

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 Sections 3.30, 3.90, 3.95, 3.100,
6 3.105, 3.110, 3.115, 3.140, 3.200, and 3.205 and by adding
7 Sections 3.101, 3.102, and 3.106 as follows:

8 (210 ILCS 50/3.30)

9 Sec. 3.30. EMS Region Plan; Content.

10 (a) The EMS Medical Directors Committee shall address at
11 least the following:

12 (1) Protocols for inter-System/inter-Region patient
13 transports, including identifying the conditions of
14 emergency patients which may not be transported to the
15 different levels of emergency department, based on their
16 Department classifications and relevant Regional
17 considerations (e.g. transport times and distances);

18 (2) Regional standing medical orders;

19 (3) Patient transfer patterns, including criteria for
20 determining whether a patient needs the specialized
21 services of a trauma center, along with protocols for the
22 bypassing of or diversion to any hospital, trauma center
23 or regional trauma center which are consistent with

1 individual System bypass or diversion protocols and
2 protocols for patient choice or refusal;

3 (4) Protocols for resolving Regional or Inter-System
4 conflict;

5 (5) An EMS disaster preparedness plan which includes
6 the actions and responsibilities of all EMS participants
7 within the Region. Within 90 days of the effective date of
8 this amendatory Act of 1996, an EMS System shall submit to
9 the Department for review an internal disaster plan. At a
10 minimum, the plan shall include contingency plans for the
11 transfer of patients to other facilities if an evacuation
12 of the hospital becomes necessary due to a catastrophe,
13 including but not limited to, a power failure;

14 (6) Regional standardization of continuing education
15 requirements;

16 (7) Regional standardization of Do Not Resuscitate
17 (DNR) policies, and protocols for power of attorney for
18 health care;

19 (8) Protocols for disbursement of Department grants;

20 (9) Protocols for the triage, treatment, and transport
21 of possible acute stroke patients; and

22 (10) Regional standing medical orders for the
23 administration of opioid antagonists.

24 (b) The Trauma Center Medical Directors or Trauma Center
25 Medical Directors Committee shall address at least the
26 following:

- 1 (1) The identification of Regional Trauma Centers;
- 2 (2) Protocols for inter-System and inter-Region trauma
3 patient transports, including identifying the conditions
4 of emergency patients which may not be transported to the
5 different levels of emergency department, based on their
6 Department classifications and relevant Regional
7 considerations (e.g. transport times and distances);
- 8 (3) Regional trauma standing medical orders;
- 9 (4) Trauma patient transfer patterns, including
10 criteria for determining whether a patient needs the
11 specialized services of a trauma center, along with
12 protocols for the bypassing of or diversion to any
13 hospital, trauma center or regional trauma center which
14 are consistent with individual System bypass or diversion
15 protocols and protocols for patient choice or refusal;
- 16 (5) The identification of which types of patients can
17 be cared for by Level I Trauma Centers, ~~and~~ Level II Trauma
18 Centers, ~~and~~ Level III Trauma Centers;
- 19 (6) Criteria for inter-hospital transfer of trauma
20 patients;
- 21 (7) The treatment of trauma patients in each trauma
22 center within the Region;
- 23 (8) A program for conducting a quarterly conference
24 which shall include at a minimum a discussion of morbidity
25 and mortality between all professional staff involved in
26 the care of trauma patients;

1 (9) The establishment of a Regional trauma quality
2 assurance and improvement subcommittee, consisting of
3 trauma surgeons, which shall perform periodic medical
4 audits of each trauma center's trauma services, and
5 forward tabulated data from such reviews to the
6 Department; and

7 (10) The establishment, ~~within 90 days of the~~
8 ~~effective date of this amendatory Act of 1996,~~ of an
9 internal disaster plan, which shall include, at a minimum,
10 contingency plans for the transfer of patients to other
11 facilities if an evacuation of the hospital becomes
12 necessary due to a catastrophe, including but not limited
13 to, a power failure.

14 (c) The Region's EMS Medical Directors and Trauma Center
15 Medical Directors Committees shall appoint any subcommittees
16 which they deem necessary to address specific issues
17 concerning Region activities.

18 (Source: P.A. 99-480, eff. 9-9-15.)

