HB5183 Engrossed

1 AN ACT concerning regulation.

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

Section 5. The Emergency Medical Services (EMS) Systems Act
is amended by changing Sections 3.10, 3.20, 3.50, 3.60, 3.65,
3.70, 3.75, 3.80, 3.85, 3.86, 3.130, 3.160, 3.175, and 3.220 as
follows:

8 (210 ILCS 50/3.10)

9 Sec. 3.10. Scope of Services.

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

That care shall be initiated as authorized by the EMS Medical Director in a Department approved advanced life support EMS System, under the written or verbal direction of a HB5183 Engrossed - 2 - LRB096 16642 KTG 31923 b

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

(b) "Intermediate Life Support (ILS) Services" means an 4 5 intermediate level of pre-hospital and inter-hospital emergency care 6 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.

(c) "Basic Life Support (BLS) Services" means a basic level 20 21 of pre-hospital and inter-hospital emergency care and 22 non-emergency medical services that includes airwav 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 HB5183 Engrossed - 3 - LRB096 16642 KTG 31923 b

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

That care shall be initiated, where authorized by the EMS Medical Director in a Department approved EMS System, under the written or verbal direction of a physician licensed to practice medicine in all of its branches or under the verbal direction 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.

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

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

24 <u>(f-5) "Critical care transport" means the pre-hospital or</u>
25 <u>inter-hospital transportation of a critically injured or ill</u>
26 <u>patient by a vehicle service provider, including the provision</u>

HB5183 Engrossed - 4 - LRB096 16642 KTG 31923 b

of medically necessary supplies and services, at a level of service beyond the scope of the EMT-paramedic. When medically indicated for a patient, as determined by a physician licensed to practice medicine in all of its branches, an advanced practice nurse, or a physician's assistant, in compliance with subsections (b) and (c) of Section 3.155 of this Act, critical care transport may be provided by:

8 <u>(1) Department-approved critical care transport</u> 9 providers, not owned or operated by a hospital, utilizing 10 <u>EMT-paramedics with additional training, nurses, or other</u> 11 <u>qualified health professionals; or</u>

12 (2) Hospitals, when utilizing any vehicle service 13 provider or any hospital-owned or operated vehicle service 14 provider. Nothing in this amendatory Act of the 96th General Assembly requires a hospital to use, or to be, a 15 16 Department-approved critical care transport provider when 17 transporting patients, including those critically injured or ill. Nothing in this Act shall restrict or prohibit a 18 hospital from providing, or arranging for, the medically 19 20 appropriate transport of any patient, as determined by a 21 physician licensed to practice in all of its branches, an 22 advanced practice nurse, or a physician's assistant.

(g) "Non-emergency medical services" means medical care or monitoring rendered to patients whose conditions do not meet this Act's definition of emergency, before or during transportation of such patients to or from health care HB5183 Engrossed - 5 - LRB096 16642 KTG 31923 b

1 facilities visited for the purpose of obtaining medical or 2 health care services which are not emergency in nature, using a 3 vehicle regulated by this Act.

4 (q-5) The Department shall have the authority to promulgate 5 minimum standards for critical care transport providers through rules adopted pursuant to this Act. All critical care 6 7 transport providers must function within a Department-approved EMS System. Nothing in Department rules shall restrict a 8 9 hospital's ability to furnish personnel, equipment, and 10 medical supplies to any vehicle service provider, including a 11 critical care transport provider. Minimum critical care 12 transport provider standards shall include, but are not limited 13 to:

- 14 (1) Personnel staffing and licensure.
- 15 (2) Education, certification, and experience.
- 16 (3) Medical equipment and supplies.
- 17 <u>(4) Vehicular standards.</u>
- 18 (5) Treatment and transport protocols.
- 19 (6) Quality assurance and data collection.

20 (h) The provisions of this Act shall not apply to the use 21 of an ambulance or SEMSV, unless and until emergency or 22 non-emergency medical services are needed during the use of the 23 ambulance or SEMSV.

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

25 (210 ILCS 50/3.20)

HB5183 Engrossed - 6 - LRB096 16642 KTG 31923 b

1

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

2 (a) "Emergency Medical Services (EMS) System" means an organization of hospitals, vehicle service providers 3 and personnel approved by the Department in a specific geographic 4 5 which coordinates and provides pre-hospital and area, 6 inter-hospital emergency care and non-emergency medical 7 transports at a BLS, ILS and/or ALS level pursuant to a System 8 program plan submitted to and approved by the Department, and 9 pursuant to the EMS Region Plan adopted for the EMS Region in 10 which the System is located.

(b) One hospital in each System program plan must be 11 12 designated as the Resource Hospital. All other hospitals which 13 are located within the geographic boundaries of a System and which have standby, basic or comprehensive level emergency 14 15 departments must function in that EMS System as either an 16 Associate Hospital or Participating Hospital and follow all 17 System policies specified in the System Program Plan, including but not limited to the replacement of drugs and equipment used 18 by providers who have delivered patients to their emergency 19 20 departments. All hospitals and vehicle service providers participating in an EMS System must specify their level of 21 22 participation in the System Program Plan.

