



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB5183

Introduced 2/1/2010, by Rep. Donald L. Moffitt

SYNOPSIS AS INTRODUCED:

See Index

Amends the Emergency Medical Services (EMS) Systems Act. Provides that the Illinois Department of Public Health shall have the authority to promulgate minimum standards for critical care transport through rules adopted by the Department. Defines "critical care transport" to mean an advanced level of Pre-hospital and Inter-hospital care utilizing specially trained paramedics, specially trained nurses, and other specialized healthcare providers to deliver advanced or highly specialized care above or beyond the level of current paramedic practice. Establishes minimum standards for critical care transport programs. Grants the Department the authority to suspend, revoke, or refuse to issue or renew (rather than suspend, revoke, or refuse to renew) the license of any EMT that has been convicted by any lawful court of a felony criminal offense involving unlawful physical injury to a child under the age of 13 or an adult over the age of 65. Contains provisions concerning application, testing, certification, and licensing fees for First Responders, EMS Lead Instructors, Emergency Medical Dispatchers, Trauma Nurse Specialists, Pre-Hospital Register Nurses, and Emergency Communication Register Nurses. Makes other changes. Effective January 1, 2011.

LRB096 16642 KTG 31923 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 Sections 3.10, 3.20, 3.50, 3.60, 3.65,
6 3.70, 3.75, 3.80, 3.85, 3.86, 3.130, 3.175, and 3.220 as
7 follows:

8 (210 ILCS 50/3.10)

9 Sec. 3.10. Scope of Services.

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

21 That care shall be initiated as authorized by the EMS
22 Medical Director in a Department approved advanced life support
23 EMS System, under the written or verbal direction of a

1 physician licensed to practice medicine in all of its branches
2 or under the verbal direction of an Emergency Communications
3 Registered Nurse.

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

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

20 (c) "Basic Life Support (BLS) Services" means a basic level
21 of pre-hospital and inter-hospital emergency care and
22 non-emergency medical services that includes airway
23 management, cardiopulmonary resuscitation (CPR), control of
24 shock and bleeding and splinting of fractures, as outlined in
25 the Basic Life Support national curriculum of the United States
26 Department of Transportation and any modifications to that

1 curriculum specified in rules adopted by the Department
2 pursuant to this Act.

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

8 (d) "First Response Services" means a preliminary level of
9 pre-hospital emergency care that includes cardiopulmonary
10 resuscitation (CPR), monitoring vital signs and control of
11 bleeding, as outlined in the First Responder curriculum of the
12 United States Department of Transportation and any
13 modifications to that curriculum specified in rules adopted by
14 the Department pursuant to this Act.

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

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

24 (f-5) "Critical care transport" means an advanced level of
25 Pre-hospital and Inter-hospital care utilizing specially
26 trained paramedics, specially trained nurses, and other

1 specialized healthcare providers to deliver advanced or highly
2 specialized care above or beyond the level of current paramedic
3 practice.

4 (g) "Non-emergency medical services" means medical care or
5 monitoring rendered to patients whose conditions do not meet
6 this Act's definition of emergency, before or during
7 transportation of such patients to or from health care
8 facilities visited for the purpose of obtaining medical or
9 health care services which are not emergency in nature, using a
10 vehicle regulated by this Act.

11 (g-5) The Department shall have the authority to promulgate
12 minimum standards for critical care transport through rules
13 adopted by the Department pursuant to this Act. All such
14 programs must function within a Department-approved EMS
15 System. Minimum standards shall include, but are not limited
16 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 the
26 ambulance or SEMSV.

1 (Source: P.A. 94-568, eff. 1-1-06.)

2 (210 ILCS 50/3.20)

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

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

13 (b) One hospital in each System program plan must be
14 designated as the Resource Hospital. All other hospitals which
15 are located within the geographic boundaries of a System and
16 which have standby, basic or comprehensive level emergency
17 departments must function in that EMS System as either an
18 Associate Hospital or Participating Hospital and follow all
19 System policies specified in the System Program Plan, including
20 but not limited to the replacement of drugs and equipment used
21 by providers who have delivered patients to their emergency
22 departments. All hospitals and vehicle service providers
23 participating in an EMS System must specify their level of
24 participation in the System Program Plan.

25 (c) The Department shall have the authority and

1 responsibility to:

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

14 (2) Monitor EMS Systems, based on minimum standards for
15 continuing operation as prescribed in rules adopted by the
16 Department pursuant to this Act, which shall include
17 requirements for submitting Program Plan amendments to the
18 Department for approval.

19 (3) Renew EMS System approvals every 4 years, after an
20 inspection, based on compliance with the standards for
21 continuing operation prescribed in rules adopted by the
22 Department pursuant to this Act.