19 (210 ILCS 50/3.90)

20 Sec. 3.90. Trauma Center Designations.

21 (a) "Trauma Center" means a hospital which: (1) within
22 designated capabilities provides optimal care to trauma
23 patients; (2) participates in an approved EMS System; and (3)
24 is duly designated pursuant to the provisions of this Act.
25 Level I Trauma Centers shall provide all essential services

1 in-house, 24 hours per day, in accordance with rules adopted
2 by the Department pursuant to this Act. Level II and Level III
3 Trauma Centers shall have some essential services available
4 in-house, 24 hours per day, and other essential services
5 readily available, 24 hours per day, in accordance with rules
6 adopted by the Department pursuant to this Act.

7 (a-5) An Acute Injury Stabilization Center shall have a
8 basic or comprehensive emergency department capable of initial
9 management and transfer of the acutely injured in accordance
10 with rules adopted by the Department pursuant to this Act.

11 (b) The Department shall have the authority and
12 responsibility to:

13 (1) Establish and enforce minimum standards for
14 designation and re-designation of 3 levels of trauma
15 centers that meet trauma center national standards, as
16 modified by the Department in administrative rules as a
17 Level I or Level II Trauma Center, consistent with
18 Sections 22 and 23 of this Act, through rules adopted
19 pursuant to this Act;

20 (2) Require hospitals applying for trauma center
21 designation to submit a plan for designation in a manner
22 and form prescribed by the Department through rules
23 adopted pursuant to this Act;

24 (3) Upon receipt of a completed plan for designation,
25 conduct a site visit to inspect the hospital for
26 compliance with the Department's minimum standards. Such

1 visit shall be conducted by specially qualified personnel
2 with experience in the delivery of emergency medical
3 and/or trauma care. A report of the inspection shall be
4 provided to the Director within 30 days of the completion
5 of the site visit. The report shall note compliance or
6 lack of compliance with the individual standards for
7 ~~designation, but shall not offer a recommendation on~~
8 ~~granting or denying~~ designation;

9 (4) Designate applicant hospitals as Level I, ~~or~~ Level
10 II, or Level III Trauma Centers which meet the minimum
11 standards established by this Act and the Department. The
12 ~~Beginning September 1, 1997 the~~ Department shall designate
13 a new trauma center only when a local or regional need for
14 such trauma center has been identified. The Department
15 shall request an assessment of local or regional need from
16 the applicable EMS Region's Trauma Center Medical
17 Directors Committee, with advice from the Regional Trauma
18 Advisory Committee. This shall not be construed as a needs
19 assessment for health planning or other purposes outside
20 of this Act;

21 (5) Attempt to designate trauma centers in all areas
22 of the State. There shall be at least one Level I Trauma
23 Center serving each EMS Region, unless waived by the
24 Department. This subsection shall not be construed to
25 require a Level I Trauma Center to be located in each EMS
26 Region. Level I Trauma Centers shall serve as resources

1 for the Level II and Level III Trauma Centers and Acute
2 Injury Stabilization Centers in the EMS Regions. The
3 extent of such relationships shall be defined in the EMS
4 Region Plan;

5 (6) Inspect designated trauma centers to assure
6 compliance with the provisions of this Act and the rules
7 adopted pursuant to this Act. Information received by the
8 Department through filed reports, inspection, or as
9 otherwise authorized under this Act shall not be disclosed
10 publicly in such a manner as to identify individuals or
11 hospitals, except in proceedings involving the denial,
12 suspension or revocation of a trauma center designation or
13 imposition of a fine on a trauma center;

14 (7) Renew trauma center designations every 2 years,
15 after an on-site inspection, based on compliance with
16 renewal requirements and standards for continuing
17 operation, as prescribed by the Department through rules
18 adopted pursuant to this Act;

19 (8) Refuse to issue or renew a trauma center
20 designation, after providing an opportunity for a hearing,
21 when findings show that it does not meet the standards and
22 criteria prescribed by the Department;

23 (9) Review and determine whether a trauma center's
24 annual morbidity and mortality rates for trauma patients
25 significantly exceed the State average for such rates,
26 using a uniform recording methodology based on nationally

1 recognized standards. Such determination shall be
2 considered as a factor in any decision by the Department
3 to renew or refuse to renew a trauma center designation
4 under this Act, but shall not constitute the sole basis
5 for refusing to renew a trauma center designation;