23 (c) The Department shall have the authority and 24 responsibility to:

(1) Approve BLS, ILS and ALS level EMS Systems which
 meet minimum standards and criteria established in rules

HB5183 Engrossed - 7 - LRB096 16642 KTG 31923 b

adopted by the Department pursuant to this Act, including 1 2 the submission of a Program Plan for Department approval. 3 Beginning September 1, 1997, the Department shall approve the development of a new EMS System only when a local or 4 5 regional need for establishing such System has been verified by the Department identified. This shall not be 6 7 construed as a needs assessment for health planning or 8 other purposes outside of this Act. Following Department 9 approval, EMS Systems must be fully operational within one 10 year from the date of approval.

11 (2) Monitor EMS Systems, based on minimum standards for 12 continuing operation as prescribed in rules adopted by the 13 Department pursuant to this Act, which shall include 14 requirements for submitting Program Plan amendments to the 15 Department for approval.

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

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

26

(5) Require each EMS System to adopt written protocols

HB5183 Engrossed - 8 - LRB096 16642 KTG 31923 b

for the bypassing of or diversion to any hospital, trauma 1 2 center or regional trauma center, which provide that a 3 person shall not be transported to a facility other than the nearest hospital, regional trauma center or trauma 4 unless the medical benefits to the patient 5 center 6 reasonably expected from the provision of appropriate 7 medical treatment at a more distant facility outweigh the 8 increased risks to the patient from transport to the more 9 distant facility, or the transport is in accordance with 10 the System's protocols for patient choice or refusal.

11 (6) Require that the EMS Medical Director of an ILS or 12 ALS level EMS System be a physician licensed to practice medicine in all of its branches in Illinois, and certified 13 14 by the American Board of Emergency Medicine or the American 15 Board of Osteopathic Emergency Medicine, and that the EMS 16 Medical Director of a BLS level EMS System be a physician 17 licensed to practice medicine in all of its branches in frequent 18 Illinois, with regular and involvement in 19 pre-hospital emergency medical services. In addition, all 20 EMS Medical Directors shall:

(A) Have experience on an EMS vehicle at the
highest level available within the System, or make
provision to gain such experience within 12 months
prior to the date responsibility for the System is
assumed or within 90 days after assuming the position;
(B) Be thoroughly knowledgeable of all skills

HB5183 Engrossed - 9 - LRB096 16642 KTG 31923 b

included in the scope of practices of all levels of EMS
 personnel within the System;

3 (C) Have or make provision to gain experience 4 instructing students at a level similar to that of the 5 levels of EMS personnel within the System; and

6 (D) For ILS and ALS EMS Medical Directors, 7 successfully complete a Department-approved EMS 8 Medical Director's Course.

9 (7) Prescribe statewide EMS data elements to be 10 collected and documented by providers in all EMS Systems 11 for all emergency and non-emergency medical services, with 12 a one-year phase-in for commencing collection of such data 13 elements.

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

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

HB5183 Engrossed - 10 - LRB096 16642 KTG 31923 b

1 2 of 1995, all existing EMS System Project Directors shall be considered EMS Administrative Directors.

3 Investigate the circumstances that (9) caused а hospital in an EMS system to go on bypass status to 4 5 determine whether that hospital's decision to go on bypass 6 status was reasonable. The Department mav impose 7 sanctions, as set forth in Section 3.140 of the Act, upon a 8 Department determination that the hospital unreasonably 9 went on bypass status in violation of the Act.

10 (10) Evaluate the capacity and performance of any 11 freestanding emergency center established under Section 12 32.5 of this Act in meeting emergency medical service needs 13 the public, including compliance with applicable of 14 emergency medical standards and assurance of the 15 availability of and immediate access to the highest quality 16 of medical care possible.

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

18 (210 ILCS 50/3.50)

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

(a) "Emergency Medical Technician-Basic" or "EMT-B" means
a person who has successfully completed a course of instruction
in basic life support as prescribed by the Department, is
currently licensed by the Department in accordance with
standards prescribed by this Act and rules adopted by the
Department pursuant to this Act, and practices within an EMS

HB5183 Engrossed - 11 - LRB096 16642 KTG 31923 b

1 System.

2 (b) "Emergency Medical Technician-Intermediate" or "EMT-I" 3 means a person who has successfully completed a course of 4 instruction in intermediate life support as prescribed by the 5 Department, is currently licensed by the Department in 6 accordance with standards prescribed by this Act and rules 7 adopted by the Department pursuant to this Act, and practices 8 within an Intermediate or Advanced Life Support EMS System.

9 (c) "Emergency Medical Technician-Paramedic" or "EMT-P" 10 means a person who has successfully completed a course of 11 instruction in advanced life support care as prescribed by the 12 Department, is licensed by the Department in accordance with 13 standards prescribed by this Act and rules adopted by the 14 Department pursuant to this Act, and practices within an 15 Advanced Life Support EMS System.

16 (d) The Department shall have the authority and 17 responsibility to:

(1) Prescribe education and training requirements, 18 19 which includes training in the use of epinephrine, for all 20 levels of EMT, based on the respective national curricula of the United States Department of Transportation and any 21 22 modifications to such curricula specified bv the 23 Department through rules adopted pursuant to this Act.