23 (4) Suspend, revoke, or refuse to renew approval of any
24 EMS System, after providing an opportunity for a hearing,
25 when findings show that it does not meet the minimum
26 standards for continuing operation as prescribed by the

1 Department, or is found to be in violation of its
2 previously approved Program Plan.

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

14 (6) Require that the EMS Medical Director of an ILS or
15 ALS level EMS System be a physician licensed to practice
16 medicine in all of its branches in Illinois, and certified
17 by the American Board of Emergency Medicine or the American
18 Board of Osteopathic Emergency Medicine, and that the EMS
19 Medical Director of a BLS level EMS System be a physician
20 licensed to practice medicine in all of its branches in
21 Illinois, with regular and frequent involvement in
22 pre-hospital emergency medical services. In addition, all
23 EMS Medical Directors shall:

24 (A) Have experience on an EMS vehicle at the
25 highest level available within the System, or make
26 provision to gain such experience within 12 months

1 prior to the date responsibility for the System is
2 assumed or within 90 days after assuming the position;

3 (B) Be thoroughly knowledgeable of all skills
4 included in the scope of practices of all levels of EMS
5 personnel within the System;

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

9 (D) For ILS and ALS EMS Medical Directors,
10 successfully complete a Department-approved EMS
11 Medical Director's Course.

12 (7) Prescribe statewide EMS data elements to be
13 collected and documented by providers in all EMS Systems
14 for all emergency and non-emergency medical services, with
15 a one-year phase-in for commencing collection of such data
16 elements.

17 (8) Define, through rules adopted pursuant to this Act,
18 the terms "Resource Hospital", "Associate Hospital",
19 "Participating Hospital", "Basic Emergency Department",
20 "Standby Emergency Department", "Comprehensive Emergency
21 Department", "EMS Medical Director", "EMS Administrative
22 Director", and "EMS System Coordinator".

23 (A) Upon the effective date of this amendatory Act
24 of 1995, all existing Project Medical Directors shall
25 be considered EMS Medical Directors, and all persons
26 serving in such capacities on the effective date of

1 this amendatory Act of 1995 shall be exempt from the
2 requirements of paragraph (7) of this subsection;

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

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

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

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

21 (210 ILCS 50/3.50)

22 Sec. 3.50. Emergency Medical Technician (EMT) Licensure.

23 (a) "Emergency Medical Technician-Basic" or "EMT-B" means
24 a person who has successfully completed a course of instruction
25 in basic life support as prescribed by the Department, is

1 currently licensed by the Department in accordance with
2 standards prescribed by this Act and rules adopted by the
3 Department pursuant to this Act, and practices within an EMS
4 System.

5 (b) "Emergency Medical Technician-Intermediate" or "EMT-I"
6 means a person who has successfully completed a course of
7 instruction in intermediate life support as prescribed by the
8 Department, is currently licensed by the Department in
9 accordance with standards prescribed by this Act and rules
10 adopted by the Department pursuant to this Act, and practices
11 within an Intermediate or Advanced Life Support EMS System.

12 (c) "Emergency Medical Technician-Paramedic" or "EMT-P"
13 means a person who has successfully completed a course of
14 instruction in advanced life support care as prescribed by the
15 Department, is licensed by the Department in accordance with
16 standards prescribed by this Act and rules adopted by the
17 Department pursuant to this Act, and practices within an
18 Advanced Life Support EMS System.

19 (d) The Department shall have the authority and
20 responsibility to:

21 (1) Prescribe education and training requirements,
22 which includes training in the use of epinephrine, for all
23 levels of EMT, based on the respective national curricula
24 of the United States Department of Transportation and any
25 modifications to such curricula specified by the
26 Department through rules adopted pursuant to this Act.

1 (2) Prescribe licensure testing requirements for all
2 levels of EMT, which shall include a requirement that all
3 phases of instruction, training, and field experience be
4 completed before taking the EMT licensure examination.
5 Candidates may elect to take the National Registry of
6 Emergency Medical Technicians examination in lieu of the
7 Department's examination, but are responsible for making
8 their own arrangements for taking the National Registry
9 examination.

10 (2.5) Review applications for EMT licensure from
11 honorably discharged members of the armed forces of the
12 United States with military emergency medical training.
13 Applications shall be filed with the Department within one
14 year after military discharge and shall contain: (i) proof
15 of successful completion of military emergency medical
16 training; (ii) a detailed description of the emergency
17 medical curriculum completed; and (iii) a detailed
18 description of the applicant's clinical experience. The
19 Department may request additional and clarifying
20 information. The Department shall evaluate the
21 application, including the applicant's training and
22 experience, consistent with the standards set forth under
23 subsections (a), (b), (c), and (d) of Section 3.10. If the
24 application clearly demonstrates that the training and
25 experience meets such standards, the Department shall
26 offer the applicant the opportunity to successfully

1 complete a Department-approved EMT examination for which
2 the applicant is qualified. Upon passage of an examination,
3 the Department shall issue a license, which shall be
4 subject to all provisions of this Act that are otherwise
5 applicable to the class of EMT license issued.

6 (3) License individuals as an EMT-B, EMT-I, or EMT-P
7 who have met the Department's education, training and
8 testing requirements.

9 (4) Prescribe annual continuing education and
10 relicensure requirements for all levels of EMT.

11 (5) Relicense individuals as an EMT-B, EMT-I, or EMT-P
12 every 4 years, based on their compliance with continuing
13 education and relicensure requirements.

14 (6) Grant inactive status to any EMT who qualifies,
15 based on standards and procedures established by the
16 Department in rules adopted pursuant to this Act.