6 (10) Take the following action, as appropriate, after
7 determining that a trauma center is in violation of this
8 Act or any rule adopted pursuant to this Act:

9 (A) If the Director determines that the violation
10 presents a substantial probability that death or
11 serious physical harm will result and if the trauma
12 center fails to eliminate the violation immediately or
13 within a fixed period of time, not exceeding 10 days,
14 as determined by the Director, the Director may
15 immediately revoke the trauma center designation. The
16 trauma center may appeal the revocation within 15 days
17 after receiving the Director's revocation order, by
18 requesting a hearing as provided by Section 29 of this
19 Act. The Director shall notify the chair of the
20 Region's Trauma Center Medical Directors Committee and
21 EMS Medical Directors for appropriate EMS Systems of
22 such trauma center designation revocation;

23 (B) If the Director determines that the violation
24 does not present a substantial probability that death
25 or serious physical harm will result, the Director
26 shall issue a notice of violation and request a plan of

1 correction which shall be subject to the Department's
2 approval. The trauma center shall have 10 days after
3 receipt of the notice of violation in which to submit a
4 plan of correction. The Department may extend this
5 period for up to 30 days. The plan shall include a
6 fixed time period not in excess of 90 days within which
7 violations are to be corrected. The plan of correction
8 and the status of its implementation by the trauma
9 center shall be provided, as appropriate, to the EMS
10 Medical Directors for appropriate EMS Systems. If the
11 Department rejects a plan of correction, it shall send
12 notice of the rejection and the reason for the
13 rejection to the trauma center. The trauma center
14 shall have 10 days after receipt of the notice of
15 rejection in which to submit a modified plan. If the
16 modified plan is not timely submitted, or if the
17 modified plan is rejected, the trauma center shall
18 follow an approved plan of correction imposed by the
19 Department. If, after notice and opportunity for
20 hearing, the Director determines that a trauma center
21 has failed to comply with an approved plan of
22 correction, the Director may suspend or revoke the
23 trauma center designation. The trauma center shall
24 have 15 days after receiving the Director's notice in
25 which to request a hearing. Such hearing shall conform
26 to the provisions of Section 3.135 ~~30~~ of this Act;

1 (11) The Department may delegate authority to local
2 health departments in jurisdictions which include a
3 substantial number of trauma centers. The delegated
4 authority to those local health departments shall include,
5 but is not limited to, the authority to designate trauma
6 centers with final approval by the Department, maintain a
7 regional data base with concomitant reporting of trauma
8 registry data, and monitor, inspect and investigate trauma
9 centers within their jurisdiction, in accordance with the
10 requirements of this Act and the rules promulgated by the
11 Department;

12 (A) The Department shall monitor the performance
13 of local health departments with authority delegated
14 pursuant to this Section, based upon performance
15 criteria established in rules promulgated by the
16 Department;

17 (B) Delegated authority may be revoked for
18 ~~substantial~~ non-compliance with the Act or the
19 Department's rules. Notice of an intent to revoke
20 shall be served upon the local health department by
21 certified mail, stating the reasons for revocation and
22 offering an opportunity for an administrative hearing
23 to contest the proposed revocation. The request for a
24 hearing must be in writing and received by the
25 Department within 10 working days of the local health
26 department's receipt of notification;

1 (C) The director of a local health department may
2 relinquish its delegated authority upon 60 days
3 written notification to the Director of Public Health.
4 (Source: P.A. 89-177, eff. 7-19-95.)

5 (210 ILCS 50/3.95)

6 Sec. 3.95. Level I Trauma Center Minimum Standards. The
7 Department shall establish, through rules adopted pursuant to
8 this Act, standards for Level I Trauma Centers which shall
9 include, but need not be limited to:

10 (a) The designation by the trauma center of a Trauma
11 Center Medical Director and specification of his
12 qualifications;

13 (b) The types of surgical services the trauma center must
14 have available for trauma patients, including but not limited
15 to a twenty-four hour in-house surgeon with operating
16 privileges and ancillary staff necessary for immediate
17 surgical intervention;

18 (c) The types of nonsurgical services the trauma center
19 must have available for trauma patients;

