



Sen. Chapin Rose

Filed: 3/7/2018

10000SB3255sam001

LRB100 20052 MJP 36991 a

1 AMENDMENT TO SENATE BILL 3255

2 AMENDMENT NO. _____. Amend Senate Bill 3255 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Emergency Medical Services (EMS) Systems
5 Act is amended by changing Sections 3.5, 3.35, 3.40, 3.45,
6 3.50, 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.

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

5 "Emergency Medical Services personnel" or "EMS personnel"
6 means persons licensed as an Emergency Medical Responder (EMR)
7 (First Responder), Emergency Medical Dispatcher (EMD),
8 Emergency Medical Technician (EMT), Emergency Medical
9 Technician-Intermediate (EMT-I), Advanced Emergency Medical
10 Technician (A-EMT), Paramedic (EMT-P), Emergency
11 Communications Registered Nurse (ECRN), or Pre-Hospital
12 Registered Nurse (PHRN), Pre-Hospital Advanced Practice
13 Registered Nurse (PHAPRN), or Pre-Hospital Physician Assistant
14 (PHPA).

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

21 "Hospital" has the meaning ascribed to that term in the
22 Hospital Licensing Act.

23 "Medical monitoring" means the performance of medical
24 tests and physical exams to evaluate an individual's on-going
25 exposure to a factor that could negatively impact that person's
26 health. "Medical monitoring" includes close surveillance or

1 supervision of patients liable to suffer deterioration in
2 physical or mental health and checks of various parameters such
3 as pulse rate, temperature, respiration rate, the condition of
4 the pupils, the level of consciousness and awareness, the
5 degree of appreciation of pain, and blood gas concentrations
6 such as oxygen and carbon dioxide.

7 "Trauma" means any significant injury which involves
8 single or multiple organ systems.

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

10 (210 ILCS 50/3.35)

11 Sec. 3.35. Emergency Medical Services (EMS) Resource
12 Hospital; Functions. The Resource Hospital of an EMS System
13 shall:

14 (a) Prepare a Program Plan in accordance with the
15 provisions of this Act and minimum standards and criteria
16 established in rules adopted by the Department pursuant to
17 this Act, and submit such Program Plan to the Department
18 for approval.

19 (b) Appoint an EMS Medical Director, who will
20 continually monitor and supervise the System and who will
21 have the responsibility and authority for total management
22 of the System as delegated by the EMS Resource Hospital.

23 The Program Plan shall require the EMS Medical Director
24 to appoint an alternate EMS Medical Director and establish
25 a written protocol addressing the functions to be carried

1 out in his or her absence.

2 (c) Appoint an EMS System Coordinator and EMS
3 Administrative Director in consultation with the EMS
4 Medical Director and in accordance with rules adopted by
5 the Department pursuant to this Act.

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

8 (e) Educate or coordinate the education of EMS
9 personnel and all other license holders in accordance with
10 the requirements of this Act, rules adopted by the
11 Department pursuant to this Act, and the EMS System Program
12 Plan.

13 (f) Notify the Department of EMS personnel who have
14 successfully completed the requirements as provided by law
15 for initial licensure, license renewal, and license
16 reinstatement by the Department.

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

21 (h) Establish or approve protocols for prearrival
22 medical instructions to callers by System Emergency
23 Medical Dispatchers who provide such instructions.

24 (i) Educate or coordinate the education of
25 Pre-Hospital Registered Nurse, Pre-Hospital Advanced
26 Practice Registered Nurse, Pre-Hospital Physician

1 Assistant, and ECRN candidates, in accordance with the
2 requirements of this Act, rules adopted by the Department
3 pursuant to this Act, and the EMS System Program Plan.

4 (j) Approve Pre-Hospital Registered Nurse,
5 Pre-Hospital Advanced Practice Registered Nurse,
6 Pre-Hospital Physician Assistant, and ECRN candidates to
7 practice within the System, and reapprove Pre-Hospital
8 Registered Nurses, Pre-Hospital Advanced Practice
9 Registered Nurses, Pre-Hospital Physician Assistants, and
10 ECRNs every 4 years in accordance with the requirements of
11 the Department and the System Program Plan.

12 (k) Establish protocols for the use of Pre-Hospital
13 Registered Nurses, Pre-Hospital Advanced Practice
14 Registered Nurses, and Pre-Hospital Physician Assistants
15 within the System.