17 (7) Charge a fee for EMT testing, licensure, and
18 license renewal ~~each candidate for EMT a fee to be~~
19 ~~submitted with an application for a licensure examination.~~

20 (8) Suspend, revoke, or refuse to issue or renew the
21 license of any ~~an~~ EMT, after an opportunity for a hearing,
22 when findings show one or more of the following:

23 (A) The EMT has not met continuing education or
24 relicensure requirements as prescribed by the
25 Department;

26 (B) The EMT has failed to maintain proficiency in

1 the level of skills for which he or she is licensed;

2 (C) The EMT, ~~during the provision of medical~~
3 ~~services,~~ engaged in dishonorable, unethical, l or
4 unprofessional conduct of a character likely to
5 deceive, defraud, l or harm the public;

6 (D) The EMT has failed to maintain or has violated
7 standards of performance and conduct as prescribed by
8 the Department in rules adopted pursuant to this Act or
9 his or her EMS System's Program Plan;

10 (E) The EMT is physically impaired to the extent
11 that he or she cannot physically perform the skills and
12 functions for which he or she is licensed, as verified
13 by a physician, unless the person is on inactive status
14 pursuant to Department regulations;

15 (F) The EMT is mentally impaired to the extent that
16 he or she cannot exercise the appropriate judgment,
17 skill and safety for performing the functions for which
18 he or she is licensed, as verified by a physician,
19 unless the person is on inactive status pursuant to
20 Department regulations; ~~or~~

21 (G) The EMT has violated this Act or any rule
22 adopted by the Department pursuant to this Act; or ~~-~~

23 (H) The EMT has been convicted by any lawful court
24 of a felony criminal offense involving unlawful
25 physical injury to a child under the age of 13 or an
26 adult over the age of 65.

1 The education requirements prescribed by the Department
2 under this subsection must allow for the suspension of those
3 requirements in the case of a member of the armed services or
4 reserve forces of the United States or a member of the Illinois
5 National Guard who is on active duty pursuant to an executive
6 order of the President of the United States, an act of the
7 Congress of the United States, or an order of the Governor at
8 the time that the member would otherwise be required to fulfill
9 a particular education requirement. Such a person must fulfill
10 the education requirement within 6 months after his or her
11 release from active duty.

12 (e) In the event that any rule of the Department or an EMS
13 Medical Director that requires testing for drug use as a
14 condition for EMT licensure conflicts with or duplicates a
15 provision of a collective bargaining agreement that requires
16 testing for drug use, that rule shall not apply to any person
17 covered by the collective bargaining agreement.

18 (Source: P.A. 96-540, eff. 8-17-09.)

19 (210 ILCS 50/3.60)

20 Sec. 3.60. First Responder.

21 (a) "First Responder" means a person who has successfully
22 completed a course of instruction in emergency first response
23 as prescribed by the Department, who provides first response
24 services prior to the arrival of an ambulance or specialized
25 emergency medical services vehicle, in accordance with the

1 level of care established in the emergency first response
2 course. A First Responder who provides such services as part of
3 an EMS System response plan which utilizes First Responders as
4 the personnel dispatched to the scene of an emergency to
5 provide initial emergency medical care shall comply with the
6 applicable sections of the Program Plan of that EMS System.

7 Persons who have already completed a course of instruction
8 in emergency first response based on or equivalent to the
9 national curriculum of the United States Department of
10 Transportation, or as otherwise previously recognized by the
11 Department, shall be considered First Responders on the
12 effective date of this amendatory Act of 1995.

13 (b) The Department shall have the authority and
14 responsibility to:

15 (1) Prescribe education requirements for the First
16 Responder, which meet or exceed the national curriculum of
17 the United States Department of Transportation, through
18 rules adopted pursuant to this Act.

19 (2) Prescribe a standard set of equipment for use
20 during first response services. An individual First
21 Responder shall not be required to maintain his or her own
22 set of such equipment, provided he or she has access to
23 such equipment during a first response call.

24 (3) Require the First Responder to notify the
25 Department of any EMS System in which he or she
26 participates as dispatched personnel as described in

1 subsection (a).

2 (4) Require the First Responder to comply with the
3 applicable sections of the Program Plans for those Systems.

4 (5) Require the First Responder to keep the Department
5 currently informed as to who employs him or her and who
6 supervises his or her activities as a First Responder.

7 (6) Establish a mechanism for phasing in the First
8 Responder requirements over a 5-year period.

9 (7) Charge each First Responder applicant a fee for
10 testing, initial licensure, and license renewal.

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

12 (210 ILCS 50/3.65)

13 Sec. 3.65. EMS Lead Instructor.

14 (a) "EMS Lead Instructor" means a person who has
15 successfully completed a course of education as prescribed by
16 the Department, and who is currently approved by the Department
17 to coordinate or teach education, training and continuing
18 education courses, in accordance with standards prescribed by
19 this Act and rules adopted by the Department pursuant to this
20 Act.

21 (b) The Department shall have the authority and
22 responsibility to:

23 (1) Prescribe education requirements for EMS Lead
24 Instructor candidates through rules adopted pursuant to
25 this Act.