20 (d) The numbers and qualifications of emergency medical
21 personnel;

22 (e) The types of equipment that must be available to
23 trauma patients;

24 (f) Requiring the trauma center to be affiliated with an
25 EMS System;

1 (g) Requiring the trauma center to have a communications
2 system that is fully integrated with all Level II Trauma
3 Centers, Level III Trauma Centers, Acute Injury Stabilization
4 Centers, and EMS Systems with which it is affiliated;

5 (h) The types of data the trauma center must collect and
6 submit to the Department relating to the trauma services it
7 provides. Such data may include information on post-trauma
8 care directly related to the initial traumatic injury provided
9 to trauma patients until their discharge from the facility and
10 information on discharge plans;

11 (i) Requiring the trauma center to have helicopter landing
12 capabilities approved by appropriate State and federal
13 authorities, if the trauma center is located within a
14 municipality having a population of less than two million
15 people; and

16 (j) Requiring written agreements with Level II Trauma
17 Centers, Level III Trauma Centers, and Acute Injury
18 Stabilization Centers in the EMS Regions it serves, executed
19 within a reasonable time designated by the Department.

20 (Source: P.A. 89-177, eff. 7-19-95.)

21 (210 ILCS 50/3.100)

22 Sec. 3.100. Level II Trauma Center Minimum Standards. The
23 Department shall establish, through rules adopted pursuant to
24 this Act, standards for Level II Trauma Centers which shall
25 include, but need not be limited to:

1 (a) The designation by the trauma center of a Trauma
2 Center Medical Director and specification of his
3 qualifications;

4 (b) The types of surgical services the trauma center must
5 have available for trauma patients. The Department shall not
6 require the availability of all surgical services required of
7 Level I Trauma Centers;

8 (c) The types of nonsurgical services the trauma center
9 must have available for trauma patients;

10 (d) The numbers and qualifications of emergency medical
11 personnel, taking into consideration the more limited trauma
12 services available in a Level II Trauma Center;

13 (e) The types of equipment that must be available for
14 trauma patients;

15 (f) Requiring the trauma center to have a written
16 agreement with ~~a~~ Level I Trauma Centers, Level III Trauma
17 Centers, and Acute Injury Stabilization Centers ~~Center~~ serving
18 the EMS Region outlining their respective responsibilities in
19 providing trauma services, executed within a reasonable time
20 designated by the Department, unless the requirement for a
21 Level I Trauma Center to serve that EMS Region has been waived
22 by the Department;

23 (g) Requiring the trauma center to be affiliated with an
24 EMS System;

25 (h) Requiring the trauma center to have a communications
26 system that is fully integrated with the Level I Trauma

1 Centers, Level III Trauma Centers, Acute Injury Stabilization
2 Centers, and the EMS Systems with which it is affiliated;

3 (i) The types of data the trauma center must collect and
4 submit to the Department relating to the trauma services it
5 provides. Such data may include information on post-trauma
6 care directly related to the initial traumatic injury provided
7 to trauma patients until their discharge from the facility and
8 information on discharge plans;

9 (j) Requiring the trauma center to have helicopter landing
10 capabilities approved by appropriate State and federal
11 authorities, if the trauma center is located within a
12 municipality having a population of less than two million
13 people.

14 (Source: P.A. 89-177, eff. 7-19-95.)

15 (210 ILCS 50/3.101 new)

16 Sec. 3.101. Level III Trauma Center Minimum Standards. The
17 Department shall establish, through rules adopted under this
18 Act, standards for Level III Trauma Centers that shall
19 include, but need not be limited to:

20 (1) The designation by the trauma center of a Trauma
21 Center Medical Director and specification of his or her
22 qualifications;

23 (2) The types of surgical services the trauma center
24 must have available for trauma patients; the Department
25 shall not require the availability of all surgical

1 services required of Level I or Level II Trauma Centers;

2 (3) The types of nonsurgical services the trauma
3 center must have available for trauma patients;

4 (4) The numbers and qualifications of emergency
5 medical personnel, taking into consideration the more
6 limited trauma services available in a Level III Trauma
7 Center;

8 (5) The types of equipment that must be available for
9 trauma patients;

