

1 AN ACT concerning public aid.

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
5 Act is amended by changing Section 3.10 as follows:

6 (210 ILCS 50/3.10)

7 Sec. 3.10. Scope of services.

8 (a) "Advanced Life Support (ALS) Services" means an
9 advanced level of pre-hospital and inter-hospital emergency
10 care and non-emergency medical services that includes basic
11 life support care, cardiac monitoring, cardiac defibrillation,
12 electrocardiography, intravenous therapy, administration of
13 medications, drugs and solutions, use of adjunctive medical
14 devices, trauma care, and other authorized techniques and
15 procedures, as outlined in the provisions of the National EMS
16 Education Standards relating to Advanced Life Support and any
17 modifications to that curriculum specified in rules adopted by
18 the Department pursuant to this Act.

19 That care shall be initiated as authorized by the EMS
20 Medical Director in a Department approved advanced life
21 support EMS System, under the written or verbal direction of a
22 physician licensed to practice medicine in all of its branches
23 or under the verbal direction of an Emergency Communications

1 Registered Nurse.

2 (b) "Intermediate Life Support (ILS) Services" means an
3 intermediate level of pre-hospital and inter-hospital
4 emergency care and non-emergency medical services that
5 includes basic life support care plus intravenous cannulation
6 and fluid therapy, invasive airway management, trauma care,
7 and other authorized techniques and procedures, as outlined in
8 the Intermediate Life Support national curriculum of the
9 United States Department of Transportation and any
10 modifications to that curriculum specified in rules adopted by
11 the Department pursuant to this Act.

12 That care shall be initiated as authorized by the EMS
13 Medical Director in a Department approved intermediate or
14 advanced life support EMS System, under the written or verbal
15 direction of a physician licensed to practice medicine in all
16 of its branches or under the verbal direction of an Emergency
17 Communications Registered Nurse.

18 (c) "Basic Life Support (BLS) Services" means a basic
19 level of pre-hospital and inter-hospital emergency care and
20 non-emergency medical services that includes medical
21 monitoring, clinical observation, airway management,
22 cardiopulmonary resuscitation (CPR), control of shock and
23 bleeding and splinting of fractures, as outlined in the
24 provisions of the National EMS Education Standards relating to
25 Basic Life Support and any modifications to that curriculum
26 specified in rules adopted by the Department pursuant to this

1 Act.

2 That care shall be initiated, where authorized by the EMS
3 Medical Director in a Department approved EMS System, under
4 the written or verbal direction of a physician licensed to
5 practice medicine in all of its branches or under the verbal
6 direction of an Emergency Communications Registered Nurse.

7 (d) "Emergency Medical Responder Services" means a
8 preliminary level of pre-hospital emergency care that includes
9 cardiopulmonary resuscitation (CPR), monitoring vital signs
10 and control of bleeding, as outlined in the Emergency Medical
11 Responder (EMR) curriculum of the National EMS Education
12 Standards and any modifications to that curriculum specified
13 in rules adopted by the Department pursuant to this Act.

14 (e) "Pre-hospital care" means those medical services
15 rendered to patients for analytic, resuscitative, stabilizing,
16 or preventive purposes, precedent to and during transportation
17 of such patients to health care facilities.

18 (f) "Inter-hospital care" means those medical services
19 rendered to patients for analytic, resuscitative, stabilizing,
20 or preventive purposes, during transportation of such patients
21 from one hospital to another hospital.

22 (f-5) "Critical care transport" means transportation which
23 includes the provision of pre-hospital or inter-hospital
24 emergency care or non-emergency medical services to
25 ~~transportation of~~ a critically injured or ill patient by a
26 vehicle service provider, including the provision of medically

1 necessary supplies and services, at a level of service beyond
2 the scope of the Paramedic. When medically indicated for a
3 patient, as determined by a physician licensed to practice
4 medicine in all of its branches, an advanced practice
5 registered nurse, or a physician ~~physician's~~ assistant, in
6 compliance with subsections (b) and (c) of Section 3.155 of
7 this Act, critical care transport may be provided by:

8 (1) Department-approved critical care transport
9 providers, not owned or operated by a hospital, utilizing
10 Paramedics with additional training, nurses, or other
11 qualified health professionals; or

12 (2) Hospitals, when utilizing any vehicle service
13 provider or any hospital-owned or operated vehicle service
14 provider. Nothing in Public Act 96-1469 requires a
15 hospital to use, or to be, a Department-approved critical
16 care transport provider when transporting patients,
17 including those critically injured or ill. Nothing in this
18 Act shall restrict or prohibit a hospital from providing,
19 or arranging for, the medically appropriate transport of
20 any patient, as determined by a physician licensed to
21 practice in all of its branches, an advanced practice
22 registered nurse, or a physician ~~physician's~~ assistant.