1 (2) Prescribe testing requirements for EMS Lead
2 Instructor candidates through rules adopted pursuant to
3 this Act.

4 (3) Charge each candidate for EMS Lead Instructor a fee
5 to be submitted with an application for an examination, an
6 application for testing, an application for certification,
7 and an application for license renewal.

8 (4) Approve individuals as EMS Lead Instructors who
9 have met the Department's education and testing
10 requirements.

11 (5) Require that all education, training and
12 continuing education courses for EMT-B, EMT-I, EMT-P,
13 Pre-Hospital RN, ECRN, First Responder and Emergency
14 Medical Dispatcher be coordinated by at least one approved
15 EMS Lead Instructor. A program which includes education,
16 training or continuing education for more than one type of
17 personnel may use one EMS Lead Instructor to coordinate the
18 program, and a single EMS Lead Instructor may
19 simultaneously coordinate more than one program or course.

20 (6) Provide standards and procedures for awarding EMS
21 Lead Instructor approval to persons previously approved by
22 the Department to coordinate such courses, based on
23 qualifications prescribed by the Department through rules
24 adopted pursuant to this Act.

25 (7) Suspend or revoke the approval of an EMS Lead
26 Instructor, after an opportunity for a hearing, when

1 findings show one or more of the following:

2 (A) The EMS Lead Instructor has failed to conduct a
3 course in accordance with the curriculum prescribed by
4 this Act and rules adopted by the Department pursuant
5 to this Act; or

6 (B) The EMS Lead Instructor has failed to comply
7 with protocols prescribed by the Department through
8 rules adopted pursuant to this Act.

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

10 (210 ILCS 50/3.70)

11 Sec. 3.70. Emergency Medical Dispatcher.

12 (a) "Emergency Medical Dispatcher" means a person who has
13 successfully completed a training course in emergency medical
14 dispatching meeting or exceeding the national curriculum of the
15 United States Department of Transportation in accordance with
16 rules adopted by the Department pursuant to this Act, who
17 accepts calls from the public for emergency medical services
18 and dispatches designated emergency medical services personnel
19 and vehicles. The Emergency Medical Dispatcher must use the
20 Department-approved emergency medical dispatch priority
21 reference system (EMDPRS) protocol selected for use by its
22 agency and approved by its EMS medical director. This protocol
23 must be used by an emergency medical dispatcher in an emergency
24 medical dispatch agency to dispatch aid to medical emergencies
25 which includes systematized caller interrogation questions;

1 systematized prearrival support instructions; and systematized
2 coding protocols that match the dispatcher's evaluation of the
3 injury or illness severity with the vehicle response mode and
4 vehicle response configuration and includes an appropriate
5 training curriculum and testing process consistent with the
6 specific EMDPRS protocol used by the emergency medical dispatch
7 agency. Prearrival support instructions shall be provided in a
8 non-discriminatory manner and shall be provided in accordance
9 with the EMDPRS established by the EMS medical director of the
10 EMS system in which the EMD operates. If the dispatcher
11 operates under the authority of an Emergency Telephone System
12 Board established under the Emergency Telephone System Act, the
13 protocols shall be established by such Board in consultation
14 with the EMS Medical Director. Persons who have already
15 completed a course of instruction in emergency medical dispatch
16 based on, equivalent to or exceeding the national curriculum of
17 the United States Department of Transportation, or as otherwise
18 approved by the Department, shall be considered Emergency
19 Medical Dispatchers on the effective date of this amendatory
20 Act.

21 (b) The Department shall have the authority and
22 responsibility to:

23 (1) Require certification and recertification of a
24 person who meets the training and other requirements as an
25 emergency medical dispatcher pursuant to this Act.

26 (2) Require certification and recertification of a

1 person, organization, or government agency that operates
2 an emergency medical dispatch agency that meets the minimum
3 standards prescribed by the Department for an emergency
4 medical dispatch agency pursuant to this Act.

5 (3) Prescribe minimum education and continuing
6 education requirements for the Emergency Medical
7 Dispatcher, which meet the national curriculum of the
8 United States Department of Transportation, through rules
9 adopted pursuant to this Act.

10 (4) Require each EMS Medical Director to report to the
11 Department whenever an action has taken place that may
12 require the revocation or suspension of a certificate
13 issued by the Department.

14 (5) Require each EMD to provide prearrival
15 instructions in compliance with protocols selected and
16 approved by the system's EMS medical director and approved
17 by the Department.

18
19 (6) Require the Emergency Medical Dispatcher to keep
20 the Department currently informed as to the entity or
21 agency that employs or supervises his activities as an
22 Emergency Medical Dispatcher.

23 (7) Establish an annual recertification requirement
24 that requires at least 12 hours of medical
25 dispatch-specific continuing education each year.

26 (8) Approve all EMDPRS protocols used by emergency

1 medical dispatch agencies to assure compliance with
2 national standards.

3 (9) Require that Department-approved emergency medical
4 dispatch training programs are conducted in accordance
5 with national standards.