(2) Prescribe licensure testing requirements for all
 levels of EMT, which shall include a requirement that all
 phases of instruction, training, and field experience be

HB5183 Engrossed - 12 - LRB096 16642 KTG 31923 b

completed before taking the EMT licensure examination. Candidates may elect to take the National Registry of Emergency Medical Technicians examination in lieu of the Department's examination, but are responsible for making their own arrangements for taking the National Registry examination.

7 (2.5) Review applications for EMT licensure from 8 honorably discharged members of the armed forces of the 9 United States with military emergency medical training. 10 Applications shall be filed with the Department within one 11 year after military discharge and shall contain: (i) proof 12 of successful completion of military emergency medical 13 training; (ii) a detailed description of the emergency 14 medical curriculum completed; and (iii) а detailed 15 description of the applicant's clinical experience. The 16 Department may request additional and clarifying 17 information. shall The Department evaluate the including the applicant's training 18 application, and 19 experience, consistent with the standards set forth under 20 subsections (a), (b), (c), and (d) of Section 3.10. If the 21 application clearly demonstrates that the training and 22 experience meets such standards, the Department shall 23 the opportunity to successfully offer the applicant 24 complete a Department-approved EMT examination for which 25 the applicant is qualified. Upon passage of an examination, the Department shall issue a license, which shall be 26

HB5183 Engrossed - 13 - LRB096 16642 KTG 31923 b

- subject to all provisions of this Act that are otherwise
 applicable to the class of EMT license issued.
- 3 (3) License individuals as an EMT-B, EMT-I, or EMT-P
 4 who have met the Department's education, training and
 5 <u>examination</u> testing requirements.

6 (4) Prescribe annual continuing education and 7 relicensure requirements for all levels of EMT.

- 8 (5) Relicense individuals as an EMT-B, EMT-I, or EMT-P 9 every 4 years, based on their compliance with continuing 10 education and relicensure requirements.
- (6) Grant inactive status to any EMT who qualifies,
 based on standards and procedures established by the
 Department in rules adopted pursuant to this Act.
- 14(7) Charge a fee for EMT examination, licensure, and15license renewal16submitted with an application for a licensure examination.

(8) Suspend, revoke, or refuse to <u>issue or</u> renew the
license of <u>any licensee</u> an EMT, after an opportunity for <u>an</u>
<u>impartial hearing</u>, where the preponderance of the evidence
<u>shows one or more of the following</u> a hearing, when findings
show one or more of the following:

(A) The <u>licensee</u> EMT has not met continuing
education or relicensure requirements as prescribed by
the Department;

(B) The <u>licensee</u> EMT has failed to maintain
 proficiency in the level of skills for which he or she

indices migrebbed

1 is licensed;

2

3

4

5

6

7

8

9

(C) The <u>licensee</u> EMT, during the provision of medical services, engaged in dishonorable, unethical<u></u> or unprofessional conduct of a character likely to deceive, defraud<u></u>, or harm the public;

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

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

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

21 (G) The <u>licensee</u> EMT has violated this Act or any
22 rule adopted by the Department pursuant to this Act;
23 <u>or</u>-

(H) The licensee has been convicted (or entered a
 plea of guilty or nolo-contendere) by a lawful court of
 a felony offense, which, upon conviction, subjects the

HB5183 Engrossed - 15 - LRB096 16642 KTG 31923 b

<u>convicted licensee to a minimum imprisonment of 2 years</u>
 or more.

3 (9) An EMT who exclusively serves as a volunteer for 4 units of local government with a population base of less 5 than 5,000 may submit an application to the Department for 6 a waiver of these fees on a form prescribed by the 7 Department.

8 The education requirements prescribed by the Department 9 under this subsection must allow for the suspension of those 10 requirements in the case of a member of the armed services or reserve forces of the United States or a member of the Illinois 11 12 National Guard who is on active duty pursuant to an executive 13 order of the President of the United States, an act of the 14 Congress of the United States, or an order of the Governor at 15 the time that the member would otherwise be required to fulfill 16 a particular education requirement. Such a person must fulfill 17 the education requirement within 6 months after his or her release from active duty. 18

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

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

HB5183 Engrossed - 16 - LRB096 16642 KTG 31923 b

1 (210 ILCS 50/3.60)

2 Sec. 3.60. First Responder.

3 (a) "First Responder" means a person who has successfully completed a course of instruction in emergency first response 4 5 as prescribed by the Department, who provides first response services prior to the arrival of an ambulance or specialized 6 7 emergency medical services vehicle, in accordance with the 8 level of care established in the emergency first response 9 course. A First Responder who provides such services as part of 10 an EMS System response plan which utilizes First Responders as 11 the personnel dispatched to the scene of an emergency to 12 provide initial emergency medical care shall comply with the 13 applicable sections of the Program Plan of that EMS System.