23 (g) "Non-emergency medical services" means the provision
24 of, and all actions necessary before and after the provision
25 of, Basic Life Support (BLS) Services, Advanced Life Support
26 (ALS) Services, and critical care transport to patients whose

1 conditions do not meet this Act's definition of emergency,
2 before, after, or during transportation of such patients to or
3 from health care facilities visited for the purpose of
4 obtaining medical or health care services which are not
5 emergency in nature, using a vehicle regulated by this Act and
6 personnel licensed under this Act.

7 (g-5) The Department shall have the authority to
8 promulgate minimum standards for critical care transport
9 providers through rules adopted pursuant to this Act. All
10 critical care transport providers must function within a
11 Department-approved EMS System. Nothing in Department rules
12 shall restrict a hospital's ability to furnish personnel,
13 equipment, and medical supplies to any vehicle service
14 provider, including a critical care transport provider.
15 Minimum critical care transport provider standards shall
16 include, but are not limited to:

- 17 (1) Personnel staffing and licensure.
- 18 (2) Education, certification, and experience.
- 19 (3) Medical equipment and supplies.
- 20 (4) Vehicular standards.
- 21 (5) Treatment and transport protocols.
- 22 (6) Quality assurance and data collection.

23 (h) The provisions of this Act shall not apply to the use
24 of an ambulance or SEMSV, unless and until emergency or
25 non-emergency medical services are needed during the use of
26 the ambulance or SEMSV.

1 (Source: P.A. 102-623, eff. 8-27-21; revised 12-1-21.)

2 Section 10. The Illinois Public Aid Code is amended by
3 changing Section 5-4.2 and by adding Section 5-30c as follows:

4 (305 ILCS 5/5-4.2)

5 Sec. 5-4.2. Ambulance services payments.

6 (a) For ambulance services provided to a recipient of aid
7 under this Article on or after January 1, 1993, the Illinois
8 Department shall reimburse ambulance service providers at
9 rates calculated in accordance with this Section. It is the
10 intent of the General Assembly to provide adequate
11 reimbursement for ambulance services so as to ensure adequate
12 access to services for recipients of aid under this Article
13 and to provide appropriate incentives to ambulance service
14 providers to provide services in an efficient and
15 cost-effective manner. Thus, it is the intent of the General
16 Assembly that the Illinois Department implement a
17 reimbursement system for ambulance services that, to the
18 extent practicable and subject to the availability of funds
19 appropriated by the General Assembly for this purpose, is
20 consistent with the payment principles of Medicare. To ensure
21 uniformity between the payment principles of Medicare and
22 Medicaid, the Illinois Department shall follow, to the extent
23 necessary and practicable and subject to the availability of
24 funds appropriated by the General Assembly for this purpose,

1 the statutes, laws, regulations, policies, procedures,
2 principles, definitions, guidelines, and manuals used to
3 determine the amounts paid to ambulance service providers
4 under Title XVIII of the Social Security Act (Medicare).

5 (b) For ambulance services provided to a recipient of aid
6 under this Article on or after January 1, 1996, the Illinois
7 Department shall reimburse ambulance service providers based
8 upon the actual distance traveled if a natural disaster,
9 weather conditions, road repairs, or traffic congestion
10 necessitates the use of a route other than the most direct
11 route.

12 (c) For purposes of this Section, "ambulance services"
13 includes medical transportation services provided by means of
14 an ambulance, medi-car, service car, or taxi.