6 (10) Require that the emergency medical dispatch
7 agency be operated in accordance with national standards,
8 including, but not limited to, (i) the use on every request
9 for medical assistance of an emergency medical dispatch
10 priority reference system (EMDPRS) in accordance with
11 Department-approved policies and procedures and (ii) under
12 the approval and supervision of the EMS medical director,
13 the establishment of a continuous quality improvement
14 program.

15 (11) Require that a person may not represent himself or
16 herself, nor may an agency or business represent an agent
17 or employee of that agency or business, as an emergency
18 medical dispatcher unless certified by the Department as an
19 emergency medical dispatcher.

20 (12) Require that a person, organization, or
21 government agency not represent itself as an emergency
22 medical dispatch agency unless the person, organization,
23 or government agency is certified by the Department as an
24 emergency medical dispatch agency.

25 (13) Require that a person, organization, or
26 government agency may not offer or conduct a training

1 course that is represented as a course for an emergency
2 medical dispatcher unless the person, organization, or
3 agency is approved by the Department to offer or conduct
4 that course.

5 (14) Require that Department-approved emergency
6 medical dispatcher training programs are conducted by
7 instructors licensed by the Department who:

8 (i) are, at a minimum, certified as emergency
9 medical dispatchers;

10 (ii) have completed a Department-approved course
11 on methods of instruction;

12 (iii) have previous experience in a medical
13 dispatch agency; and

14 (iv) have demonstrated experience as an EMS
15 instructor.

16 (15) Establish criteria for modifying or waiving
17 Emergency Medical Dispatcher requirements based on (i) the
18 scope and frequency of dispatch activities and the
19 dispatcher's access to training or (ii) whether the
20 previously-attended dispatcher training program merits
21 automatic recertification for the dispatcher.

22 (16) Charge each Emergency Medical Dispatcher
23 applicant a fee for testing, licensure, and license
24 renewal.

25 (Source: P.A. 92-506, eff. 1-1-02.)

1 (210 ILCS 50/3.75)

2 Sec. 3.75. Trauma Nurse Specialist (TNS) Certification.

3 (a) "Trauma Nurse Specialist" or "TNS" means a registered
4 professional nurse who has successfully completed education
5 and testing requirements as prescribed by the Department, and
6 is certified by the Department in accordance with rules adopted
7 by the Department pursuant to this Act.

8 (b) The Department shall have the authority and
9 responsibility to:

10 (1) Establish criteria for TNS training sites, through
11 rules adopted pursuant to this Act;

12 (2) Prescribe education and testing requirements for
13 TNS candidates, which shall include an opportunity for
14 certification based on examination only, through rules
15 adopted pursuant to this Act;

16 (3) Charge each candidate for TNS certification a fee
17 to be submitted with an application for a certification
18 examination, an application for certification, and an
19 application for recertification;

20 (4) Certify an individual as a TNS who has met the
21 Department's education and testing requirements;

22 (5) Prescribe recertification requirements through
23 rules adopted to this Act;

24 (6) Recertify an individual as a TNS every 4 years,
25 based on compliance with recertification requirements;

26 (7) Grant inactive status to any TNS who qualifies,

1 based on standards and procedures established by the
2 Department in rules adopted pursuant to this Act; and

3 (8) Suspend, revoke or deny renewal of the
4 certification of a TNS, after an opportunity for hearing by
5 the Department, if findings show that the TNS has failed to
6 maintain proficiency in the level of skills for which the
7 TNS is certified or has failed to comply with
8 recertification requirements.

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

10 (210 ILCS 50/3.80)

11 Sec. 3.80. Pre-Hospital RN and Emergency Communications
12 Registered Nurse.

13 (a) Emergency Communications Registered Nurse or "ECRN"
14 means a registered professional nurse licensed under the Nurse
15 Practice Act who has successfully completed supplemental
16 education in accordance with rules adopted by the Department,
17 and who is approved by an EMS Medical Director to monitor
18 telecommunications from and give voice orders to EMS System
19 personnel, under the authority of the EMS Medical Director and
20 in accordance with System protocols.

21 Upon the effective date of this amendatory Act of 1995, all
22 existing Registered Professional Nurse/MICNs shall be
23 considered ECRNs.

24 (b) "Pre-Hospital Registered Nurse" or "Pre-Hospital RN"
25 means a registered professional nurse licensed under the Nurse

1 Practice Act who has successfully completed supplemental
2 education in accordance with rules adopted by the Department
3 pursuant to this Act, and who is approved by an EMS Medical
4 Director to practice within an EMS System as emergency medical
5 services personnel for pre-hospital and inter-hospital
6 emergency care and non-emergency medical transports.

7 Upon the effective date of this amendatory Act of 1995, all
8 existing Registered Professional Nurse/Field RNs shall be
9 considered Pre-Hospital RNs.