10 (6) Requiring the trauma center to have a written
11 agreement with Level I Trauma Centers, Level II Trauma
12 Centers, and Acute Injury Stabilization Centers serving
13 the EMS Region outlining their respective responsibilities
14 in providing trauma services, executed within a reasonable
15 time designated by the Department, unless the requirement
16 for a Level I Trauma Center to serve that EMS Region has
17 been waived by the Department;

18 (7) Requiring the trauma center to be affiliated with
19 an EMS System;

20 (8) Requiring the trauma center to have a
21 communications system that is fully integrated with the
22 Level I Trauma Centers, Level II Trauma Centers, Acute
23 Injury Stabilization Centers, and the EMS Systems with
24 which it is affiliated;

25 (9) The types of data the trauma center must collect
26 and submit to the Department relating to the trauma

1 services it provides; such data may include information on
2 post-trauma care directly related to the initial traumatic
3 injury provided to trauma patients until their discharge
4 from the facility and information on discharge plans; and

5 (10) Requiring the trauma center to have helicopter
6 landing capabilities approved by appropriate State and
7 federal authorities if the trauma center is located within
8 a municipality having a population of less than 2,000,000
9 people.

10 (210 ILCS 50/3.102 new)

11 Sec. 3.102. Acute Injury Stabilization Center minimum
12 standards. The Department shall establish, through rules
13 adopted pursuant to this Act, standards for Acute Injury
14 Stabilization Centers, which shall include, but need not be
15 limited to, Comprehensive or Basic Emergency Department
16 services pursuant to the Hospital Licensing Act.

17 (210 ILCS 50/3.105)

18 Sec. 3.105. Trauma Center Misrepresentation. ~~No After the~~
19 ~~effective date of this amendatory Act of 1995, no~~ facility
20 shall use the phrase "trauma center" or words of similar
21 meaning in relation to itself or hold itself out as a trauma
22 center without first obtaining designation pursuant to this
23 Act.

24 (Source: P.A. 89-177, eff. 7-19-95.)

1 (210 ILCS 50/3.106 new)

2 Sec. 3.106. Acute Injury Stabilization Center
3 Misrepresentation. No facility shall use the phrase "Acute
4 Injury Stabilization Center" or words of similar meaning in
5 relation to itself or hold itself out as an Acute Injury
6 Stabilization Center without first obtaining designation
7 pursuant to this Act.

8 (210 ILCS 50/3.110)

9 Sec. 3.110. EMS system and trauma center confidentiality
10 and immunity.

11 (a) All information contained in or relating to any
12 medical audit performed of a trauma center's trauma services
13 or an Acute Injury Stabilization Center pursuant to this Act
14 or by an EMS Medical Director or his designee of medical care
15 rendered by System personnel, shall be afforded the same
16 status as is provided information concerning medical studies
17 in Article VIII, Part 21 of the Code of Civil Procedure.
18 Disclosure of such information to the Department pursuant to
19 this Act shall not be considered a violation of Article VIII,
20 Part 21 of the Code of Civil Procedure.

21 (b) Hospitals, trauma centers and individuals that perform
22 or participate in medical audits pursuant to this Act shall be
23 immune from civil liability to the same extent as provided in
24 Section 10.2 of the Hospital Licensing Act.

1 (c) All information relating to the State Emergency
2 Medical Services Disciplinary Review Board or a local review
3 board, except final decisions, shall be afforded the same
4 status as is provided information concerning medical studies
5 in Article VIII, Part 21 of the Code of Civil Procedure.
6 Disclosure of such information to the Department pursuant to
7 this Act shall not be considered a violation of Article VIII,
8 Part 21 of the Code of Civil Procedure.

9 (Source: P.A. 92-651, eff. 7-11-02.)

10 (210 ILCS 50/3.115)

11 Sec. 3.115. Pediatric care; emergency medical services for
12 children. Pediatric Trauma. The Director shall appoint an
13 advisory council to make recommendations for pediatric care
14 needs and develop strategies to address areas of need as
15 defined in rules adopted by the Department.

16 The Department shall:

17 (1) develop or promote recommendations for continuing
18 medical education, treatment guidelines, and other
19 programs for health practitioners and organizations
20 involved in pediatric care;

21 (2) support existing pediatric care programs and
22 assist in establishing new pediatric care initiatives
23 throughout the State;

24 (3) designate applicant hospitals that meet the
25 minimum standards established by the Department for their

1 pediatric emergency and critical care capabilities.

