



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB1541

Introduced 2/26/2021, by Sen. Antonio Muñoz

SYNOPSIS AS INTRODUCED:

210 ILCS 50/3.20

Amends the Emergency Medical Services (EMS) Systems Act. Allows limited EMS System participation by alternative health care facilities for mental health care if specified requirements are met. Provides that the Department of Public Health shall adopt rules implementing the provisions, including the types of licensed alternative health care facilities that may participate in an EMS System and the limitations of participation. Provides that the EMS System providers and alternative health care facilities shall agree to comply with all Department administrative rules implementing the provisions. Provides that EMS System providers who transport patients under the provisions shall be reimbursed by the Department of Healthcare and Family Services under specified provisions of the Illinois Public Aid Code. Effective immediately.

LRB102 14679 CPF 20032 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Emergency Medical Services (EMS) Systems
5 Act is amended by changing Section 3.20 as follows:

6 (210 ILCS 50/3.20)

7 Sec. 3.20. Emergency Medical Services (EMS) Systems.

8 (a) "Emergency Medical Services (EMS) System" means an
9 organization of hospitals, vehicle service providers and
10 personnel approved by the Department in a specific geographic
11 area, which coordinates and provides pre-hospital and
12 inter-hospital emergency care and non-emergency medical
13 transports at a BLS, ILS and/or ALS level pursuant to a System
14 program plan submitted to and approved by the Department, and
15 pursuant to the EMS Region Plan adopted for the EMS Region in
16 which the System is located.

17 (b) One hospital in each System program plan must be
18 designated as the Resource Hospital. All other hospitals which
19 are located within the geographic boundaries of a System and
20 which have standby, basic or comprehensive level emergency
21 departments must function in that EMS System as either an
22 Associate Hospital or Participating Hospital and follow all
23 System policies specified in the System Program Plan,

1 including but not limited to the replacement of drugs and
2 equipment used by providers who have delivered patients to
3 their emergency departments. All hospitals and vehicle service
4 providers participating in an EMS System must specify their
5 level of participation in the System Program Plan.

6 (c) The Department shall have the authority and
7 responsibility to:

8 (1) Approve BLS, ILS and ALS level EMS Systems which
9 meet minimum standards and criteria established in rules
10 adopted by the Department pursuant to this Act, including
11 the submission of a Program Plan for Department approval.
12 Beginning September 1, 1997, the Department shall approve
13 the development of a new EMS System only when a local or
14 regional need for establishing such System has been
15 verified by the Department. This shall not be construed as
16 a needs assessment for health planning or other purposes
17 outside of this Act. Following Department approval, EMS
18 Systems must be fully operational within one year from the
19 date of approval.

20 (2) Monitor EMS Systems, based on minimum standards
21 for continuing operation as prescribed in rules adopted by
22 the Department pursuant to this Act, which shall include
23 requirements for submitting Program Plan amendments to the
24 Department for approval.

25 (3) Renew EMS System approvals every 4 years, after an
26 inspection, based on compliance with the standards for

1 continuing operation prescribed in rules adopted by the
2 Department pursuant to this Act.

3 (4) Suspend, revoke, or refuse to renew approval of
4 any EMS System, after providing an opportunity for a
5 hearing, when findings show that it does not meet the
6 minimum standards for continuing operation as prescribed
7 by the Department, or is found to be in violation of its
8 previously approved Program Plan.

9 (5) Require each EMS System to adopt written protocols
10 for the bypassing of or diversion to any hospital, trauma
11 center or regional trauma center, which provide that a
12 person shall not be transported to a facility other than
13 the nearest hospital, regional trauma center or trauma
14 center unless the medical benefits to the patient
15 reasonably expected from the provision of appropriate
16 medical treatment at a more distant facility outweigh the
17 increased risks to the patient from transport to the more
18 distant facility, or the transport is in accordance with
19 the System's protocols for patient choice or refusal.