10 (c) The Department shall have the authority and
11 responsibility to:

12 (1) Prescribe education and continuing education
13 requirements for Pre-Hospital RN and ECRN candidates
14 through rules adopted pursuant to this Act:

15 (A) Education for Pre-Hospital RN shall include
16 extrication, telecommunications, and pre-hospital
17 cardiac and trauma care;

18 (B) Education for ECRN shall include
19 telecommunications, System standing medical orders and
20 the procedures and protocols established by the EMS
21 Medical Director;

22 (C) A Pre-Hospital RN candidate who is fulfilling
23 clinical training and in-field supervised experience
24 requirements may perform prescribed procedures under
25 the direct supervision of a physician licensed to
26 practice medicine in all of its branches, a qualified

1 registered professional nurse or a qualified EMT, only
2 when authorized by the EMS Medical Director;

3 (D) An EMS Medical Director may impose in-field
4 supervised field experience requirements on System
5 ECRNs as part of their training or continuing
6 education, in which they perform prescribed procedures
7 under the direct supervision of a physician licensed to
8 practice medicine in all of its branches, a qualified
9 registered professional nurse or qualified EMT, only
10 when authorized by the EMS Medical Director;

11 (2) Require EMS Medical Directors to reapprove
12 Pre-Hospital RNs and ECRNs every 4 years, based on
13 compliance with continuing education requirements
14 prescribed by the Department through rules adopted
15 pursuant to this Act;

16 (3) Allow EMS Medical Directors to grant inactive
17 status to any Pre-Hospital RN or ECRN who qualifies, based
18 on standards and procedures established by the Department
19 in rules adopted pursuant to this Act;

20 (4) Require a Pre-Hospital RN to honor Do Not
21 Resuscitate (DNR) orders and powers of attorney for health
22 care only in accordance with rules adopted by the
23 Department pursuant to this Act and protocols of the EMS
24 System in which he or she practices.

25 (5) Charge each Pre-Hospital RN applicant and ECRN
26 applicant a fee for testing, certification, licensure, and

1 license renewal.

2 (Source: P.A. 95-639, eff. 10-5-07.)

3 (210 ILCS 50/3.85)

4 Sec. 3.85. Vehicle Service Providers.

5 (a) "Vehicle Service Provider" means an entity licensed by
6 the Department to provide emergency or non-emergency medical
7 services in compliance with this Act, the rules promulgated by
8 the Department pursuant to this Act, and an operational plan
9 approved by its EMS System(s), utilizing at least ambulances or
10 specialized emergency medical service vehicles (SEMSV).

11 (1) "Ambulance" means any publicly or privately owned
12 on-road vehicle that is specifically designed, constructed
13 or modified and equipped, and is intended to be used for,
14 and is maintained or operated for the emergency
15 transportation of persons who are sick, injured, wounded or
16 otherwise incapacitated or helpless, or the non-emergency
17 medical transportation of persons who require the presence
18 of medical personnel to monitor the individual's condition
19 or medical apparatus being used on such individuals.

20 (2) "Specialized Emergency Medical Services Vehicle"
21 or "SEMSV" means a vehicle or conveyance, other than those
22 owned or operated by the federal government, that is
23 primarily intended for use in transporting the sick or
24 injured by means of air, water, or ground transportation,
25 that is not an ambulance as defined in this Act. The term

1 includes watercraft, aircraft and special purpose ground
2 transport vehicles or conveyances not intended for use on
3 public roads.

4 (3) An ambulance or SEMSV may also be designated as a
5 Limited Operation Vehicle or Special-Use Vehicle:

6 (A) "Limited Operation Vehicle" means a vehicle
7 which is licensed by the Department to provide basic,
8 intermediate or advanced life support emergency or
9 non-emergency medical services that are exclusively
10 limited to specific events or locales.

11 (B) "Special-Use Vehicle" means any publicly or
12 privately owned vehicle that is specifically designed,
13 constructed or modified and equipped, and is intended
14 to be used for, and is maintained or operated solely
15 for the emergency or non-emergency transportation of a
16 specific medical class or category of persons who are
17 sick, injured, wounded or otherwise incapacitated or
18 helpless (e.g. high-risk obstetrical patients,
19 neonatal patients).

20 (C) "Reserve Ambulance" means a vehicle that meets
21 all criteria set forth in this Section and all
22 Department rules, except for the required inventory of
23 medical supplies and durable medical equipment, which
24 may be rapidly transferred from a fully functional
25 ambulance to a reserve ambulance without the use of
26 tools or special mechanical expertise.

1 (b) The Department shall have the authority and
2 responsibility to:

3 (1) Require all Vehicle Service Providers, both
4 publicly and privately owned, to function within an EMS
5 System;

6 (2) Require a Vehicle Service Provider utilizing
7 ambulances to have a primary affiliation with an EMS System
8 within the EMS Region in which its Primary Service Area is
9 located, which is the geographic areas in which the
10 provider renders the majority of its emergency responses.
11 This requirement shall not apply to Vehicle Service
12 Providers which exclusively utilize Limited Operation
13 Vehicles;

14 (3) Establish licensing standards and requirements for
15 Vehicle Service Providers, through rules adopted pursuant
16 to this Act, including but not limited to:

17 (A) Vehicle design, specification, operation and
18 maintenance standards;

19 (B) Equipment requirements;

20 (C) Staffing requirements; and

21 (D) Annual license renewal.