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

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

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

26

(2) Prescribe a standard set of equipment for use

HB5183 Engrossed - 17 - LRB096 16642 KTG 31923 b

1 during first response services. An individual First 2 Responder shall not be required to maintain his or her own 3 set of such equipment, provided he or she has access to 4 such equipment during a first response call.

5 (3) Require the First Responder to notify the 6 Department of any EMS System in which he or she 7 participates as dispatched personnel as described in 8 subsection (a).

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

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

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

16 <u>(7) Charge each First Responder applicant a fee for</u> 17 <u>testing, initial licensure, and license renewal. A First</u> 18 <u>Responder who exclusively serves as a volunteer for units</u> 19 <u>of local government with a population base of less than</u> 20 <u>5,000 may submit an application to the Department for a</u> 21 <u>waiver of these fees on a form prescribed by the</u> 22 <u>Department.</u>

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

24 (210 ILCS 50/3.65)

9

10

25 Sec. 3.65. EMS Lead Instructor.

HB5183 Engrossed - 18 - LRB096 16642 KTG 31923 b

1 (a) "EMS Lead Instructor" means a person who has 2 successfully completed a course of education as prescribed by 3 the Department, and who is currently approved by the Department to coordinate or teach education, training and continuing 4 5 education courses, in accordance with standards prescribed by this Act and rules adopted by the Department pursuant to this 6 7 Act.

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

10 (1) Prescribe education requirements for EMS Lead
 11 Instructor candidates through rules adopted pursuant to
 12 this Act.

13 (2) Prescribe testing requirements for EMS Lead
14 Instructor candidates through rules adopted pursuant to
15 this Act.

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

20 (4) Approve individuals as EMS Lead Instructors who
21 have met the Department's education and testing
22 requirements.

(5) Require that all education, training and
continuing education courses for EMT-B, EMT-I, EMT-P,
Pre-Hospital RN, ECRN, First Responder and Emergency
Medical Dispatcher be coordinated by at least one approved

HB5183 Engrossed - 19 - LRB096 16642 KTG 31923 b

EMS Lead Instructor. A program which includes education, 1 2 training or continuing education for more than one type of 3 personnel may use one EMS Lead Instructor to coordinate the single EMS Lead Instructor 4 program, and а mav 5 simultaneously coordinate more than one program or course.

6 (6) Provide standards and procedures for awarding EMS 7 Lead Instructor approval to persons previously approved by 8 the Department to coordinate such courses, based on 9 qualifications prescribed by the Department through rules 10 adopted pursuant to this Act.

(7) Suspend or revoke the approval of an EMS Lead
Instructor, after an opportunity for a hearing, when
findings show one or more of the following:

14 (A) The EMS Lead Instructor has failed to conduct a
15 course in accordance with the curriculum prescribed by
16 this Act and rules adopted by the Department pursuant
17 to this Act; or

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

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

22 (210 ILCS 50/3.70)

23 Sec. 3.70. Emergency Medical Dispatcher.

24 (a) "Emergency Medical Dispatcher" means a person who has25 successfully completed a training course in emergency medical

1 dispatching meeting or exceeding the national curriculum of the 2 United States Department of Transportation in accordance with 3 rules adopted by the Department pursuant to this Act, who accepts calls from the public for emergency medical services 4 5 and dispatches designated emergency medical services personnel 6 and vehicles. The Emergency Medical Dispatcher must use the 7 Department-approved emergency medical dispatch priority 8 reference system (EMDPRS) protocol selected for use by its 9 agency and approved by its EMS medical director. This protocol 10 must be used by an emergency medical dispatcher in an emergency 11 medical dispatch agency to dispatch aid to medical emergencies 12 which includes systematized caller interrogation questions; 13 systematized prearrival support instructions; and systematized 14 coding protocols that match the dispatcher's evaluation of the 15 injury or illness severity with the vehicle response mode and 16 vehicle response configuration and includes an appropriate 17 training curriculum and testing process consistent with the specific EMDPRS protocol used by the emergency medical dispatch 18 19 agency. Prearrival support instructions shall be provided in a 20 non-discriminatory manner and shall be provided in accordance 21 with the EMDPRS established by the EMS medical director of the 22 EMS system in which the EMD operates. If the dispatcher 23 operates under the authority of an Emergency Telephone System Board established under the Emergency Telephone System Act, the 24 25 protocols shall be established by such Board in consultation with the EMS Medical Director. Persons who have already 26

1 completed a course of instruction in emergency medical dispatch 2 based on, equivalent to or exceeding the national curriculum of 3 the United States Department of Transportation, or as otherwise 4 approved by the Department, shall be considered Emergency 5 Medical Dispatchers on the effective date of this amendatory 6 Act.

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

9 (1) Require certification and recertification of a 10 person who meets the training and other requirements as an 11 emergency medical dispatcher pursuant to this Act.

12 (2) Require certification and recertification of a
13 person, organization, or government agency that operates
14 an emergency medical dispatch agency that meets the minimum
15 standards prescribed by the Department for an emergency
16 medical dispatch agency pursuant to this Act.

17 Prescribe minimum education (3) and continuing 18 education requirements for the Emergency Medical 19 Dispatcher, which meet the national curriculum of the 20 United States Department of Transportation, through rules 21 adopted pursuant to this Act.

