



Rep. Mary E. Flowers

Filed: 3/30/2022

10200HB5598ham002

LRB102 24946 KTG 38396 a

1 AMENDMENT TO HOUSE BILL 5598

2 AMENDMENT NO. _____. Amend House Bill 5598, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Emergency Medical Services (EMS) Systems
6 Act is amended by changing Section 3.10 as follows:

7 (210 ILCS 50/3.10)

8 Sec. 3.10. Scope of services.

9 (a) "Advanced Life Support (ALS) Services" means an
10 advanced level of pre-hospital and inter-hospital emergency
11 care and non-emergency medical services that includes basic
12 life support care, cardiac monitoring, cardiac defibrillation,
13 electrocardiography, intravenous therapy, administration of
14 medications, drugs and solutions, use of adjunctive medical
15 devices, trauma care, and other authorized techniques and
16 procedures, as outlined in the provisions of the National EMS

1 Education Standards relating to Advanced Life Support and any
2 modifications to that curriculum specified in rules adopted by
3 the Department pursuant to this Act.

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

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

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

26 (c) "Basic Life Support (BLS) Services" means a basic

1 level of pre-hospital and inter-hospital emergency care and
2 non-emergency medical services that includes medical
3 monitoring, clinical observation, airway management,
4 cardiopulmonary resuscitation (CPR), control of shock and
5 bleeding and splinting of fractures, as outlined in the
6 provisions of the National EMS Education Standards relating to
7 Basic Life Support and any modifications to that curriculum
8 specified in rules adopted by the Department pursuant to this
9 Act.

10 That care shall be initiated, where authorized by the EMS
11 Medical Director in a Department approved EMS System, under
12 the written or verbal direction of a physician licensed to
13 practice medicine in all of its branches or under the verbal
14 direction of an Emergency Communications Registered Nurse.

15 (d) "Emergency Medical Responder Services" means a
16 preliminary level of pre-hospital emergency care that includes
17 cardiopulmonary resuscitation (CPR), monitoring vital signs
18 and control of bleeding, as outlined in the Emergency Medical
19 Responder (EMR) curriculum of the National EMS Education
20 Standards and any modifications to that curriculum specified
21 in rules adopted by the Department pursuant to this Act.

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

26 (f) "Inter-hospital care" means those medical services

1 rendered to patients for analytic, resuscitative, stabilizing,
2 or preventive purposes, during transportation of such patients
3 from one hospital to another hospital.

4 (f-5) "Critical care transport" means the ~~pre-hospital or~~
5 ~~inter-hospital~~ transportation of a critically injured or ill
6 patient by a vehicle service provider, including the provision
7 of medically necessary supplies and services, at a level of
8 service beyond the scope of the Paramedic. When medically
9 indicated for a patient, as determined by a physician licensed
10 to practice medicine in all of its branches, an advanced
11 practice registered nurse, or a physician ~~physician's~~
12 assistant, in compliance with subsections (b) and (c) of
13 Section 3.155 of this Act, critical care transport may be
14 provided by:

15 (1) Department-approved critical care transport
16 providers, not owned or operated by a hospital, utilizing
17 Paramedics with additional training, nurses, or other
18 qualified health professionals; or

19 (2) Hospitals, when utilizing any vehicle service
20 provider or any hospital-owned or operated vehicle service
21 provider. Nothing in Public Act 96-1469 requires a
22 hospital to use, or to be, a Department-approved critical
23 care transport provider when transporting patients,
24 including those critically injured or ill. Nothing in this
25 Act shall restrict or prohibit a hospital from providing,
26 or arranging for, the medically appropriate transport of

1 any patient, as determined by a physician licensed to
2 practice in all of its branches, an advanced practice
3 registered nurse, or a physician ~~physician's~~ assistant.

4 (g) "Non-emergency medical services" means the provision
5 of, and all actions necessary before and after the provision
6 of, Basic Life Support (BLS) Services, Advanced Life Support
7 (ALS) Services, and critical care transport to patients whose
8 conditions do not meet this Act's definition of emergency,
9 before, after, or during transportation of such patients to or
10 from health care facilities visited for the purpose of
11 obtaining medical or health care services which are not
12 emergency in nature, using a vehicle regulated by this Act and
13 personnel licensed under this Act.

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

- 24 (1) Personnel staffing and licensure.
25 (2) Education, certification, and experience.
26 (3) Medical equipment and supplies.

1 (4) Vehicular standards.

2 (5) Treatment and transport protocols.

3 (6) Quality assurance and data collection.