15 (c-1) For purposes of this Section, "ground ambulance
16 service" means medical transportation services that are
17 described as ground ambulance services by the Centers for
18 Medicare and Medicaid Services and provided in a vehicle that
19 is licensed as an ambulance by the Illinois Department of
20 Public Health pursuant to the Emergency Medical Services (EMS)
21 Systems Act.

22 (c-2) For purposes of this Section, "ground ambulance
23 service provider" means a vehicle service provider as
24 described in the Emergency Medical Services (EMS) Systems Act
25 that operates licensed ambulances for the purpose of providing
26 emergency ambulance services, or non-emergency ambulance

1 services, or both. For purposes of this Section, this includes
2 both ambulance providers and ambulance suppliers as described
3 by the Centers for Medicare and Medicaid Services.

4 (c-3) For purposes of this Section, "medi-car" means
5 transportation services provided to a patient who is confined
6 to a wheelchair and requires the use of a hydraulic or electric
7 lift or ramp and wheelchair lockdown when the patient's
8 condition does not require medical observation, medical
9 supervision, medical equipment, the administration of
10 medications, or the administration of oxygen.

11 (c-4) For purposes of this Section, "service car" means
12 transportation services provided to a patient by a passenger
13 vehicle where that patient does not require the specialized
14 modes described in subsection (c-1) or (c-3).

15 (d) This Section does not prohibit separate billing by
16 ambulance service providers for oxygen furnished while
17 providing advanced life support services.

18 (e) Beginning with services rendered on or after July 1,
19 2008, all providers of non-emergency medi-car and service car
20 transportation must certify that the driver and employee
21 attendant, as applicable, have completed a safety program
22 approved by the Department to protect both the patient and the
23 driver, prior to transporting a patient. The provider must
24 maintain this certification in its records. The provider shall
25 produce such documentation upon demand by the Department or
26 its representative. Failure to produce documentation of such

1 training shall result in recovery of any payments made by the
2 Department for services rendered by a non-certified driver or
3 employee attendant. Medi-car and service car providers must
4 maintain legible documentation in their records of the driver
5 and, as applicable, employee attendant that actually
6 transported the patient. Providers must recertify all drivers
7 and employee attendants every 3 years. If they meet the
8 established training components set forth by the Department,
9 providers of non-emergency medi-car and service car
10 transportation that are either directly or through an
11 affiliated company licensed by the Department of Public Health
12 shall be approved by the Department to have in-house safety
13 programs for training their own staff.

14 Notwithstanding the requirements above, any public
15 transportation provider of medi-car and service car
16 transportation that receives federal funding under 49 U.S.C.
17 5307 and 5311 need not certify its drivers and employee
18 attendants under this Section, since safety training is
19 already federally mandated.

20 (f) With respect to any policy or program administered by
21 the Department or its agent regarding approval of
22 non-emergency medical transportation by ground ambulance
23 service providers, including, but not limited to, the
24 Non-Emergency Transportation Services Prior Approval Program
25 (NETSPAP), the Department shall establish by rule a process by
26 which ground ambulance service providers of non-emergency

1 medical transportation may appeal any decision by the
2 Department or its agent for which no denial was received prior
3 to the time of transport that either (i) denies a request for
4 approval for payment of non-emergency transportation by means
5 of ground ambulance service or (ii) grants a request for
6 approval of non-emergency transportation by means of ground
7 ambulance service at a level of service that entitles the
8 ground ambulance service provider to a lower level of
9 compensation from the Department than the ground ambulance
10 service provider would have received as compensation for the
11 level of service requested. The rule shall be filed by
12 December 15, 2012 and shall provide that, for any decision
13 rendered by the Department or its agent on or after the date
14 the rule takes effect, the ground ambulance service provider
15 shall have 60 days from the date the decision is received to
16 file an appeal. The rule established by the Department shall
17 be, insofar as is practical, consistent with the Illinois
18 Administrative Procedure Act. The Director's decision on an
19 appeal under this Section shall be a final administrative
20 decision subject to review under the Administrative Review
21 Law.