16 (l) Establish protocols for utilizing ECRNs and
17 physicians licensed to practice medicine in all of its
18 branches to monitor telecommunications from, and give
19 voice orders to, EMS personnel, under the authority of the
20 EMS Medical Director.

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

24 (n) Utilize levels of personnel required by the
25 Department to provide emergency care to the sick and
26 injured at the scene of an emergency, during transport to a

1 hospital or during inter-hospital transport and within the
2 hospital emergency department until the responsibility for
3 the care of the patient is assumed by the medical personnel
4 of a hospital emergency department or other facility within
5 the hospital to which the patient is first delivered by
6 System personnel.

7 (o) Utilize levels of personnel required by the
8 Department to provide non-emergency medical services
9 during transport to a health care facility and within the
10 health care facility until the responsibility for the care
11 of the patient is assumed by the medical personnel of the
12 health care facility to which the patient is delivered by
13 System personnel.

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

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

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

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

22 (210 ILCS 50/3.40)

23 Sec. 3.40. EMS System Participation Suspensions and Due
24 Process.

25 (a) An EMS Medical Director may suspend from participation

1 within the System any EMS personnel, EMS Lead Instructor (LI),
2 individual, individual provider or other participant
3 considered not to be meeting the requirements of the Program
4 Plan of that approved EMS System.

5 (b) Prior to suspending any individual or entity, an EMS
6 Medical Director shall provide an opportunity for a hearing
7 before the local System review board in accordance with
8 subsection (f) and the rules promulgated by the Department.

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

15 (2) If the local System review board reverses or
16 modifies the EMS Medical Director's order, the EMS Medical
17 Director shall have the opportunity for a review of the
18 local board's decision by the State EMS Disciplinary Review
19 Board, pursuant to Section 3.45 of this Act.

20 (3) The suspension shall commence only upon the
21 occurrence of one of the following:

22 (A) the individual or entity has waived the
23 opportunity for a hearing before the local System
24 review board; or

25 (B) the order has been affirmed or modified by the
26 local system review board and the individual or entity

1 has waived the opportunity for review by the State
2 Board; or

3 (C) the order has been affirmed or modified by the
4 local system review board, and the local board's
5 decision has been affirmed or modified by the State
6 Board.

7 (c) An EMS Medical Director may immediately suspend an EMR,
8 EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHRN, LI, PHPA,
9 PHAPRN, or other individual or entity if he or she finds that
10 the continuation in practice by the individual or entity would
11 constitute an imminent danger to the public. The suspended
12 individual or entity shall be issued an immediate verbal
13 notification followed by a written suspension order by the EMS
14 Medical Director which states the length, terms and basis for
15 the suspension.

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

1 Procedure).

2 (2) Within 24 hours following the commencement of the
3 suspension, the suspended individual or entity may deliver
4 to the Department, by messenger, telefax, or other
5 Department-approved electronic communication, a written
6 response to the suspension order and copies of any written
7 materials which the individual or entity feels are
8 appropriate. All medical and patient-specific information,
9 including Department findings with respect to the quality
10 of care rendered, shall be strictly confidential pursuant
11 to the Medical Studies Act.

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

25 (d) Upon issuance of a suspension order for reasons
26 directly related to medical care, the EMS Medical Director

1 shall also provide the individual or entity with the
2 opportunity for a hearing before the local System review board,
3 in accordance with subsection (f) and the rules promulgated by
4 the Department.

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

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

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

21 (e) The Resource Hospital shall designate a local System
22 review board in accordance with the rules of the Department,
23 for the purpose of providing a hearing to any individual or
24 entity participating within the System who is suspended from
25 participation by the EMS Medical Director. The EMS Medical
26 Director shall arrange for a certified shorthand reporter to

1 make a stenographic record of that hearing and thereafter
2 prepare a transcript of the proceedings. The transcript, all
3 documents or materials received as evidence during the hearing
4 and the local System review board's written decision shall be
5 retained in the custody of the EMS system. The System shall
6 implement a decision of the local System review board unless
7 that decision has been appealed to the State Emergency Medical
8 Services Disciplinary Review Board in accordance with this Act
9 and the rules of the Department.