4 (h) The provisions of this Act shall not apply to the use
5 of an ambulance or SEMSV, unless and until emergency or
6 non-emergency medical services are needed during the use of
7 the ambulance or SEMSV.

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

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

11 (305 ILCS 5/5-4.2)

12 Sec. 5-4.2. Ambulance services payments.

13 (a) For ambulance services provided to a recipient of aid
14 under this Article on or after January 1, 1993, the Illinois
15 Department shall reimburse ambulance service providers at
16 rates calculated in accordance with this Section. It is the
17 intent of the General Assembly to provide adequate
18 reimbursement for ambulance services so as to ensure adequate
19 access to services for recipients of aid under this Article
20 and to provide appropriate incentives to ambulance service
21 providers to provide services in an efficient and
22 cost-effective manner. Thus, it is the intent of the General
23 Assembly that the Illinois Department implement a
24 reimbursement system for ambulance services that, to the

1 extent practicable and subject to the availability of funds
2 appropriated by the General Assembly for this purpose, is
3 consistent with the payment principles of Medicare. To ensure
4 uniformity between the payment principles of Medicare and
5 Medicaid, the Illinois Department shall follow, to the extent
6 necessary and practicable and subject to the availability of
7 funds appropriated by the General Assembly for this purpose,
8 the statutes, laws, regulations, policies, procedures,
9 principles, definitions, guidelines, and manuals used to
10 determine the amounts paid to ambulance service providers
11 under Title XVIII of the Social Security Act (Medicare).

12 (b) For ambulance services provided to a recipient of aid
13 under this Article on or after January 1, 1996, the Illinois
14 Department shall reimburse ambulance service providers based
15 upon the actual distance traveled if a natural disaster,
16 weather conditions, road repairs, or traffic congestion
17 necessitates the use of a route other than the most direct
18 route.

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

22 (c-1) For purposes of this Section, "ground ambulance
23 service" means medical transportation services that are
24 described as ground ambulance services by the Centers for
25 Medicare and Medicaid Services and provided in a vehicle that
26 is licensed as an ambulance by the Illinois Department of

1 Public Health pursuant to the Emergency Medical Services (EMS)
2 Systems Act.

3 (c-2) For purposes of this Section, "ground ambulance
4 service provider" means a vehicle service provider as
5 described in the Emergency Medical Services (EMS) Systems Act
6 that operates licensed ambulances for the purpose of providing
7 emergency ambulance services, or non-emergency ambulance
8 services, or both. For purposes of this Section, this includes
9 both ambulance providers and ambulance suppliers as described
10 by the Centers for Medicare and Medicaid Services.

11 (c-3) For purposes of this Section, "medi-car" means
12 transportation services provided to a patient who is confined
13 to a wheelchair and requires the use of a hydraulic or electric
14 lift or ramp and wheelchair lockdown when the patient's
15 condition does not require medical observation, medical
16 supervision, medical equipment, the administration of
17 medications, or the administration of oxygen.

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

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

25 (e) Beginning with services rendered on or after July 1,
26 2008, all providers of non-emergency medi-car and service car

1 transportation must certify that the driver and employee
2 attendant, as applicable, have completed a safety program
3 approved by the Department to protect both the patient and the
4 driver, prior to transporting a patient. The provider must
5 maintain this certification in its records. The provider shall
6 produce such documentation upon demand by the Department or
7 its representative. Failure to produce documentation of such
8 training shall result in recovery of any payments made by the
9 Department for services rendered by a non-certified driver or
10 employee attendant. Medi-car and service car providers must
11 maintain legible documentation in their records of the driver
12 and, as applicable, employee attendant that actually
13 transported the patient. Providers must recertify all drivers
14 and employee attendants every 3 years. If they meet the
15 established training components set forth by the Department,
16 providers of non-emergency medi-car and service car
17 transportation that are either directly or through an
18 affiliated company licensed by the Department of Public Health
19 shall be approved by the Department to have in-house safety
20 programs for training their own staff.

21 Notwithstanding the requirements above, any public
22 transportation provider of medi-car and service car
23 transportation that receives federal funding under 49 U.S.C.
24 5307 and 5311 need not certify its drivers and employee
25 attendants under this Section, since safety training is
26 already federally mandated.