22 (f-5) Beginning 90 days after July 20, 2012 (the effective
23 date of Public Act 97-842), (i) no denial of a request for
24 approval for payment of non-emergency transportation by means
25 of ground ambulance service, and (ii) no approval of
26 non-emergency transportation by means of ground ambulance

1 service at a level of service that entitles the ground
2 ambulance service provider to a lower level of compensation
3 from the Department than would have been received at the level
4 of service submitted by the ground ambulance service provider,
5 may be issued by the Department or its agent unless the
6 Department has submitted the criteria for determining the
7 appropriateness of the transport for first notice publication
8 in the Illinois Register pursuant to Section 5-40 of the
9 Illinois Administrative Procedure Act.

10 (f-6) Within 90 days after the effective date of this
11 amendatory Act of the 102nd General Assembly, the Department
12 shall adjust the criteria established under subsection (f-5)
13 by striking any reference to prohibiting approval of ground
14 ambulance services when the sole purpose of the transport is
15 for the navigation of stairs or the assisting or lifting of a
16 patient at a medical facility or during a medical appointment.
17 It is the intent of the General Assembly to permit ground
18 ambulance reimbursement for lifting, moving, or navigating
19 stairs in instances when a recipient exhibits extenuating
20 circumstances related to the social determinants of health
21 which would make an otherwise non-eligible ground ambulance
22 transport eligible for reimbursement. Such extenuating
23 circumstances may include a condition which would present an
24 unreasonable risk for the patient to navigate the stairs
25 without the assistance of medically trained ground ambulance
26 personnel. Such extenuating circumstances may be established

1 through the completion of a Physician Certification Statement
2 as set forth in subsection (g).

3 (f-7) For non-emergency ground ambulance claims properly
4 denied under Department policy at the time the claim is filed
5 due to failure to submit a valid Medical Certification for
6 Non-Emergency Ambulance on and after December 15, 2012 and
7 prior to January 1, 2021, the Department shall allot
8 \$2,000,000 to a pool to reimburse such claims if the provider
9 proves medical necessity for the service by other means.
10 Providers must submit any such denied claims for which they
11 seek compensation to the Department no later than December 31,
12 2021 along with documentation of medical necessity. No later
13 than May 31, 2022, the Department shall determine for which
14 claims medical necessity was established. Such claims for
15 which medical necessity was established shall be paid at the
16 rate in effect at the time of the service, provided the
17 \$2,000,000 is sufficient to pay at those rates. If the pool is
18 not sufficient, claims shall be paid at a uniform percentage
19 of the applicable rate such that the pool of \$2,000,000 is
20 exhausted. The appeal process described in subsection (f)
21 shall not be applicable to the Department's determinations
22 made in accordance with this subsection.

23 (g) Whenever a patient covered by a medical assistance
24 program under this Code or by another medical program
25 administered by the Department, including a patient covered
26 under the State's Medicaid managed care program, is being

1 transported from a facility and requires non-emergency
2 transportation including ground ambulance, medi-car, or
3 service car transportation, a Physician Certification
4 Statement as described in this Section shall be required for
5 each patient. Facilities shall develop procedures for a
6 licensed medical professional to provide a written and signed
7 Physician Certification Statement. The Physician Certification
8 Statement shall specify the level of transportation services
9 needed and complete a medical certification establishing the
10 criteria for approval of non-emergency ambulance
11 transportation, as published by the Department of Healthcare
12 and Family Services, that is met by the patient. This
13 certification shall be completed prior to ordering the
14 transportation service and prior to patient discharge. The
15 Physician Certification Statement is not required prior to
16 transport if a delay in transport can be expected to
17 negatively affect the patient outcome. If the ground ambulance
18 provider, medi-car provider, or service car provider is unable
19 to obtain the required Physician Certification Statement
20 within 10 calendar days following the date of the service, the
21 ground ambulance provider, medi-car provider, or service car
22 provider must document its attempt to obtain the requested
23 certification and may then submit the claim for payment.
24 Acceptable documentation includes a signed return receipt from
25 the U.S. Postal Service, facsimile receipt, email receipt, or
26 other similar service that evidences that the ground ambulance

1 provider, medi-car provider, or service car provider attempted
2 to obtain the required Physician Certification Statement.