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

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

15 (210 ILCS 50/3.45)

16 Sec. 3.45. State Emergency Medical Services Disciplinary
17 Review Board.

18 (a) The Governor shall appoint a State Emergency Medical
19 Services Disciplinary Review Board, composed of an EMS Medical
20 Director, an EMS System Coordinator, a Paramedic, an Emergency
21 Medical Technician (EMT), and the following members, who shall
22 only review cases in which a party is from the same
23 professional category: a Pre-Hospital Registered Nurse, a
24 Pre-Hospital Advanced Practice Registered Nurse, a
25 Pre-Hospital Physician Assistant, an ECRN, a Trauma Nurse

1 Specialist, an Emergency Medical Technician-Intermediate
2 (EMT-I), an Advanced Emergency Medical Technician (A-EMT), a
3 representative from a private vehicle service provider, a
4 representative from a public vehicle service provider, and an
5 emergency physician who monitors telecommunications from and
6 gives voice orders to EMS personnel. The Governor shall also
7 appoint one alternate for each member of the Board, from the
8 same professional category as the member of the Board.

9 (b) The members shall be appointed for a term of 3 years.
10 All appointees shall serve until their successors are
11 appointed. The alternate members shall be appointed and serve
12 in the same fashion as the members of the Board. If a member
13 resigns his or her appointment, the corresponding alternate
14 shall serve the remainder of that member's term until a
15 subsequent member is appointed by the Governor.

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

18 (d) Any individual or entity, who received an immediate
19 suspension from an EMS Medical Director may request the Board
20 to reverse or modify the suspension order. If the suspension
21 had been affirmed or modified by a local System review board,
22 the suspended individual or entity may request the Board to
23 reverse or modify the local board's decision.

24 (e) Any individual or entity who received a non-immediate
25 suspension order from an EMS Medical Director which was
26 affirmed or modified by a local System review board may request

1 the Board to reverse or modify the local board's decision.

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

5 (g) The Board shall meet on the first Tuesday of every
6 month, unless no requests for review have been submitted.
7 Additional meetings of the Board shall be scheduled to ensure
8 that a request for direct review of an immediate suspension
9 order is scheduled within 14 days after the Department receives
10 the request for review or as soon thereafter as a quorum is
11 available. The Board shall meet in Springfield or Chicago,
12 whichever location is closer to the majority of the members or
13 alternates attending the meeting. The Department shall
14 reimburse the members and alternates of the Board for
15 reasonable travel expenses incurred in attending meetings of
16 the Board.

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

23 (i) At its regularly scheduled meetings, the Board shall
24 review requests which have been received by the Department at
25 least 10 working days prior to the Board's meeting date.
26 Requests for review which are received less than 10 working

1 days prior to a scheduled meeting shall be considered at the
2 Board's next scheduled meeting, except that requests for direct
3 review of an immediate suspension order may be scheduled up to
4 3 working days prior to the Board's meeting date.

5 (j) A quorum shall be required for the Board to meet, which
6 shall consist of 3 members or alternates, including the EMS
7 Medical Director or alternate and the member or alternate from
8 the same professional category as the subject of the suspension
9 order. At each meeting of the Board, the members or alternates
10 present shall select a Chairperson to conduct the meeting.

11 (k) Deliberations for decisions of the State EMS
12 Disciplinary Review Board shall be conducted in closed session.
13 Department staff may attend for the purpose of providing
14 clerical assistance, but no other persons may be in attendance
15 except for the parties to the dispute being reviewed by the
16 Board and their attorneys, unless by request of the Board.

17 (l) The Board shall review the transcript, evidence and
18 written decision of the local review board or the written
19 decision and supporting documentation of the EMS Medical
20 Director, whichever is applicable, along with any additional
21 written or verbal testimony or argument offered by the parties
22 to the dispute.

23 (m) At the conclusion of its review, the Board shall issue
24 its decision and the basis for its decision on a form provided
25 by the Department, and shall submit to the Department its
26 written decision together with the record of the local System

1 review board. The Department shall promptly issue a copy of the
2 Board's decision to all affected parties. The Board's decision
3 shall be binding on all parties.