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

26

(5) Require each EMD to provide prearrival

HB5183 Engrossed - 22 - LRB096 16642 KTG 31923 b

instructions in compliance with protocols selected and
 approved by the system's EMS medical director and approved
 by the Department.

4 (6) Require the Emergency Medical Dispatcher to keep
5 the Department currently informed as to the entity or
6 agency that employs or supervises his activities as an
7 Emergency Medical Dispatcher.

8 (7) Establish an annual recertification requirement 9 that requires at least 12 hours of medical 10 dispatch-specific continuing education each year.

11 (8) Approve all EMDPRS protocols used by emergency 12 medical dispatch agencies to assure compliance with 13 national standards.

14 (9) Require that Department-approved emergency medical
15 dispatch training programs are conducted in accordance
16 with national standards.

17 (10) Require that the emergency medical dispatch agency be operated in accordance with national standards, 18 19 including, but not limited to, (i) the use on every request 20 for medical assistance of an emergency medical dispatch 21 priority reference system (EMDPRS) in accordance with 22 Department-approved policies and procedures and (ii) under 23 the approval and supervision of the EMS medical director, 24 the establishment of a continuous quality improvement 25 program.

26

(11) Require that a person may not represent himself or

HB5183 Engrossed - 23 - LRB096 16642 KTG 31923 b

herself, nor may an agency or business represent an agent or employee of that agency or business, as an emergency medical dispatcher unless certified by the Department as an emergency medical dispatcher.

5 (12) Require that a person, organization, or 6 government agency not represent itself as an emergency 7 medical dispatch agency unless the person, organization, 8 or government agency is certified by the Department as an 9 emergency medical dispatch agency.

10 (13)Require that a person, organization, or 11 government agency may not offer or conduct a training 12 course that is represented as a course for an emergency 13 medical dispatcher unless the person, organization, or agency is approved by the Department to offer or conduct 14 15 that course.

16 (14) Require that Department-approved emergency 17 medical dispatcher training programs are conducted by 18 instructors licensed by the Department who:

19 (i) are, at a minimum, certified as emergency
20 medical dispatchers;

21 (ii) have completed a Department-approved course
22 on methods of instruction;

23 (iii) have previous experience in a medical24 dispatch agency; and

25 (iv) have demonstrated experience as an EMS26 instructor.

HB5183 Engrossed - 24 - LRB096 16642 KTG 31923 b

1 (15) Establish criteria for modifying or waiving 2 Emergency Medical Dispatcher requirements based on (i) the 3 scope and frequency of dispatch activities and the 4 dispatcher's access to training or (ii) whether the 5 previously-attended dispatcher training program merits 6 automatic recertification for the dispatcher.

7 (16) Charge each Emergency Medical Dispatcher
 8 applicant a fee for licensure and license renewal.

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

10 (210 ILCS 50/3.75)

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

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

17 (b) The Department shall have the authority and 18 responsibility to:

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

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

25

(3) Charge each candidate for TNS certification a fee

HB5183 Engrossed - 25 - LRB096 16642 KTG 31923 b

to be submitted with an application for a certification 1 2 examination, an application for certification, and an 3 application for recertification; (4) Certify an individual as a TNS who has met the 4 5 Department's education and testing requirements; Prescribe recertification requirements through 6 (5)7 rules adopted to this Act; 8 (6) Recertify an individual as a TNS every 4 years, 9 based on compliance with recertification requirements; (7) Grant inactive status to any TNS who qualifies, 10 11 based on standards and procedures established by the 12 Department in rules adopted pursuant to this Act; and 13 revoke (8) Suspend, or deny renewal of the 14 certification of a TNS, after an opportunity for hearing by 15 the Department, if findings show that the TNS has failed to maintain proficiency in the level of skills for which the 16 17 is certified or has failed to TNS comply with recertification requirements. 18 19 (Source: P.A. 89-177, eff. 7-19-95.)

20 (210 ILCS 50/3.80)

21 Sec. 3.80. Pre-Hospital RN and Emergency Communications 22 Registered Nurse.

(a) Emergency Communications Registered Nurse or "ECRN"
 means a registered professional nurse licensed under the Nurse
 Practice Act who has successfully completed supplemental

HB5183 Engrossed - 26 - LRB096 16642 KTG 31923 b

education in accordance with rules adopted by the Department, and who is approved by an EMS Medical Director to monitor telecommunications from and give voice orders to EMS System personnel, under the authority of the EMS Medical Director and in accordance with System protocols.

6 Upon the effective date of this amendatory Act of 1995, all 7 existing Registered Professional Nurse/MICNs shall be 8 considered ECRNs.

(b) "Pre-Hospital Registered Nurse" or "Pre-Hospital RN" 9 10 means a registered professional nurse licensed under the Nurse 11 Practice Act who has successfully completed supplemental 12 education in accordance with rules adopted by the Department pursuant to this Act, and who is approved by an EMS Medical 13 14 Director to practice within an EMS System as emergency medical 15 services personnel for pre-hospital and inter-hospital 16 emergency care and non-emergency medical transports.