1 (f) With respect to any policy or program administered by
2 the Department or its agent regarding approval of
3 non-emergency medical transportation by ground ambulance
4 service providers, including, but not limited to, the
5 Non-Emergency Transportation Services Prior Approval Program
6 (NETSPAP), the Department shall establish by rule a process by
7 which ground ambulance service providers of non-emergency
8 medical transportation may appeal any decision by the
9 Department or its agent for which no denial was received prior
10 to the time of transport that either (i) denies a request for
11 approval for payment of non-emergency transportation by means
12 of ground ambulance service or (ii) grants a request for
13 approval of non-emergency transportation by means of ground
14 ambulance service at a level of service that entitles the
15 ground ambulance service provider to a lower level of
16 compensation from the Department than the ground ambulance
17 service provider would have received as compensation for the
18 level of service requested. The rule shall be filed by
19 December 15, 2012 and shall provide that, for any decision
20 rendered by the Department or its agent on or after the date
21 the rule takes effect, the ground ambulance service provider
22 shall have 60 days from the date the decision is received to
23 file an appeal. The rule established by the Department shall
24 be, insofar as is practical, consistent with the Illinois
25 Administrative Procedure Act. The Director's decision on an
26 appeal under this Section shall be a final administrative

1 decision subject to review under the Administrative Review
2 Law.

3 (f-5) Beginning 90 days after July 20, 2012 (the effective
4 date of Public Act 97-842), (i) no denial of a request for
5 approval for payment of non-emergency transportation by means
6 of ground ambulance service, and (ii) no approval of
7 non-emergency transportation by means of ground ambulance
8 service at a level of service that entitles the ground
9 ambulance service provider to a lower level of compensation
10 from the Department than would have been received at the level
11 of service submitted by the ground ambulance service provider,
12 may be issued by the Department or its agent unless the
13 Department has submitted the criteria for determining the
14 appropriateness of the transport for first notice publication
15 in the Illinois Register pursuant to Section 5-40 of the
16 Illinois Administrative Procedure Act.

17 (f-6) Within 90 days after the effective date of this
18 amendatory Act of the 102nd General Assembly, the Department
19 shall adjust the criteria established under subsection (f-5)
20 by striking any reference to prohibiting approval of ground
21 ambulance services when the sole purpose of the transport is
22 for the navigation of stairs or the assisting or lifting of a
23 patient at a medical facility or during a medical appointment.
24 It is the intent of the General Assembly to permit ground
25 ambulance reimbursement for lifting, moving, or navigating
26 stairs in instances when a recipient exhibits extenuating

1 circumstances related to the social determinants of health
2 which would make an otherwise non-eligible ground ambulance
3 transport eligible for transportation. Such extenuating
4 circumstances may include a condition which would present an
5 unreasonable risk for the patient to navigate the stairs
6 without the assistance of medically trained ground ambulance
7 personnel. Such extenuating circumstances may be established
8 through the completion of a Physician Certification Statement
9 as set forth in subsection (g).

10 (f-7) For non-emergency ground ambulance claims properly
11 denied under Department policy at the time the claim is filed
12 due to failure to submit a valid Medical Certification for
13 Non-Emergency Ambulance on and after December 15, 2012 and
14 prior to January 1, 2021, the Department shall allot
15 \$2,000,000 to a pool to reimburse such claims if the provider
16 proves medical necessity for the service by other means.
17 Providers must submit any such denied claims for which they
18 seek compensation to the Department no later than December 31,
19 2021 along with documentation of medical necessity. No later
20 than May 31, 2022, the Department shall determine for which
21 claims medical necessity was established. Such claims for
22 which medical necessity was established shall be paid at the
23 rate in effect at the time of the service, provided the
24 \$2,000,000 is sufficient to pay at those rates. If the pool is
25 not sufficient, claims shall be paid at a uniform percentage
26 of the applicable rate such that the pool of \$2,000,000 is

1 exhausted. The appeal process described in subsection (f)
2 shall not be applicable to the Department's determinations
3 made in accordance with this subsection.

4 (g) Whenever a patient covered by a medical assistance
5 program under this Code or by another medical program
6 administered by the Department, including a patient covered
7 under the State's Medicaid managed care program, is being
8 transported from a facility and requires non-emergency
9 transportation including ground ambulance, medi-car, or
10 service car transportation, a Physician Certification
11 Statement as described in this Section shall be required for
12 each patient. Facilities shall develop procedures for a
13 licensed medical professional to provide a written and signed
14 Physician Certification Statement. The Physician Certification
15 Statement shall specify the level of transportation services
16 needed and complete a medical certification establishing the
17 criteria for approval of non-emergency ambulance
18 transportation, as published by the Department of Healthcare
19 and Family Services, that is met by the patient. This
20 certification shall be completed prior to ordering the
21 transportation service and prior to patient discharge. The
22 Physician Certification Statement is not required prior to
23 transport if a delay in transport can be expected to
24 negatively affect the patient outcome. If the ground ambulance
25 provider, medi-car provider, or service car provider is unable
26 to obtain the required Physician Certification Statement