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

5 (210 ILCS 50/3.50)

6 Sec. 3.50. Emergency Medical Services personnel licensure
7 levels.

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

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

25 (b-5) "Advanced Emergency Medical Technician" or "A-EMT"

1 means a person who has successfully completed a course in basic
2 and limited advanced emergency medical care as approved by the
3 Department, is currently licensed by the Department in
4 accordance with standards prescribed by this Act and rules
5 adopted by the Department pursuant to this Act, and practices
6 within an Intermediate or Advanced Life Support EMS System.

7 (c) "Paramedic (EMT-P)" means a person who has successfully
8 completed a course in advanced life support care as approved by
9 the Department, is licensed by the Department in accordance
10 with standards prescribed by this Act and rules adopted by the
11 Department pursuant to this Act, and practices within an
12 Advanced Life Support EMS System. A valid Emergency Medical
13 Technician-Paramedic (EMT-P) license issued under this Act
14 shall continue to be valid and shall be recognized as a
15 Paramedic license until the Emergency Medical
16 Technician-Paramedic (EMT-P) license expires.

17 (c-5) "Emergency Medical Responder" or "EMR (First
18 Responder)" means a person who has successfully completed a
19 course in emergency medical response as approved by the
20 Department and provides emergency medical response services
21 prior to the arrival of an ambulance or specialized emergency
22 medical services vehicle, in accordance with the level of care
23 established by the National EMS Educational Standards
24 Emergency Medical Responder course as modified by the
25 Department. An Emergency Medical Responder who provides
26 services as part of an EMS System response plan shall comply

1 with the applicable sections of the Program Plan, as approved
2 by the Department, of that EMS System. The Department shall
3 have the authority to adopt rules governing the curriculum,
4 practice, and necessary equipment applicable to Emergency
5 Medical Responders.

6 On the effective date of this amendatory Act of the 98th
7 General Assembly, a person who is licensed by the Department as
8 a First Responder and has completed a Department-approved
9 course in first responder defibrillator training based on, or
10 equivalent to, the National EMS Educational Standards or other
11 standards previously recognized by the Department shall be
12 eligible for licensure as an Emergency Medical Responder upon
13 meeting the licensure requirements and submitting an
14 application to the Department. A valid First Responder license
15 issued under this Act shall continue to be valid and shall be
16 recognized as an Emergency Medical Responder license until the
17 First Responder license expires.

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

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

- 24 (1) Prescribe education and training requirements,
25 which includes training in the use of epinephrine, for all
26 levels of EMS personnel except for EMRs, based on the

1 National EMS Educational Standards and any modifications
2 to those curricula specified by the Department through
3 rules adopted pursuant to this Act.

4 (2) Prescribe licensure testing requirements for all
5 levels of EMS personnel, which shall include a requirement
6 that all phases of instruction, training, and field
7 experience be completed before taking the appropriate
8 licensure examination. Candidates may elect to take the
9 appropriate National Registry examination in lieu of the
10 Department's examination, but are responsible for making
11 their own arrangements for taking the National Registry
12 examination. In prescribing licensure testing requirements
13 for honorably discharged members of the armed forces of the
14 United States under this paragraph (2), the Department
15 shall ensure that a candidate's military emergency medical
16 training, emergency medical curriculum completed, and
17 clinical experience, as described in paragraph (2.5), are
18 recognized.

19 (2.5) Review applications for EMS personnel licensure
20 from honorably discharged members of the armed forces of
21 the United States with military emergency medical
22 training. Applications shall be filed with the Department
23 within one year after military discharge and shall contain:
24 (i) proof of successful completion of military emergency
25 medical training; (ii) a detailed description of the
26 emergency medical curriculum completed; and (iii) a

1 detailed description of the applicant's clinical
2 experience. The Department may request additional and
3 clarifying information. The Department shall evaluate the
4 application, including the applicant's training and
5 experience, consistent with the standards set forth under
6 subsections (a), (b), (c), and (d) of Section 3.10. If the
7 application clearly demonstrates that the training and
8 experience meets such standards, the Department shall
9 offer the applicant the opportunity to successfully
10 complete a Department-approved EMS personnel examination
11 for the level of license for which the applicant is
12 qualified. Upon passage of an examination, the Department
13 shall issue a license, which shall be subject to all
14 provisions of this Act that are otherwise applicable to the
15 level of EMS personnel license issued.