17 Upon the effective date of this amendatory Act of 1995, all 18 existing Registered Professional Nurse/Field RNs shall be 19 considered Pre-Hospital RNs.

20 (c) The Department shall have the authority and 21 responsibility to:

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

(A) Education for Pre-Hospital RN shall include
 extrication, telecommunications, and pre-hospital

HB5183 Engrossed - 27 - LRB096 16642 KTG 31923 b

1

2

3

4

5

cardiac and trauma care;

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

6 (C) A Pre-Hospital RN candidate who is fulfilling 7 clinical training and in-field supervised experience 8 requirements may perform prescribed procedures under 9 the direct supervision of a physician licensed to 10 practice medicine in all of its branches, a qualified 11 registered professional nurse or a qualified EMT, only 12 when authorized by the EMS Medical Director;

13 (D) An EMS Medical Director may impose in-field 14 supervised field experience requirements on System 15 ECRNs as part of their training or continuing 16 education, in which they perform prescribed procedures 17 under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified 18 registered professional nurse or qualified EMT, only 19 20 when authorized by the EMS Medical Director;

21 (2) Require EMS Medical Directors to reapprove 22 Pre-Hospital RNs and ECRNs every 4 years, based on 23 with continuing education compliance requirements 24 prescribed by the Department through rules adopted 25 pursuant to this Act;

26

(3) Allow EMS Medical Directors to grant inactive

HB5183 Engrossed - 28 - LRB096 16642 KTG 31923 b

status to any Pre-Hospital RN or ECRN who qualifies, based on standards and procedures established by the Department in rules adopted pursuant to this Act;

4 (4) Require a Pre-Hospital RN to honor Do Not
5 Resuscitate (DNR) orders and powers of attorney for health
6 care only in accordance with rules adopted by the
7 Department pursuant to this Act and protocols of the EMS
8 System in which he or she practices; -

9 <u>(5) Charge each Pre-Hospital RN applicant and ECRN</u> 10 <u>applicant a fee for certification, licensure, and license</u> 11 <u>renewal.</u>

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

13 (210 ILCS 50/3.85)

14 Sec. 3.85. Vehicle Service Providers.

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

(1) "Ambulance" means any publicly or privately owned
on-road vehicle that is specifically designed, constructed
or modified and equipped, and is intended to be used for,
and is maintained or operated for the emergency
transportation of persons who are sick, injured, wounded or

HB5183 Engrossed - 29 - LRB096 16642 KTG 31923 b

otherwise incapacitated or helpless, or the non-emergency medical transportation of persons who require the presence of medical personnel to monitor the individual's condition or medical apparatus being used on such individuals.

5 (2) "Specialized Emergency Medical Services Vehicle" or "SEMSV" means a vehicle or conveyance, other than those 6 7 owned or operated by the federal government, that is 8 primarily intended for use in transporting the sick or 9 injured by means of air, water, or ground transportation, 10 that is not an ambulance as defined in this Act. The term 11 includes watercraft, aircraft and special purpose ground 12 transport vehicles or conveyances not intended for use on 13 public roads.

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

16 (A) "Limited Operation Vehicle" means a vehicle
17 which is licensed by the Department to provide basic,
18 intermediate or advanced life support emergency or
19 non-emergency medical services that are exclusively
20 limited to specific events or locales.

(B) "Special-Use Vehicle" means any publicly or
privately owned vehicle that is specifically designed,
constructed or modified and equipped, and is intended
to be used for, and is maintained or operated solely
for the emergency or non-emergency transportation of a
specific medical class or category of persons who are

sick, injured, wounded or otherwise incapacitated or
 helpless (e.g. high-risk obstetrical patients,
 neonatal patients).

4 <u>(C) "Reserve Ambulance" means a vehicle that meets</u> 5 <u>all criteria set forth in this Section and all</u> 6 <u>Department rules, except for the required inventory of</u> 7 <u>medical supplies and durable medical equipment, which</u> 8 <u>may be rapidly transferred from a fully functional</u> 9 <u>ambulance to a reserve ambulance without the use of</u> 10 <u>tools or special mechanical expertise.</u>

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

13 (1) Require all Vehicle Service Providers, both
14 publicly and privately owned, to function within an EMS
15 System;

16 (2)Require a Vehicle Service Provider utilizing 17 ambulances to have a primary affiliation with an EMS System within the EMS Region in which its Primary Service Area is 18 19 located, which is the geographic areas in which the 20 provider renders the majority of its emergency responses. This requirement shall not apply to Vehicle Service 21 22 Providers which exclusively utilize Limited Operation 23 Vehicles:

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

HB5183 Engrossed

(A) Vehicle design, specification, operation and
 maintenance standards, including standards for the use
 of reserve ambulances;

(B) Equipment requirements;

(C) Staffing requirements; and

(D) Annual license renewal.

