



Sen. John M. Sullivan

Filed: 4/11/2013

09800SB0625sam001

LRB098 04438 CEL 43954 a

1 AMENDMENT TO SENATE BILL 625

2 AMENDMENT NO. _____. Amend Senate Bill 625 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 Sections 3.30, 3.90, 3.95, 3.100,
6 3.105, 3.110, and 3.140 and by adding Section 3.101 and 3.102
7 as follows:

8 (210 ILCS 50/3.30)

9 Sec. 3.30. EMS Region Plan; Content.

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

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

1 considerations (e.g. transport times and distances);

2 (2) Regional standing medical orders;

3 (3) Patient transfer patterns, including criteria for
4 determining whether a patient needs the specialized
5 services of a trauma center, along with protocols for the
6 bypassing of or diversion to any hospital, trauma center or
7 regional trauma center which are consistent with
8 individual System bypass or diversion protocols and
9 protocols for patient choice or refusal;

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

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

21 (6) Regional standardization of continuing education
22 requirements;

23 (7) Regional standardization of Do Not Resuscitate
24 (DNR) policies, and protocols for power of attorney for
25 health care;

26 (8) Protocols for disbursement of Department grants;

1 and

2 (9) Protocols for the triage, treatment, and transport
3 of possible acute stroke patients.

4 (b) The Trauma Center Medical Directors or Trauma Center
5 Medical Directors Committee shall address at least the
6 following:

7 (1) The identification of Regional Trauma Centers;

8 (2) Protocols for inter-System and inter-Region trauma
9 patient transports, including identifying the conditions
10 of emergency patients which may not be transported to the
11 different levels of emergency department, based on their
12 Department classifications and relevant Regional
13 considerations (e.g. transport times and distances);

14 (3) Regional trauma standing medical orders;

15 (4) Trauma patient transfer patterns, including
16 criteria for determining whether a patient needs the
17 specialized services of a trauma center, along with
18 protocols for the bypassing of or diversion to any
19 hospital, trauma center or regional trauma center which are
20 consistent with individual System bypass or diversion
21 protocols and protocols for patient choice or refusal;

22 (5) The identification of which types of patients can
23 be cared for by Level I Trauma Centers, ~~and~~ Level II Trauma
24 Centers, and Level III Trauma Centers;

25 (6) Criteria for inter-hospital transfer of trauma
26 patients;

1 (7) The treatment of trauma patients in each trauma
2 center within the Region;

3 (8) A program for conducting a quarterly conference
4 which shall include at a minimum a discussion of morbidity
5 and mortality between all professional staff involved in
6 the care of trauma patients;

7 (9) The establishment of a Regional trauma quality
8 assurance and improvement subcommittee, consisting of
9 trauma surgeons, which shall perform periodic medical
10 audits of each trauma center's trauma services, and forward
11 tabulated data from such reviews to the Department; and

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

19 (c) The Region's EMS Medical Directors and Trauma Center
20 Medical Directors Committees shall appoint any subcommittees
21 which they deem necessary to address specific issues concerning
22 Region activities.

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

24 (210 ILCS 50/3.90)

25 Sec. 3.90. Trauma Center Designations.

1 (a) "Trauma Center" means a hospital which: (1) within
2 designated capabilities provides optimal care to trauma
3 patients; (2) participates in an approved EMS System; and (3)
4 is duly designated pursuant to the provisions of this Act.
5 Level I Trauma Centers shall provide all essential services
6 in-house, 24 hours per day, in accordance with rules adopted by
7 the Department pursuant to this Act. Level II and Level III
8 Trauma Centers shall have some essential services available
9 in-house, 24 hours per day, and other essential services
10 readily available, 24 hours per day, in accordance with rules
11 adopted by the Department pursuant to this Act.

12 (a-5) An Acute Injury Stabilization Center shall have a
13 comprehensive emergency department capable of initial
14 management and transfer of the acutely injured in accordance
15 with rules adopted by the Department pursuant to this Act.

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

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

25 (2) Require hospitals applying for trauma center
26 designation to submit a plan for designation in a manner

1 and form prescribed by the Department through rules adopted
2 pursuant to this Act;

3 (3) Upon receipt of a completed plan for designation,
4 conduct a site visit to inspect the hospital for compliance
5 with the Department's minimum standards. Such visit shall
6 be conducted by specially qualified personnel with
7 experience in the delivery of emergency medical and/or
8 trauma care. A report of the inspection shall be provided
9 to the Director within 30 days of the completion of the
10 site visit. The report shall note compliance or lack of
11 compliance with the individual standards for designation,
12 but shall not offer a recommendation on granting or denying
13 designation;