22 (4) License all Vehicle Service Providers that have met
23 the Department's requirements for licensure, unless such
24 Provider is owned or licensed by the federal government.
25 All Provider licenses issued by the Department shall
26 specify the level and type of each vehicle covered by the

1 license (BLS, ILS, ALS, ambulance, SEMSV, limited
2 operation vehicle, special use vehicle);

3 (5) Annually inspect all licensed Vehicle Service
4 Providers, and relicense such Providers that have met the
5 Department's requirements for license renewal;

6 (6) Suspend, revoke, refuse to issue or refuse to renew
7 the license of any Vehicle Service Provider, or that
8 portion of a license pertaining to a specific vehicle
9 operated by the Provider, after an opportunity for a
10 hearing, when findings show that the Provider or one or
11 more of its vehicles has failed to comply with the
12 standards and requirements of this Act or rules adopted by
13 the Department pursuant to this Act;

14 (7) Issue an Emergency Suspension Order for any
15 Provider or vehicle licensed under this Act, when the
16 Director or his designee has determined that an immediate
17 and serious danger to the public health, safety and welfare
18 exists. Suspension or revocation proceedings which offer
19 an opportunity for hearing shall be promptly initiated
20 after the Emergency Suspension Order has been issued;

21 (8) Exempt any licensed vehicle from subsequent
22 vehicle design standards or specifications required by the
23 Department, as long as said vehicle is continuously in
24 compliance with the vehicle design standards and
25 specifications originally applicable to that vehicle, or
26 until said vehicle's title of ownership is transferred;

1 (9) Exempt any vehicle (except an SEMSV) which was
2 being used as an ambulance on or before December 15, 1980,
3 from vehicle design standards and specifications required
4 by the Department, until said vehicle's title of ownership
5 is transferred. Such vehicles shall not be exempt from all
6 other licensing standards and requirements prescribed by
7 the Department;

8 (10) Prohibit any Vehicle Service Provider from
9 advertising, identifying its vehicles, or disseminating
10 information in a false or misleading manner concerning the
11 Provider's type and level of vehicles, location, primary
12 service area, response times, level of personnel,
13 licensure status or System participation; ~~and~~

14 (11) Charge each Vehicle Service Provider a fee, to be
15 submitted with each application for licensure and license
16 renewal; ~~and, which shall not exceed \$25.00 per vehicle, up~~
17 ~~to \$500.00 per Provider.~~

18 (12) License, inspect, and promulgate rules governing
19 the use and service placement of reserve ambulances.

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

21 (210 ILCS 50/3.86)

22 Sec. 3.86. Stretcher van providers.

23 (a) In this Section, "stretcher van provider" means an
24 entity licensed by the Department to provide non-emergency
25 transportation of passengers on a stretcher in compliance with

1 this Act or the rules adopted by the Department pursuant to
2 this Act, utilizing stretcher vans.

3 (b) The Department has the authority and responsibility to
4 do the following:

5 (1) Require all stretcher van providers, both publicly
6 and privately owned, to be licensed by the Department.

7 (2) Establish licensing and safety standards and
8 requirements for stretcher van providers, through rules
9 adopted pursuant to this Act, including but not limited to:

10 (A) Vehicle design, specification, operation, and
11 maintenance standards.

12 (B) Safety equipment requirements and standards.

13 (C) Staffing requirements.

14 (D) Annual license renewal.

15 (3) License all stretcher van providers that have met
16 the Department's requirements for licensure.

17 (4) Annually inspect all licensed stretcher van
18 providers, and relicense providers that have met the
19 Department's requirements for license renewal.

20 (5) Suspend, revoke, refuse to issue, or refuse to
21 renew the license of any stretcher van provider, or that
22 portion of a license pertaining to a specific vehicle
23 operated by a provider, after an opportunity for a hearing,
24 when findings show that the provider or one or more of its
25 vehicles has failed to comply with the standards and
26 requirements of this Act or the rules adopted by the

1 Department pursuant to this Act.

2 (6) Issue an emergency suspension order for any
3 provider or vehicle licensed under this Act when the
4 Director or his or her designee has determined that an
5 immediate or serious danger to the public health, safety,
6 and welfare exists. Suspension or revocation proceedings
7 that offer an opportunity for a hearing shall be promptly
8 initiated after the emergency suspension order has been
9 issued.

10 (7) Prohibit any stretcher van provider from
11 advertising, identifying its vehicles, or disseminating
12 information in a false or misleading manner concerning the
13 provider's type and level of vehicles, location, response
14 times, level of personnel, licensure status, or EMS System
15 participation.

16 (8) Charge each stretcher van provider a fee, to be
17 submitted with each application for licensure and license
18 renewal, ~~which shall not exceed \$25 per vehicle, up to \$500~~
19 ~~per provider.~~

20 (c) A stretcher van provider may provide transport of a
21 passenger on a stretcher, provided the passenger meets all of
22 the following requirements:

23 (1) He or she needs no medical equipment, except
24 self-administered medications.

25 (2) He or she needs no medical monitoring or medical
26 observation.

1 (3) He or she needs routine transportation to or from a
2 medical appointment or service if the passenger is
3 convalescent or otherwise bed-confined and does not
4 require medical monitoring, aid, care, or treatment during
5 transport.

6 (d) A stretcher van provider may not transport a passenger
7 who meets any of the following conditions:

8 (1) He or she is currently admitted to a hospital or is
9 being transported to a hospital for admission or emergency
10 treatment.