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

19 (4) Prescribe annual continuing education and
20 relicensure requirements for all EMS personnel licensure
21 levels.

22 (5) Relicense individuals as an EMD, EMR, EMT, EMT-I,
23 A-EMT, PHRN, PHAPRN, PHPA, or Paramedic every 4 years,
24 based on their compliance with continuing education and
25 relicensure requirements as required by the Department
26 pursuant to this Act. Every 4 years, a Paramedic shall have

1 100 hours of approved continuing education, an EMT-I and an
2 advanced EMT shall have 80 hours of approved continuing
3 education, and an EMT shall have 60 hours of approved
4 continuing education. An Illinois licensed EMR, EMD, EMT,
5 EMT-I, A-EMT, Paramedic, ECRN, PHPA, PHAPRN, or PHRN whose
6 license has been expired for less than 36 months may apply
7 for reinstatement by the Department. Reinstatement shall
8 require that the applicant (i) submit satisfactory proof of
9 completion of continuing medical education and clinical
10 requirements to be prescribed by the Department in an
11 administrative rule; (ii) submit a positive recommendation
12 from an Illinois EMS Medical Director attesting to the
13 applicant's qualifications for retesting; and (iii) pass a
14 Department approved test for the level of EMS personnel
15 license sought to be reinstated.

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

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

22 (8) Suspend, revoke, or refuse to issue or renew the
23 license of any licensee, after an opportunity for an
24 impartial hearing before a neutral administrative law
25 judge appointed by the Director, where the preponderance of
26 the evidence shows one or more of the following:

1 (A) The licensee has not met continuing education
2 or relicensure requirements as prescribed by the
3 Department;

4 (B) The licensee has failed to maintain
5 proficiency in the level of skills for which he or she
6 is licensed;

7 (C) The licensee, during the provision of medical
8 services, engaged in dishonorable, unethical, or
9 unprofessional conduct of a character likely to
10 deceive, defraud, or harm the public;

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

15 (E) The licensee is physically impaired to the
16 extent that he or she cannot physically perform the
17 skills and functions for which he or she is licensed,
18 as verified by a physician, unless the person is on
19 inactive status pursuant to Department regulations;

20 (F) The licensee is mentally impaired to the extent
21 that he or she cannot exercise the appropriate
22 judgment, skill and safety for performing the
23 functions for which he or she is licensed, as verified
24 by a physician, unless the person is on inactive status
25 pursuant to Department regulations;

26 (G) The licensee has violated this Act or any rule

1 adopted by the Department pursuant to this Act; or

2 (H) The licensee has been convicted (or entered a
3 plea of guilty or nolo-contendere) by a court of
4 competent jurisdiction of a Class X, Class 1, or Class
5 2 felony in this State or an out-of-state equivalent
6 offense.

7 (9) Prescribe education and training requirements in
8 the administration and use of opioid antagonists for all
9 levels of EMS personnel based on the National EMS
10 Educational Standards and any modifications to those
11 curricula specified by the Department through rules
12 adopted pursuant to this Act.

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

23 The education requirements prescribed by the Department
24 under this Section must allow for the suspension of those
25 requirements in the case of a member of the armed services or
26 reserve forces of the United States or a member of the Illinois

1 National Guard who is on active duty pursuant to an executive
2 order of the President of the United States, an act of the
3 Congress of the United States, or an order of the Governor at
4 the time that the member would otherwise be required to fulfill
5 a particular education requirement. Such a person must fulfill
6 the education requirement within 6 months after his or her
7 release from active duty.

8 (e) In the event that any rule of the Department or an EMS
9 Medical Director that requires testing for drug use as a
10 condition of the applicable EMS personnel license conflicts
11 with or duplicates a provision of a collective bargaining
12 agreement that requires testing for drug use, that rule shall
13 not apply to any person covered by the collective bargaining
14 agreement.

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

17 (210 ILCS 50/3.55)

18 Sec. 3.55. Scope of practice.

19 (a) Any person currently licensed as an EMR, EMT, EMT-I,
20 A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may perform emergency
21 and non-emergency medical services as defined in this Act, in
22 accordance with his or her level of education, training and
23 licensure, the standards of performance and conduct prescribed
24 by the Department in rules adopted pursuant to this Act, and
25 the requirements of the EMS System in which he or she

1 practices, as contained in the approved Program Plan for that
2 System. The Director may, by written order, temporarily modify
3 individual scopes of practice in response to public health
4 emergencies for periods not exceeding 180 days.