2 ~~Upon the availability of federal funds for pediatric care~~
3 ~~demonstration projects, the Department shall:~~

4 ~~(a) Convene a work group which will be charged with~~
5 ~~conducting a needs assessment of pediatric trauma care and~~
6 ~~with developing strategies to correct areas of need;~~

7 ~~(b) Contract with the University of Illinois School of~~
8 ~~Public Health to develop a secondary prevention program for~~
9 ~~parents;~~

10 ~~(c) Contract with an Illinois medical school to develop~~
11 ~~training and continuing medical education programs for~~
12 ~~physicians and nurses in treatment of pediatric trauma;~~

13 ~~(d) Contract with an Illinois medical school to develop~~
14 ~~and test triage and field scoring for pediatric trauma if the~~
15 ~~needs assessment by the work group indicates that current~~
16 ~~scoring is inadequate;~~

17 ~~(e) Support existing pediatric trauma programs and assist~~
18 ~~in establishing new pediatric trauma programs throughout the~~
19 ~~State;~~

20 ~~(f) Provide grants to EMS systems for special pediatric~~
21 ~~equipment for prehospital care based on needs identified by~~
22 ~~the work group; and~~

23 ~~(g) Provide grants to EMS systems and trauma centers for~~
24 ~~specialized training in pediatric trauma based on needs~~
25 ~~identified by the work group.~~

26 (Source: P.A. 89-177, eff. 7-19-95.)

1 (210 ILCS 50/3.140)

2 Sec. 3.140. Violations; Fines.

3 (a) The Department shall have the authority to impose
4 fines on any licensed vehicle service provider, stretcher van
5 provider, designated trauma center, Acute Injury Stabilization
6 Center, resource hospital, associate hospital, or
7 participating hospital.

8 (b) The Department shall adopt rules pursuant to this Act
9 which establish a system of fines related to the type and level
10 of violation or repeat violation, including, but not limited
11 to:

12 (1) A fine not exceeding \$10,000 for each a violation
13 which created a condition or occurrence presenting a
14 substantial probability that death or serious harm to an
15 individual will or did result therefrom; and

16 (2) A fine not exceeding \$5,000 for each a violation
17 which creates or created a condition or occurrence which
18 threatens the health, safety or welfare of an individual.

19 (c) A Notice of Intent to Impose Fine may be issued in
20 conjunction with or in lieu of a Notice of Intent to Suspend,
21 Revoke, Nonrenew or Deny, and shall conform to the
22 requirements specified in Section 3.130(d) of this Act. All
23 Hearings conducted pursuant to a Notice of Intent to Impose
24 Fine shall conform to the requirements specified in Section
25 3.135 of this Act.

1 (d) All fines collected pursuant to this Section shall be
2 deposited into the EMS Assistance Fund.

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

4 (210 ILCS 50/3.200)

5 Sec. 3.200. State Emergency Medical Services Advisory
6 Council.

7 (a) There shall be established within the Department of
8 Public Health a State Emergency Medical Services Advisory
9 Council, which shall serve as an advisory body to the
10 Department on matters related to this Act.

11 (b) Membership of the Council shall include one
12 representative from each EMS Region, to be appointed by each
13 region's EMS Regional Advisory Committee. The Governor shall
14 appoint additional members to the Council as necessary to
15 insure that the Council includes one representative from each
16 of the following categories:

17 (1) EMS Medical Director,

18 (2) Trauma Center Medical Director,

19 (3) Licensed, practicing physician with regular and
20 frequent involvement in the provision of emergency care,

21 (4) Licensed, practicing physician with special
22 expertise in the surgical care of the trauma patient,

23 (5) EMS System Coordinator,

24 (6) TNS,

25 (7) Paramedic,

- 1 (7.5) A-EMT,
2 (8) EMT-I,
3 (9) EMT,
4 (10) Private vehicle service provider,
5 (11) Law enforcement officer,
6 (12) Chief of a public vehicle service provider,
7 (13) Statewide firefighters' union member affiliated
8 with a vehicle service provider,
9 (14) Administrative representative from a fire
10 department vehicle service provider in a municipality with
11 a population of over 2 million people,~~+~~
12 (15) Administrative representative from a Resource
13 Hospital or EMS System Administrative Director,and~~+~~
14 (16) Representative from a pediatric critical care
15 center.

