambulance, specialized
17 emergency medical services vehicle, or alternate
18 response vehicle. The ambulance service provider's or
19 rural vehicle service provider's proposal for an
20 upgrade must include all of the following:

21 (i) The manner in which the provider will
22 secure and store advanced life support equipment,
23 supplies, and medications.

24 (ii) The type of quality assurance the
25 provider will perform.

26 (iii) An assurance that the provider will

1 advertise only the level of care that can be
2 provided 24 hours a day.

3 (iv) A statement that the provider will have
4 that vehicle inspected by the Department annually.

5 (B) If a rural ambulance service provider or rural
6 vehicle service provider is approved to provide an
7 in-field service level upgrade based on the licensed
8 personnel on the vehicle, all the advanced life support
9 medical supplies, durable medical equipment, and
10 medications must be environmentally controlled,
11 secured, and locked with access by only the personnel
12 who have been authorized by the EMS System Medical
13 Director to utilize those supplies.

14 (C) The EMS System shall routinely perform quality
15 assurance, in compliance with the EMS System's quality
16 assurance plan approved by the Department, on in-field
17 service level upgrades authorized under this Section
18 to ensure compliance with the EMS System plan.

19 (2) Rural ambulance service provider or rural vehicle
20 service provider in-field service level upgrade. The EMS
21 System Medical Director may define what constitutes an
22 in-field service level upgrade through an EMS System policy
23 or procedure. An in-field service level upgrade may
24 include, but need not be limited to, an upgrade to a
25 licensed ambulance, alternate response vehicle, or
26 specialized emergency medical services vehicle.

1 (c) If the EMS System Medical Director approves a proposal
2 for a rural in-field service level upgrade under this Section,
3 he or she shall submit the proposal to the Department along
4 with a statement of approval signed by him or her. Once the
5 Department has approved the proposal, the rural ambulance
6 service provider or rural vehicle service provider will be
7 authorized to function at the highest level of EMT license
8 (advanced life support/paramedic, intermediate life support,
9 or basic life support) or Pre-Hospital RN, Pre-Hospital APRN,
10 or Pre-Hospital PA license ~~certification~~ held by any person
11 staffing the vehicle.

12 (Source: P.A. 98-608, eff. 12-27-13; 98-880, eff. 1-1-15;
13 98-881, eff. 8-13-14; 99-78, eff. 7-20-15.)

14 (210 ILCS 50/3.165)

15 Sec. 3.165. Misrepresentation.

16 (a) No person shall hold himself or herself out to be or
17 engage in the practice of an EMS Medical Director, EMS
18 Administrative Director, EMS System Coordinator, EMR, EMD,
19 EMT, EMT-I, A-EMT, Paramedic, ECRN, PHRN, PHAPRN, PHPA, TNS, or
20 LI without being licensed, certified, approved or otherwise
21 authorized pursuant to this Act.

22 (b) A hospital or other entity which employs or utilizes an
23 EMR, EMD, EMT, EMT-I, A-EMT, or Paramedic in a manner which is
24 outside the scope of his or her license shall not use the words
25 "emergency medical responder", "EMR", "emergency medical

1 technician", "EMT", "emergency medical
2 technician-intermediate", "EMT-I", "advanced emergency medical
3 technician", "A-EMT", or "Paramedic" in that person's job
4 description or title, or in any other manner hold that person
5 out to be so licensed.

6 (c) No provider or participant within an EMS System shall
7 hold itself out as providing a type or level of service that
8 has not been approved by that System's EMS Medical Director.

9 (Source: P.A. 98-973, eff. 8-15-14.)

10 Section 99. Effective date. This Act takes effect one year
11 after becoming law.