5 (a-5) EMS personnel who have successfully completed a
6 Department approved course in automated defibrillator
7 operation and who are functioning within a Department approved
8 EMS System may utilize such automated defibrillator according
9 to the standards of performance and conduct prescribed by the
10 Department in rules adopted pursuant to this Act and the
11 requirements of the EMS System in which they practice, as
12 contained in the approved Program Plan for that System.

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

21 (b) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or
22 Paramedic may practice as an EMR, EMT, EMT-I, A-EMT, or
23 Paramedic or utilize his or her EMR, EMT, EMT-I, A-EMT, PHRN,
24 PHAPRN, PHPA, or Paramedic license in pre-hospital or
25 inter-hospital emergency care settings or non-emergency
26 medical transport situations, under the written or verbal

1 direction of the EMS Medical Director. For purposes of this
2 Section, a "pre-hospital emergency care setting" may include a
3 location, that is not a health care facility, which utilizes
4 EMS personnel to render pre-hospital emergency care prior to
5 the arrival of a transport vehicle. The location shall include
6 communication equipment and all of the portable equipment and
7 drugs appropriate for the EMR, EMT, EMT-I, A-EMT, or
8 Paramedic's level of care, as required by this Act, rules
9 adopted by the Department pursuant to this Act, and the
10 protocols of the EMS Systems, and shall operate only with the
11 approval and under the direction of the EMS Medical Director.

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

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

1 (d) A student enrolled in a Department approved EMS
2 personnel program, while fulfilling the clinical training and
3 in-field supervised experience requirements mandated for
4 licensure or approval by the System and the Department, may
5 perform prescribed procedures under the direct supervision of a
6 physician licensed to practice medicine in all of its branches,
7 a qualified registered professional nurse, or qualified EMS
8 personnel, only when authorized by the EMS Medical Director.

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

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

20 (210 ILCS 50/3.65)

21 Sec. 3.65. EMS Lead Instructor.

22 (a) "EMS Lead Instructor" means a person who has
23 successfully completed a course of education as approved by the
24 Department, and who is currently approved by the Department to
25 coordinate or teach education, training and continuing

1 education courses, in accordance with standards prescribed by
2 this Act and rules adopted by the Department pursuant to this
3 Act.

4 (b) The Department shall have the authority and
5 responsibility to:

6 (1) Prescribe education requirements for EMS Lead
7 Instructor candidates through rules adopted pursuant to
8 this Act.

9 (2) Prescribe testing requirements for EMS Lead
10 Instructor candidates through rules adopted pursuant to
11 this Act.

12 (3) Charge each candidate for EMS Lead Instructor a fee
13 to be submitted with an application for an examination, an
14 application for licensure, and an application for
15 relicensure.

16 (4) Approve individuals as EMS Lead Instructors who
17 have met the Department's education and testing
18 requirements.

19 (5) Require that all education, training and
20 continuing education courses for EMT, EMT-I, A-EMT,
21 Paramedic, PHRN, PHPA, PHAPRN, ECRN, EMR, and Emergency
22 Medical Dispatcher be coordinated by at least one approved
23 EMS Lead Instructor. A program which includes education,
24 training or continuing education for more than one type of
25 personnel may use one EMS Lead Instructor to coordinate the
26 program, and a single EMS Lead Instructor may

1 simultaneously coordinate more than one program or course.

2 (6) Provide standards and procedures for awarding EMS
3 Lead Instructor approval to persons previously approved by
4 the Department to coordinate such courses, based on
5 qualifications prescribed by the Department through rules
6 adopted pursuant to this Act.

7 (7) Suspend, revoke, or refuse to issue or renew the
8 approval of an EMS Lead Instructor, after an opportunity
9 for a hearing, when findings show one or more of the
10 following:

11 (A) The EMS Lead Instructor has failed to conduct a
12 course in accordance with the curriculum prescribed by
13 this Act and rules adopted by the Department pursuant
14 to this Act; or

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

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

19 (210 ILCS 50/3.80)

20 Sec. 3.80. Pre-Hospital Registered Nurse, Pre-Hospital
21 Advanced Practice Registered Nurse, Pre-Hospital Physician
22 Assistant, and Emergency Communications Registered Nurse.