16 (c) Members shall be appointed for a term of 3 years. All
17 appointees shall serve until their successors are appointed
18 and qualified.

19 (d) The Council shall be provided a 90-day period in which
20 to review and comment, in consultation with the subcommittee
21 to which the rules are relevant, upon all rules proposed by the
22 Department pursuant to this Act, except for rules adopted
23 pursuant to Section 3.190(a) of this Act, rules submitted to
24 the State Trauma Advisory Council and emergency rules adopted
25 pursuant to Section 5-45 of the Illinois Administrative
26 Procedure Act. The 90-day review and comment period may

1 commence upon the Department's submission of the proposed
2 rules to the individual Council members, if the Council is not
3 meeting at the time the proposed rules are ready for Council
4 review. Any non-emergency rules adopted prior to the Council's
5 90-day review and comment period shall be null and void. If the
6 Council fails to advise the Department within its 90-day
7 review and comment period, the rule shall be considered acted
8 upon.

9 (e) Council members shall be reimbursed for reasonable
10 travel expenses incurred during the performance of their
11 duties under this Section.

12 (f) The Department shall provide administrative support to
13 the Council for the preparation of the agenda and minutes for
14 Council meetings and distribution of proposed rules to Council
15 members.

16 (g) The Council shall act pursuant to bylaws which it
17 adopts, which shall include the annual election of a Chair and
18 Vice-Chair.

19 (h) The Director or his designee shall be present at all
20 Council meetings.

21 (i) Nothing in this Section shall preclude the Council
22 from reviewing and commenting on proposed rules which fall
23 under the purview of the State Trauma Advisory Council.

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

1 Sec. 3.205. State Trauma Advisory Council.

2 (a) There shall be established within the Department of
3 Public Health a State Trauma Advisory Council, which shall
4 serve as an advisory body to the Department on matters related
5 to trauma care and trauma centers.

6 (b) Membership of the Council shall include one
7 representative from each Regional Trauma Advisory Committee,
8 to be appointed by each Committee. The Governor shall appoint
9 the following additional members:

10 (1) An EMS Medical Director,

11 (2) A trauma center medical director,

12 (3) A trauma surgeon,

13 (4) A trauma nurse coordinator,

14 (5) A representative from a private vehicle service
15 provider,

16 (6) A representative from a public vehicle service
17 provider,

18 (7) A member of the State EMS Advisory Council, ~~and~~

19 ~~(8) A neurosurgeon.~~

20 (8) A burn care medical representative.

21 The Governor may also appoint, as an additional member
22 of the Council, a neurosurgeon.

23 (c) Members shall be appointed for a term of 3 years. All
24 appointees shall serve until their successors are appointed
25 and qualified.

26 (d) The Council shall be provided a 90-day period in which

1 to review and comment upon all rules proposed by the
2 Department pursuant to this Act concerning trauma care, except
3 for emergency rules adopted pursuant to Section 5-45 of the
4 Illinois Administrative Procedure Act. The 90-day review and
5 comment period may commence upon the Department's submission
6 of the proposed rules to the individual Council members, if
7 the Council is not meeting at the time the proposed rules are
8 ready for Council review. Any non-emergency rules adopted
9 prior to the Council's 90-day review and comment period shall
10 be null and void. If the Council fails to advise the Department
11 within its 90-day review and comment period, the rule shall be
12 considered acted upon;

13 (e) Council members shall be reimbursed for reasonable
14 travel expenses incurred during the performance of their
15 duties under this Section.

16 (f) The Department shall provide administrative support to
17 the Council for the preparation of the agenda and minutes for
18 Council meetings and distribution of proposed rules to Council
19 members.

20 (g) The Council shall act pursuant to bylaws which it
21 adopts, which shall include the annual election of a Chair and
22 Vice-Chair.

23 (h) The Director or his designee shall be present at all
24 Council meetings.

25 (i) Nothing in this Section shall preclude the Council
26 from reviewing and commenting on proposed rules which fall

1 under the purview of the State EMS Advisory Council.

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

3 Section 99. Effective date. This Act takes effect upon
4 becoming law.