7 (4) License all Vehicle Service Providers that have met 8 the Department's requirements for licensure, unless such 9 Provider is owned or licensed by the federal government. 10 All Provider licenses issued by the Department shall 11 specify the level and type of each vehicle covered by the 12 license (BLS, ILS, ALS, ambulance, SEMSV, limited 13 operation vehicle, special use vehicle, reserve 14 ambulance);

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

(6) Suspend, revoke, refuse to issue or refuse to renew 18 19 the license of any Vehicle Service Provider, or that 20 portion of a license pertaining to a specific vehicle operated by the Provider, after an opportunity for a 21 22 hearing, when findings show that the Provider or one or 23 more of its vehicles has failed to comply with the 24 standards and requirements of this Act or rules adopted by 25 the Department pursuant to this Act;

26

4

5

6

(7) Issue an Emergency Suspension Order for any

HB5183 Engrossed - 32 - LRB096 16642 KTG 31923 b

Provider or vehicle licensed under this Act, when the Director or his designee has determined that an immediate and serious danger to the public health, safety and welfare exists. Suspension or revocation proceedings which offer an opportunity for hearing shall be promptly initiated after the Emergency Suspension Order has been issued;

7 Exempt any licensed vehicle from subsequent (8) 8 vehicle design standards or specifications required by the 9 Department, as long as said vehicle is continuously in vehicle 10 compliance with the design standards and 11 specifications originally applicable to that vehicle, or 12 until said vehicle's title of ownership is transferred;

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

20 Prohibit any Vehicle Service Provider from (10)advertising, identifying its vehicles, or disseminating 21 22 information in a false or misleading manner concerning the 23 Provider's type and level of vehicles, location, primary 24 service area, response times, level of personnel, 25 licensure status or System participation; and

26 (10.5) Prohibit any Vehicle Service Provider, whether

HB5183 Engrossed - 33 - LRB096 16642 KTG 31923 b

1 <u>municipal, private, or hospital-owned, from advertising</u> 2 <u>itself as a critical care transport provider unless it</u> 3 <u>participates in a Department-approved EMS System critical</u> 4 care transport plan; and

5 (11) Charge each Vehicle Service Provider a fee <u>per</u> 6 <u>transport vehicle</u>, to be submitted with each application 7 for licensure and license renewal. The fee per transport 8 <u>vehicle shall be set by administrative rule by the</u> 9 <u>Department and shall not exceed 100 vehicles per provider</u> 7 10 which shall not exceed \$25.00 per vehicle, up to \$500.00 11 per Provider.

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

13 (210 ILCS 50/3.86)

14 Sec. 3.86. Stretcher van providers.

(a) In this Section, "stretcher van provider" means an entity licensed by the Department to provide non-emergency transportation of passengers on a stretcher in compliance with this Act or the rules adopted by the Department pursuant to this Act, utilizing stretcher vans.

20 (b) The Department has the authority and responsibility to 21 do the following:

(1) Require all stretcher van providers, both publiclyand privately owned, to be licensed by the Department.

24 (2) Establish licensing and safety standards and
 25 requirements for stretcher van providers, through rules

HB5183 Engrossed - 34 - LRB096 16642 KTG 31923 b

adopted pursuant to this Act, including but not limited to:

2 3

5

6

1

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

4

(B) Safety equipment requirements and standards.

(C) Staffing requirements.

(D) Annual license renewal.

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

9 (4) Annually inspect all licensed stretcher van 10 providers, and relicense providers that have met the 11 Department's requirements for license renewal.

12 (5) Suspend, revoke, refuse to issue, or refuse to 13 renew the license of any stretcher van provider, or that 14 portion of a license pertaining to a specific vehicle 15 operated by a provider, after an opportunity for a hearing, 16 when findings show that the provider or one or more of its 17 vehicles has failed to comply with the standards and requirements of this Act or the rules adopted by the 18 19 Department pursuant to this Act.

20 (6) Issue an emergency suspension order for anv provider or vehicle licensed under this Act when the 21 22 Director or his or her designee has determined that an 23 immediate or serious danger to the public health, safety, 24 and welfare exists. Suspension or revocation proceedings 25 that offer an opportunity for a hearing shall be promptly 26 initiated after the emergency suspension order has been HB5183 Engrossed

issued.

1

2 (7)Prohibit any stretcher van provider from advertising, identifying its vehicles, or disseminating 3 information in a false or misleading manner concerning the 4 5 provider's type and level of vehicles, location, response times, level of personnel, licensure status, or EMS System 6 7 participation.

8 (8) Charge each stretcher van provider a fee, to be 9 submitted with each application for licensure and license 10 renewal, which shall not exceed \$25 per vehicle, up to \$500 11 per provider.

12 (c) A stretcher van provider may provide transport of a 13 passenger on a stretcher, provided the passenger meets all of 14 the following requirements:

15 (1) He or she needs no medical equipment, except16 self-administered medications.

17 (2) He or she needs no medical monitoring or medical18 observation.

19 (3) He or she needs routine transportation to or from a 20 medical appointment or service if the passenger is 21 convalescent or otherwise bed-confined and does not 22 require medical monitoring, aid, care, or treatment during 23 transport.

24 (d) A stretcher van provider may not transport a passenger25 who meets any of the following conditions:

26

(1) He or she is currently admitted to a hospital or is

HB5183 Engrossed

being transported to a hospital for admission or emergency treatment.

