



Rep. Michael P. McAuliffe

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09600HB5996ham001

LRB096 18519 KTG 38789 a

1 AMENDMENT TO HOUSE BILL 5996

2 AMENDMENT NO. _____. Amend House Bill 5996 by replacing
3 everything after the enacting clause with the following:

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

6 (210 ILCS 50/3.20)

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

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

1 (b) One hospital in each System program plan must be
2 designated as the Resource Hospital. All other hospitals which
3 are located within the geographic boundaries of a System and
4 which have standby, basic or comprehensive level emergency
5 departments must function in that EMS System as either an
6 Associate Hospital or Participating Hospital and follow all
7 System policies specified in the System Program Plan, including
8 but not limited to the replacement of drugs and equipment used
9 by providers who have delivered patients to their emergency
10 departments. All hospitals and vehicle service providers
11 participating in an EMS System must specify their level of
12 participation in the System Program Plan.

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

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

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

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

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

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

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

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

16 (B) Be thoroughly knowledgeable of all skills
17 included in the scope of practices of all levels of EMS
18 personnel within the System;

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

22 (D) For ILS and ALS EMS Medical Directors,
23 successfully complete a Department-approved EMS
24 Medical Director's Course.

25 (7) Prescribe statewide EMS data elements to be
26 collected and documented by providers in all EMS Systems

1 for all emergency and non-emergency medical services, with
2 a one-year phase-in for commencing collection of such data
3 elements.

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

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

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

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

26 (10) Evaluate the capacity and performance of any

1 freestanding emergency center established under Section
2 32.5 of this Act in meeting emergency medical service needs
3 of the public, including compliance with applicable
4 emergency medical standards and assurance of the
5 availability of and immediate access to the highest quality
6 of medical care possible.

7 (11) Permit limited EMS System participation by
8 facilities operated by the United States Department of
9 Veterans Affairs, Veterans Health Administration. Subject
10 to patient preference, Illinois EMS providers may
11 transport patients to Veterans Health Administration
12 facilities that voluntarily participate in an EMS System.
13 Any Veterans Health Administration facility seeking
14 limited participation in an EMS System shall agree to
15 comply with all Department administrative rules
16 implementing this Section. The Department may promulgate
17 rules, including, but not limited to, the types of Veterans
18 Health Administration facilities that may participate in
19 an EMS System and the limitations of participation.

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