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

26 (5) Designate ~~Attempt to designate~~ trauma centers in

1 all areas of the State. There shall be at least one Level I
2 Trauma Center serving each EMS Region, unless waived by the
3 Department. This subsection shall not be construed to
4 require a Level I Trauma Center to be located in each EMS
5 Region. Level I Trauma Centers shall serve as resources for
6 the Level II and Level III Trauma Centers and Acute Injury
7 Stabilization Centers in the EMS Regions. The extent of
8 such relationships shall be defined in the EMS Region Plan;

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

18 (7) Renew trauma center designations every 2 years,
19 with onsite inspections conducted every 4 years ~~after an~~
20 ~~on-site inspection~~, based on compliance with renewal
21 requirements and standards for continuing operation, as
22 prescribed by the Department through rules adopted
23 pursuant to this Act;

24 (8) Refuse to issue or renew a trauma center
25 designation, after providing an opportunity for a hearing,
26 when findings show that it does not meet the standards and

1 criteria prescribed by the Department;

2 (9) Review and determine whether a trauma center's
3 annual morbidity and mortality rates for trauma patients
4 significantly exceed the State average for such rates,
5 using a uniform recording methodology based on nationally
6 recognized standards. Such determination shall be
7 considered as a factor in any decision by the Department to
8 renew or refuse to renew a trauma center designation under
9 this Act, but shall not constitute the sole basis for
10 refusing to renew a trauma center designation;

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

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

1 such trauma center designation revocation;

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

1 revoke the trauma center designation. The trauma
2 center shall have 15 days after receiving the
3 Director's notice in which to request a hearing. Such
4 hearing shall conform to the provisions of Section
5 3.135 ~~30~~ of this Act;

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

17 (A) The Department shall monitor the performance
18 of local health departments with authority delegated
19 pursuant to this Section, based upon performance
20 criteria established in rules promulgated by the
21 Department;

22 (B) Delegated authority may be revoked for
23 ~~substantial~~ non-compliance with the Department's
24 rules. Notice of an intent to revoke shall be served
25 upon the local health department by certified mail,
26 stating the reasons for revocation and offering an

1 opportunity for an administrative hearing to contest
2 the proposed revocation. The request for a hearing must
3 be in writing and received by the Department within 10
4 working days of the local health department's receipt
5 of notification;

6 (C) The director of a local health department may
7 relinquish its delegated authority upon 60 days
8 written notification to the Director of Public Health.

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

10 (210 ILCS 50/3.95)

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

15 (a) The designation by the trauma center of a Trauma Center
16 Medical Director and specification of his qualifications;

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

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

24 (d) The numbers and qualifications of emergency medical
25 personnel;

1 (e) The types of equipment that must be available to trauma
2 patients;

3 (f) Requiring the trauma center to be affiliated with an
4 EMS System;

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

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

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

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

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

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

5 (a) The designation by the trauma center of a Trauma Center
6 Medical Director and specification of his qualifications;

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

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

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

16 (e) The types of equipment that must be available for
17 trauma patients;

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

26 (g) Requiring the trauma center to be affiliated with an

1 EMS System;

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

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

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

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

18 (210 ILCS 50/3.101 new)

19 Sec. 3.101. Level III Trauma Center minimum standards. The
20 Department shall establish, through rules adopted pursuant to
21 this Act, standards for Level III Trauma Centers which shall
22 include, but need not be limited to:

23 (1) the designation by the trauma center of a Trauma
24 Center Medical Director and specification of his or her
25 qualifications;

1 (2) the types of surgical services the trauma center
2 must have available for trauma patients; the Department
3 shall not require the availability of all surgical services
4 required of Level I or Level II Trauma Centers;

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

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

11 (5) the types of equipment that must be available for
12 trauma patients;

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

21 (7) requiring the trauma center to be affiliated with
22 an EMS System;

23 (8) requiring the trauma center to have a
24 communications system that is fully integrated with the
25 Level I Trauma Centers, Level II Trauma Centers, Acute
26 Injury Stabilization Centers, and the EMS Systems with

1 which it is affiliated;

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

8 (10) requiring the trauma center to have helicopter
9 landing capabilities is located within a municipality
10 having a population of less than 2,000,000 people.

11 (210 ILCS 50/3.102 new)

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

18 (210 ILCS 50/3.105)

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

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

2 (210 ILCS 50/3.110)

3 Sec. 3.110. EMS system and trauma center confidentiality
4 and immunity.

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

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

19 (c) All information relating to the State Emergency Medical
20 Services Disciplinary Review Board or a local review board,
21 except final decisions, shall be afforded the same status as is
22 provided information concerning medical studies in Article
23 VIII, Part 21 of the Code of Civil Procedure. Disclosure of
24 such information to the Department pursuant to this Act shall
25 not be considered a violation of Article VIII, Part 21 of the

1 Code of Civil Procedure.

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

3 (210 ILCS 50/3.140)

4 Sec. 3.140. Violations; Fines.

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

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

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

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

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

1 (d) All fines collected pursuant to this Section shall be
2 deposited into the EMS Assistance Fund.
3 (Source: P.A. 89-177, eff. 7-19-95.)".