3

4

5

6

7

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

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

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

10 (5) He or she was moved from one environment where 11 24-hour medical monitoring or medical observation will 12 take place by certified or licensed nursing personnel to 13 another such environment. Such environments shall include, 14 but not be limited to, hospitals licensed under the 15 Hospital Licensing Act or operated under the University of 16 Illinois Hospital Act, and nursing facilities licensed 17 under the Nursing Home Care Act.

(e) The Stretcher Van Licensure Fund is created as a special fund within the State treasury. All fees received by the Department in connection with the licensure of stretcher van providers under this Section shall be deposited into the fund. Moneys in the fund shall be subject to appropriation to the Department for use in implementing this Section.

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

25 (210 ILCS 50/3.130)

HB5183 Engrossed - 37 - LRB096 16642 KTG 31923 b

Sec. 3.130. Facility, system, and equipment violations 1 2 Violations; Plans of Correction. Except for emergency suspension orders, or actions initiated pursuant to Sections 3 3.117(a), 3.117(b), and 3.90(b)(10) of this Act, prior to 4 5 initiating an action for suspension, revocation, denial, 6 nonrenewal, or imposition of a fine pursuant to this Act, the 7 Department shall:

8 (a) Issue a Notice of Violation which specifies the 9 Department's allegations of noncompliance and requests a plan 10 of correction to be submitted within 10 days after receipt of 11 the Notice of Violation;

12 (b) Review and approve or reject the plan of correction. If 13 the Department rejects the plan of correction, it shall send 14 notice of the rejection and the reason for the rejection. The 15 party shall have 10 days after receipt of the notice of 16 rejection in which to submit a modified plan;

17 (c) Impose a plan of correction if a modified plan is not 18 submitted in a timely manner or if the modified plan is 19 rejected by the Department;

(d) Issue a Notice of Intent to fine, suspend, revoke, nonrenew or deny if the party has failed to comply with the imposed plan of correction, and provide the party with an opportunity to request an administrative hearing. The Notice of Intent shall be effected by certified mail or by personal service, shall set forth the particular reasons for the proposed action, and shall provide the party with 15 days in HB5183 Engrossed - 38 - LRB096 16642 KTG 31923 b

- 1 which to request a hearing.
- 2 (Source: P.A. 96-514, eff. 1-1-10.)
- 3 (210 ILCS 50/3.160)

4 Sec. 3.160. Employer Responsibility.

5 (a) <u>(Blank)</u> No employer shall employ or permit any employee 6 to perform any services for which a license, certificate or 7 other authorization is required by this Act, or by rules 8 adopted pursuant to this Act, unless and until the person so 9 employed possesses all licenses, certificates or 10 authorizations that are so required.

11 <u>(a-5) No employer shall permit any employee to perform any</u> 12 <u>services for which a license, certificate, or other</u> 13 <u>authorization is required under this Act, unless the employer</u> 14 <u>first makes a good faith attempt to verify that the employee</u> 15 <u>possesses all necessary and valid licenses, certificates, and</u> 16 <u>authorizations required under this Act.</u>

(b) Any person or entity that employs or supervises a person's activities as a First Responder or Emergency Medical Dispatcher shall cooperate with the Department's efforts to monitor and enforce compliance by those individuals with the requirements of this Act.

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

23 (210 ILCS 50/3.175)

24 Sec. 3.175. Criminal Penalties. Any person who violates

	HB5183 Engrossed - 39 - LRB096 16642 KTG 31923 b
1	Sections 3.155(d) or (f), 3.160, 3.165 or 3.170 of this Act or
2	any rule promulgated thereto, is guilty of a Class <u>B</u> \in
3	misdemeanor.
4	(Source: P.A. 89-177, eff. 7-19-95.)
5	(210 ILCS 50/3.220)
6	Sec. 3.220. EMS Assistance Fund.
7	(a) There is hereby created an "EMS Assistance Fund" within
8	the State treasury, for the purpose of receiving fines and fees
9	collected by the Illinois Department of Health pursuant to this
10	Act.
11	(b) (Blank) EMT licensure examination fees collected shall
12	be distributed by the Department to the Resource Hospital of
13	the EMS System in which the EMT candidate was educated, to be
14	used for educational and related expenses incurred by the
15	System's hospitals, as identified in the EMS System Program
16	Plan .
17	(b-5) All licensing, testing, and certification fees
18	authorized by this Act, excluding ambulance licensure fees,
19	within this fund shall be used by the Department for
20	administration, oversight, and enforcement of activities
21	authorized under this Act.
22	(c) All other moneys within this fund shall be distributed
23	by the Department to the EMS Regions for disbursement in
24	accordance with protocols established in the EMS Region Plans,
25	for the purposes of organization, development and improvement

HB5183 Engrossed - 40 - LRB096 16642 KTG 31923 b

1 of Emergency Medical Services Systems, including but not 2 limited to training of personnel and acquisition, modification 3 and maintenance of necessary supplies, equipment and vehicles.

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

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

Section 99. Effective date. This Act takes effect January 11 1, 2011.