23 (a) "Emergency Communications Registered Nurse" or "ECRN"
24 means a registered professional nurse licensed under the Nurse
25 Practice Act who has successfully completed supplemental

1 education in accordance with rules adopted by the Department,
2 and who is approved by an EMS Medical Director to monitor
3 telecommunications from and give voice orders to EMS System
4 personnel, under the authority of the EMS Medical Director and
5 in accordance with System protocols. For out-of-state
6 facilities that have Illinois recognition under the EMS, trauma
7 or pediatric programs, the professional shall have an
8 unencumbered registered nurse license in the state in which he
9 or she practices. In this Section, the term "license" is used
10 to reflect a change in terminology from "certification" to
11 "license" only.

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

1 (b-5) "Pre-Hospital Advanced Practice Registered Nurse",
2 "PHAPRN", or "Pre-Hospital APRN" means an advanced practice
3 registered nurse licensed under the Nurse Practice Act who has
4 successfully completed supplemental education in accordance
5 with rules adopted by the Department pursuant to this Act, and
6 who has the approval of an EMS Medical Director to practice
7 within an Illinois EMS System as emergency medical services
8 personnel for pre-hospital and inter-hospital emergency care
9 and non-emergency medical transports. For out-of-state
10 facilities that have Illinois recognition under the EMS, trauma
11 or pediatric programs, the professional shall have an
12 unencumbered advanced practice registered nurse license in the
13 state in which he or she practices.

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

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

3 (1) Prescribe or pre-approve education and continuing
4 education requirements for Pre-Hospital Registered Nurse,
5 Pre-Hospital Advanced Practice Registered Nurse,
6 Pre-Hospital Physician Assistant, and ECRN candidates
7 through rules adopted pursuant to this Act:

8 (A) Education for a Pre-Hospital Registered Nurse,
9 a Pre-Hospital Advanced Practice Registered Nurse, or
10 a Pre-Hospital Physician Assistant shall include
11 extrication, telecommunications, EMS System standing
12 medical orders, the procedures and protocols
13 established by the EMS Medical Director, and
14 pre-hospital cardiac, medical, and trauma care;

15 (B) Education for ECRN shall include
16 telecommunications, System standing medical orders and
17 the procedures and protocols established by the EMS
18 Medical Director;

19 (C) A Pre-Hospital Registered Nurse, Pre-Hospital
20 Advanced Practice Registered Nurse, or Pre-Hospital
21 Physician Assistant candidate who is fulfilling
22 clinical training and in-field supervised experience
23 requirements may perform prescribed procedures under
24 the direct supervision of a physician licensed to
25 practice medicine in all of its branches, a qualified
26 registered professional nurse or a qualified EMT, only

1 when authorized by the EMS Medical Director;

2 (D) An EMS Medical Director may impose in-field
3 supervised field experience requirements on System
4 ECRNs as part of their training or continuing
5 education, in which they perform prescribed procedures
6 under the direct supervision of a physician licensed to
7 practice medicine in all of its branches, a qualified
8 registered professional nurse, or qualified EMS
9 personnel, only when authorized by the EMS Medical
10 Director;

11 (2) Require EMS Medical Directors to reapprove
12 Pre-Hospital Registered Nurses, Pre-Hospital Advanced
13 Practice Registered Nurses, Pre-Hospital Physician
14 Assistants, and ECRNs every 4 years, based on compliance
15 with continuing education requirements prescribed by the
16 Department through rules adopted pursuant to this Act;

17 (3) Allow EMS Medical Directors to grant inactive EMS
18 System status to any Pre-Hospital Registered Nurse,
19 Pre-Hospital Advanced Practice Registered Nurse,
20 Pre-Hospital Physician Assistant, or ECRN who qualifies,
21 based on standards and procedures established by the
22 Department in rules adopted pursuant to this Act;

23 (4) Require a Pre-Hospital Registered Nurse, a
24 Pre-Hospital Advanced Practice Registered Nurse, or a
25 Pre-Hospital Physician Assistant to honor Do Not
26 Resuscitate (DNR) orders and powers of attorney for health

1 care only in accordance with rules adopted by the
2 Department pursuant to this Act and protocols of the EMS
3 System in which he or she practices;

4 (5) Charge each Pre-Hospital Registered Nurse,
5 Pre-Hospital Advanced Practice Registered Nurse,
6 Pre-Hospital Physician Assistant, ~~applicant~~ and ECRN
7 applicant a fee for licensure and relicensure.