11 (2) He or she is acutely ill, wounded, or medically
12 unstable as determined by a licensed physician.

13 (3) He or she is experiencing an emergency medical
14 condition, an acute medical condition, an exacerbation of a
15 chronic medical condition, or a sudden illness or injury.

16 (4) He or she was administered a medication that might
17 prevent the passenger from caring for himself or herself.

18 (5) He or she was moved from one environment where
19 24-hour medical monitoring or medical observation will
20 take place by certified or licensed nursing personnel to
21 another such environment. Such environments shall include,
22 but not be limited to, hospitals licensed under the
23 Hospital Licensing Act or operated under the University of
24 Illinois Hospital Act, and nursing facilities licensed
25 under the Nursing Home Care Act.

26 (e) The Stretcher Van Licensure Fund is created as a

1 special fund within the State treasury. All fees received by
2 the Department in connection with the licensure of stretcher
3 van providers under this Section shall be deposited into the
4 fund. Moneys in the fund shall be subject to appropriation to
5 the Department for use in implementing this Section.

6 (Source: P.A. 96-702, eff. 8-25-09.)

7 (210 ILCS 50/3.130)

8 Sec. 3.130. Facility, system, and equipment violations
9 ~~Violations~~; Plans of Correction. Except for emergency
10 suspension orders, or actions initiated pursuant to Sections
11 3.117(a), 3.117(b), and 3.90(b)(10) of this Act, prior to
12 initiating an action for suspension, revocation, denial,
13 nonrenewal, or imposition of a fine pursuant to this Act, the
14 Department shall:

15 (a) Issue a Notice of Violation which specifies the
16 Department's allegations of noncompliance and requests a plan
17 of correction to be submitted within 10 days after receipt of
18 the Notice of Violation;

19 (b) Review and approve or reject the plan of correction. If
20 the Department rejects the plan of correction, it shall send
21 notice of the rejection and the reason for the rejection. The
22 party shall have 10 days after receipt of the notice of
23 rejection in which to submit a modified plan;

24 (c) Impose a plan of correction if a modified plan is not
25 submitted in a timely manner or if the modified plan is

1 rejected by the Department;

2 (d) Issue a Notice of Intent to fine, suspend, revoke,
3 nonrenew or deny if the party has failed to comply with the
4 imposed plan of correction, and provide the party with an
5 opportunity to request an administrative hearing. The Notice of
6 Intent shall be effected by certified mail or by personal
7 service, shall set forth the particular reasons for the
8 proposed action, and shall provide the party with 15 days in
9 which to request a hearing.

10 (Source: P.A. 96-514, eff. 1-1-10.)

11 (210 ILCS 50/3.175)

12 Sec. 3.175. Criminal Penalties. Any person who violates
13 Sections 3.155(d) or (f), 3.160, 3.165 or 3.170 of this Act or
14 any rule promulgated thereto, is guilty of a Class B €
15 misdemeanor.

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

17 (210 ILCS 50/3.220)

18 Sec. 3.220. EMS Assistance Fund.

19 (a) There is hereby created an "EMS Assistance Fund" within
20 the State treasury, for the purpose of receiving fines and fees
21 collected by the Illinois Department of Health pursuant to this
22 Act.

23 (b) EMT ~~licensure~~ examination testing fees collected shall
24 be distributed by the Department to the Resource Hospital of

1 the EMS System in which the EMT candidate was educated, to be
2 used for educational and related expenses incurred by the
3 System's hospitals, as identified in the EMS System Program
4 Plan.

5 (b-5) EMT and EMS licensing and certification fees and
6 ambulance inspection fees within this fund shall be used by the
7 Department for EMT and EMS System oversight and enforcement.

8 (c) All other moneys within this fund shall be distributed
9 by the Department to the EMS Regions for disbursement in
10 accordance with protocols established in the EMS Region Plans,
11 for the purposes of organization, development and improvement
12 of Emergency Medical Services Systems, including but not
13 limited to training of personnel and acquisition, modification
14 and maintenance of necessary supplies, equipment and vehicles.

15 (d) All fees and fines collected pursuant to this Act shall
16 be deposited into the EMS Assistance Fund, except that all fees
17 collected under Section 3.86 in connection with the licensure
18 of stretcher van providers shall be deposited into the
19 Stretcher Van Licensure Fund.

20 (Source: P.A. 96-702, eff. 8-25-09.)

21 Section 99. Effective date. This Act takes effect January
22 1, 2011.

1 INDEX

2 Statutes amended in order of appearance

- 3 210 ILCS 50/3.10
- 4 210 ILCS 50/3.20
- 5 210 ILCS 50/3.50
- 6 210 ILCS 50/3.60
- 7 210 ILCS 50/3.65
- 8 210 ILCS 50/3.70
- 9 210 ILCS 50/3.75
- 10 210 ILCS 50/3.80
- 11 210 ILCS 50/3.85
- 12 210 ILCS 50/3.86
- 13 210 ILCS 50/3.130
- 14 210 ILCS 50/3.175
- 15 210 ILCS 50/3.220