3 The medical certification specifying the level and type of
4 non-emergency transportation needed shall be in the form of
5 the Physician Certification Statement on a standardized form
6 prescribed by the Department of Healthcare and Family
7 Services. Within 75 days after July 27, 2018 (the effective
8 date of Public Act 100-646), the Department of Healthcare and
9 Family Services shall develop a standardized form of the
10 Physician Certification Statement specifying the level and
11 type of transportation services needed in consultation with
12 the Department of Public Health, Medicaid managed care
13 organizations, a statewide association representing ambulance
14 providers, a statewide association representing hospitals, 3
15 statewide associations representing nursing homes, and other
16 stakeholders. The Physician Certification Statement shall
17 include, but is not limited to, the criteria necessary to
18 demonstrate medical necessity for the level of transport
19 needed as required by (i) the Department of Healthcare and
20 Family Services and (ii) the federal Centers for Medicare and
21 Medicaid Services as outlined in the Centers for Medicare and
22 Medicaid Services' Medicare Benefit Policy Manual, Pub.
23 100-02, Chap. 10, Sec. 10.2.1, et seq. The use of the Physician
24 Certification Statement shall satisfy the obligations of
25 hospitals under Section 6.22 of the Hospital Licensing Act and
26 nursing homes under Section 2-217 of the Nursing Home Care

1 Act. Implementation and acceptance of the Physician
2 Certification Statement shall take place no later than 90 days
3 after the issuance of the Physician Certification Statement by
4 the Department of Healthcare and Family Services.

5 Pursuant to subsection (E) of Section 12-4.25 of this
6 Code, the Department is entitled to recover overpayments paid
7 to a provider or vendor, including, but not limited to, from
8 the discharging physician, the discharging facility, and the
9 ground ambulance service provider, in instances where a
10 non-emergency ground ambulance service is rendered as the
11 result of improper or false certification.

12 Beginning October 1, 2018, the Department of Healthcare
13 and Family Services shall collect data from Medicaid managed
14 care organizations and transportation brokers, including the
15 Department's NETSPAP broker, regarding denials and appeals
16 related to the missing or incomplete Physician Certification
17 Statement forms and overall compliance with this subsection.
18 The Department of Healthcare and Family Services shall publish
19 quarterly results on its website within 15 days following the
20 end of each quarter.

21 (h) On and after July 1, 2012, the Department shall reduce
22 any rate of reimbursement for services or other payments or
23 alter any methodologies authorized by this Code to reduce any
24 rate of reimbursement for services or other payments in
25 accordance with Section 5-5e.

26 (i) On and after July 1, 2018, the Department shall

1 increase the base rate of reimbursement for both base charges
2 and mileage charges for ground ambulance service providers for
3 medical transportation services provided by means of a ground
4 ambulance to a level not lower than rates ~~112% of the base rate~~
5 in effect as of July 1, 2021 ~~June 30, 2018~~.

6 (k) Within 90 days after the effective date of this
7 amendatory Act of the 102nd General Assembly, the Department
8 shall establish a methodology for providing reimbursement for:

9 (i) bariatric transports at an amount of one additional base
10 rate for each additional 2 personnel necessary to safely move
11 the patient; and (ii) specialty care transports to include
12 transports originating or terminating at a residence and for
13 intra-facility transports.

14 (Source: P.A. 101-81, eff. 7-12-19; 101-649, eff. 7-7-20;
15 102-364, eff. 1-1-22; 102-650, eff. 8-27-21; revised 11-8-21.)

16 (305 ILCS 5/5-30c new)

17 Sec. 5-30c. Medi-car and stretcher van services; rate
18 increase. To ensure access to medical appointments and covered
19 services and realize the objectives of the medical assistance
20 program, the General Assembly must address the inadequate
21 supply of non-emergency medical transportation providers
22 across the State. To increase access to non-emergency
23 transportation services, the Department shall increase the
24 base rate for medi-car and stretcher van services to at least
25 \$50, and the rate of each attendant for medi-car and stretcher

1 van services to at least \$50. This reimbursement rate shall
2 only apply to stretcher van providers licensed by the
3 Department of Public Health in accordance with Section 3.86 of
4 the Emergency Medical Services (EMS) Systems Act. The
5 Department shall establish a grant program for the purpose of
6 building capacity among IMPACT-enrolled and BEP-certified
7 providers of medi-car and stretcher van transportation
8 services.

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