



## 95TH GENERAL ASSEMBLY

### State of Illinois

2007 and 2008

HB5765

by Rep. Rich Brauer

#### SYNOPSIS AS INTRODUCED:

210 ILCS 50/3.20

Amends the Emergency Medical Services (EMS) Systems Act. Provides that in an EMS Region with both a Level I Trauma Center and a Level II Trauma Center, if a patient meets or potentially meets Trauma Declaration Criteria as established by the Department of Public Health and the Trauma Program Plan and has not been treated at a medical facility for his or her trauma, a vehicle service provider shall transport the patient from the place where the trauma occurred or where the patient is found to the Level I Trauma Center, regardless of the patient's choice of a trauma center. Effective immediately.

LRB095 15702 DRJ 43994 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 Act  
5 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, including

1 but not limited to the replacement of drugs and equipment used  
2 by providers who have delivered patients to their emergency  
3 departments. All hospitals and vehicle service providers  
4 participating in an EMS System must specify their level of  
5 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 identified. This shall not be construed as a needs  
16 assessment for health planning or other purposes outside of  
17 this Act. Following Department approval, EMS Systems must  
18 be fully operational within one year from the date of  
19 approval.

20 (2) Monitor EMS Systems, based on minimum standards for  
21 continuing operation as prescribed in rules adopted by the  
22 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 any  
4 EMS System, after providing an opportunity for a hearing,  
5 when findings show that it does not meet the minimum  
6 standards for continuing operation as prescribed by the  
7 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. In an  
20 EMS Region with both a Level I Trauma Center and a Level II  
21 Trauma Center, if a patient meets or potentially meets  
22 Trauma Declaration Criteria as established by the  
23 Department and the Trauma Program Plan and has not been  
24 treated at a medical facility for his or her trauma, a  
25 vehicle service provider as defined in Section 3.85 shall  
26 transport the patient from the place where the trauma

1 occurred or where the patient is found to the Level I  
2 Trauma Center, regardless of the patient's choice of a  
3 trauma center.

4 (6) Require that the EMS Medical Director of an ILS or  
5 ALS level EMS System be a physician licensed to practice  
6 medicine in all of its branches in Illinois, and certified  
7 by the American Board of Emergency Medicine or the American  
8 Board of Osteopathic Emergency Medicine, and that the EMS  
9 Medical Director of a BLS level EMS System be a physician  
10 licensed to practice medicine in all of its branches in  
11 Illinois, with regular and frequent involvement in  
12 pre-hospital emergency medical services. In addition, all  
13 EMS Medical Directors shall:

14 (A) Have experience on an EMS vehicle at the  
15 highest level available within the System, or make  
16 provision to gain such experience within 12 months  
17 prior to the date responsibility for the System is  
18 assumed or within 90 days after assuming the position;

19 (B) Be thoroughly knowledgeable of all skills  
20 included in the scope of practices of all levels of EMS  
21 personnel within the System;

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

25 (D) For ILS and ALS EMS Medical Directors,  
26 successfully complete a Department-approved EMS

1 Medical Director's Course.

2 (7) Prescribe statewide EMS data elements to be  
3 collected and documented by providers in all EMS Systems  
4 for all emergency and non-emergency medical services, with  
5 a one-year phase-in for commencing collection of such data  
6 elements.

7 (8) Define, through rules adopted pursuant to this Act,  
8 the terms "Resource Hospital", "Associate Hospital",  
9 "Participating Hospital", "Basic Emergency Department",  
10 "Standby Emergency Department", "Comprehensive Emergency  
11 Department", "EMS Medical Director", "EMS Administrative  
12 Director", and "EMS System Coordinator".

13 (A) Upon the effective date of this amendatory Act  
14 of 1995, all existing Project Medical Directors shall  
15 be considered EMS Medical Directors, and all persons  
16 serving in such capacities on the effective date of  
17 this amendatory Act of 1995 shall be exempt from the  
18 requirements of paragraph (7) of this subsection;

19 (B) Upon the effective date of this amendatory Act  
20 of 1995, all existing EMS System Project Directors  
21 shall be considered EMS Administrative Directors.

22 (9) Investigate the circumstances that caused a  
23 hospital in an EMS system to go on bypass status to  
24 determine whether that hospital's decision to go on bypass  
25 status was reasonable. The Department may impose  
26 sanctions, as set forth in Section 3.140 of the Act, upon a

1 Department determination that the hospital unreasonably  
2 went on bypass status in violation of the Act.

3 (10) Evaluate the capacity and performance of any  
4 freestanding emergency center established under Section  
5 32.5 of this Act in meeting emergency medical service needs  
6 of the public, including compliance with applicable  
7 emergency medical standards and assurance of the  
8 availability of and immediate access to the highest quality  
9 of medical care possible.

10 (Source: P.A. 95-584, eff. 8-31-07.)

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