1 within 10 calendar days following the date of the service, the
2 ground ambulance provider, medi-car provider, or service car
3 provider must document its attempt to obtain the requested
4 certification and may then submit the claim for payment.
5 Acceptable documentation includes a signed return receipt from
6 the U.S. Postal Service, facsimile receipt, email receipt, or
7 other similar service that evidences that the ground ambulance
8 provider, medi-car provider, or service car provider attempted
9 to obtain the required Physician Certification Statement.

10 The medical certification specifying the level and type of
11 non-emergency transportation needed shall be in the form of
12 the Physician Certification Statement on a standardized form
13 prescribed by the Department of Healthcare and Family
14 Services. Within 75 days after July 27, 2018 (the effective
15 date of Public Act 100-646), the Department of Healthcare and
16 Family Services shall develop a standardized form of the
17 Physician Certification Statement specifying the level and
18 type of transportation services needed in consultation with
19 the Department of Public Health, Medicaid managed care
20 organizations, a statewide association representing ambulance
21 providers, a statewide association representing hospitals, 3
22 statewide associations representing nursing homes, and other
23 stakeholders. The Physician Certification Statement shall
24 include, but is not limited to, the criteria necessary to
25 demonstrate medical necessity for the level of transport
26 needed as required by (i) the Department of Healthcare and

1 Family Services and (ii) the federal Centers for Medicare and
2 Medicaid Services as outlined in the Centers for Medicare and
3 Medicaid Services' Medicare Benefit Policy Manual, Pub.
4 100-02, Chap. 10, Sec. 10.2.1, et seq. The use of the Physician
5 Certification Statement shall satisfy the obligations of
6 hospitals under Section 6.22 of the Hospital Licensing Act and
7 nursing homes under Section 2-217 of the Nursing Home Care
8 Act. Implementation and acceptance of the Physician
9 Certification Statement shall take place no later than 90 days
10 after the issuance of the Physician Certification Statement by
11 the Department of Healthcare and Family Services.

12 Pursuant to subsection (E) of Section 12-4.25 of this
13 Code, the Department is entitled to recover overpayments paid
14 to a provider or vendor, including, but not limited to, from
15 the discharging physician, the discharging facility, and the
16 ground ambulance service provider, in instances where a
17 non-emergency ground ambulance service is rendered as the
18 result of improper or false certification.

19 Beginning October 1, 2018, the Department of Healthcare
20 and Family Services shall collect data from Medicaid managed
21 care organizations and transportation brokers, including the
22 Department's NETSPAP broker, regarding denials and appeals
23 related to the missing or incomplete Physician Certification
24 Statement forms and overall compliance with this subsection.
25 The Department of Healthcare and Family Services shall publish
26 quarterly results on its website within 15 days following the

1 end of each quarter.

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

7 (i) On and after July 1, 2018, the Department shall
8 increase the base rate of reimbursement for both base charges
9 and mileage charges for ground ambulance service providers for
10 medical transportation services provided by means of a ground
11 ambulance to a level not lower than 112% of the base rate in
12 effect as of June 30, 2018.

13 (k) Within 90 days after the effective date of this
14 amendatory Act of the 102nd General Assembly, the Department
15 shall establish a methodology for providing reimbursement for:
16 (i) bariatric transports at an amount of one base rate for each
17 additional 2 personnel necessary to safely move the patient;
18 and (ii) specialty care transports to include transports
19 originating or terminating at a residence and for
20 intra-facility transports.

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

23 (305 ILCS 5/5-30c new)

24 Sec. 5-30c. Medi-car and stretcher van services; rate
25 increase. To ensure access to medical appointments and covered

1 services and realize the objectives of the medical assistance
2 program, the General Assembly must address the inadequate
3 supply of non-emergency medical transportation providers
4 across the State. To increase access to non-emergency
5 transportation services, the Department shall increase the
6 base rate for medi-car and stretcher van services to at least
7 \$50, and the rate of each attendant for medi-car services and
8 stretcher van to at least \$50. The Department shall establish
9 a grant program for the purpose of building capacity among
10 IMPACT-enrolled and BEP-certified providers of medi-car and
11 stretcher van transportation services.

12 Section 99. Effective date. This Act takes effect upon
13 becoming law.".