8 (d) The Department shall have the authority to suspend,
9 revoke, or refuse to issue or renew a Department-issued PHRN,
10 PHAPRN, PHPA, or ECRN license when, after notice and the
11 opportunity for a hearing, the Department demonstrates that the
12 licensee has violated this Act, violated the rules adopted by
13 the Department, or failed to comply with the applicable
14 standards of care.

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

16 (210 ILCS 50/3.87)

17 Sec. 3.87. Ambulance service provider and vehicle service
18 provider upgrades; rural population.

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

22 In this Section, "rural vehicle service provider" means an
23 entity that serves a rural population of 7,500 or fewer
24 inhabitants and is licensed by the Department to provide
25 emergency or non-emergency medical services in compliance with

1 this Act, the rules adopted by the Department pursuant to this
2 Act, and an operational plan approved by the entity's EMS
3 System, utilizing at least an ambulance, alternate response
4 vehicle as defined by the Department in rules, or specialized
5 emergency medical services vehicle.

6 (b) A rural ambulance service provider or rural vehicle
7 service provider may submit a proposal to the EMS System
8 Medical Director requesting approval of either or both of the
9 following:

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

12 (A) An ambulance operated by a rural ambulance
13 service provider or a specialized emergency medical
14 services vehicle or alternate response vehicle
15 operated by a rural vehicle service provider may be
16 upgraded, as defined by the EMS System Medical Director
17 in a policy or procedure, as long as the EMS System
18 Medical Director and the Department have approved the
19 proposal, to the highest level of EMT license (advanced
20 life support/paramedic, intermediate life support, or
21 basic life support) or Pre-Hospital APRN, Pre-Hospital
22 PA, or Pre-Hospital RN license certification held by
23 any person staffing that ambulance, specialized
24 emergency medical services vehicle, or alternate
25 response vehicle. The ambulance service provider's or
26 rural vehicle service provider's proposal for an

1 upgrade must include all of the following:

2 (i) The manner in which the provider will
3 secure and store advanced life support equipment,
4 supplies, and medications.

5 (ii) The type of quality assurance the
6 provider will perform.

7 (iii) An assurance that the provider will
8 advertise only the level of care that can be
9 provided 24 hours a day.

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

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

21 (C) The EMS System shall routinely perform quality
22 assurance, in compliance with the EMS System's quality
23 assurance plan approved by the Department, on in-field
24 service level upgrades authorized under this Section
25 to ensure compliance with the EMS System plan.

26 (2) Rural ambulance service provider or rural vehicle

1 service provider in-field service level upgrade. The EMS
2 System Medical Director may define what constitutes an
3 in-field service level upgrade through an EMS System policy
4 or procedure. An in-field service level upgrade may
5 include, but need not be limited to, an upgrade to a
6 licensed ambulance, alternate response vehicle, or
7 specialized emergency medical services vehicle.

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

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

21 (210 ILCS 50/3.165)

22 Sec. 3.165. Misrepresentation.

23 (a) No person shall hold himself or herself out to be or
24 engage in the practice of an EMS Medical Director, EMS
25 Administrative Director, EMS System Coordinator, EMR, EMD,

1 EMT, EMT-I, A-EMT, Paramedic, ECRN, PHRN, PHAPRN, PHPA, TNS, or
2 LI without being licensed, certified, approved or otherwise
3 authorized pursuant to this Act.

4 (b) A hospital or other entity which employs or utilizes an
5 EMR, EMD, EMT, EMT-I, A-EMT, or Paramedic in a manner which is
6 outside the scope of his or her license shall not use the words
7 "emergency medical responder", "EMR", "emergency medical
8 technician", "EMT", "emergency medical
9 technician-intermediate", "EMT-I", "advanced emergency medical
10 technician", "A-EMT", or "Paramedic" in that person's job
11 description or title, or in any other manner hold that person
12 out to be so licensed.

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

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

17 Section 99. Effective date. This Act takes effect one year
18 after becoming law."