20 (6) Require that the EMS Medical Director of an ILS or
21 ALS level EMS System be a physician licensed to practice
22 medicine in all of its branches in Illinois, and certified
23 by the American Board of Emergency Medicine or the
24 American Osteopathic Board of Emergency Medicine, and that
25 the EMS Medical Director of a BLS level EMS System be a
26 physician licensed to practice medicine in all of its

1 branches in Illinois, with regular and frequent
2 involvement in pre-hospital emergency medical services. In
3 addition, all EMS Medical Directors shall:

4 (A) Have experience on an EMS vehicle at the
5 highest level available within the System, or make
6 provision to gain such experience within 12 months
7 prior to the date responsibility for the System is
8 assumed or within 90 days after assuming the position;

9 (B) Be thoroughly knowledgeable of all skills
10 included in the scope of practices of all levels of EMS
11 personnel within the System;

12 (C) Have or make provision to gain experience
13 instructing students at a level similar to that of the
14 levels of EMS personnel within the System; and

15 (D) For ILS and ALS EMS Medical Directors,
16 successfully complete a Department-approved EMS
17 Medical Director's Course.

18 (7) Prescribe statewide EMS data elements to be
19 collected and documented by providers in all EMS Systems
20 for all emergency and non-emergency medical services, with
21 a one-year phase-in for commencing collection of such data
22 elements.

23 (8) Define, through rules adopted pursuant to this
24 Act, the terms "Resource Hospital", "Associate Hospital",
25 "Participating Hospital", "Basic Emergency Department",
26 "Standby Emergency Department", "Comprehensive Emergency

1 Department", "EMS Medical Director", "EMS Administrative
2 Director", and "EMS System Coordinator".

3 (A) (Blank).

4 (B) (Blank).

5 (9) Investigate the circumstances that caused a
6 hospital in an EMS system to go on bypass status to
7 determine whether that hospital's decision to go on bypass
8 status was reasonable. The Department may impose
9 sanctions, as set forth in Section 3.140 of the Act, upon a
10 Department determination that the hospital unreasonably
11 went on bypass status in violation of the Act.

12 (10) Evaluate the capacity and performance of any
13 freestanding emergency center established under Section
14 32.5 of this Act in meeting emergency medical service
15 needs of the public, including compliance with applicable
16 emergency medical standards and assurance of the
17 availability of and immediate access to the highest
18 quality of medical care possible.

19 (11) Permit limited EMS System participation by
20 facilities operated by the United States Department of
21 Veterans Affairs, Veterans Health Administration. Subject
22 to patient preference, Illinois EMS providers may
23 transport patients to Veterans Health Administration
24 facilities that voluntarily participate in an EMS System.
25 Any Veterans Health Administration facility seeking
26 limited participation in an EMS System shall agree to

1 comply with all Department administrative rules
2 implementing this Section. The Department may promulgate
3 rules, including, but not limited to, the types of
4 Veterans Health Administration facilities that may
5 participate in an EMS System and the limitations of
6 participation.

7 (12) Ensure that EMS systems are transporting pregnant
8 women to the appropriate facilities based on the
9 classification of the levels of maternal care described
10 under subsection (a) of Section 2310-223 of the Department
11 of Public Health Powers and Duties Law of the Civil
12 Administrative Code of Illinois.

13 (13) Permit limited EMS System participation by an
14 alternative health care facility for mental health care,
15 as outlined in the EMS System plan, that is:

16 (A) owned or operated by a hospital licensed under
17 the Hospital Licensing Act or operated under the
18 University of Illinois Hospital Act;

19 (B) a mental health facility, as defined under
20 Section 1-114 of the Mental Health and Developmental
21 Disabilities Code, and licensed by a State licensing
22 agency; or

23 (C) certified as a Certified Comprehensive
24 Community Mental Health Center under 59 Ill. Adm. Code
25 132.

26 The Department shall adopt rules implementing this

1 paragraph, including, but not limited to, the types of
2 licensed alternative health care facilities that may
3 participate in an EMS System and the limitations of
4 participation. The EMS System providers and alternative
5 health care facilities shall agree to comply with all
6 Department administrative rules implementing this Section.
7 EMS System providers who transport patients under this
8 paragraph shall be reimbursed by the Department of
9 Healthcare and Family Services under Section 5-4.2 of the
10 Illinois Public Aid Code.

11 (Source: P.A. 101-447, eff. 8-23-19.)

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