

AN ACT concerning regulation.

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

Section 5. The Emergency Medical Services (EMS) Systems Act is amended by changing Sections 3.5, 3.35, 3.40, 3.45, 3.50, 3.55, 3.65, 3.80, 3.87, and 3.165 as follows:

(210 ILCS 50/3.5)

Sec. 3.5. Definitions. As used in this Act:

"Clinical observation" means the on-going observation of a patient's condition by a licensed health care professional utilizing a medical skill set while continuing assessment and care.

"Department" means the Illinois Department of Public Health.

"Director" means the Director of the Illinois Department of Public Health.

"Emergency" means a medical condition of recent onset and severity that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that urgent or unscheduled medical care is required.

"Emergency Medical Services personnel" or "EMS personnel" means persons licensed as an Emergency Medical Responder (EMR) (First Responder), Emergency Medical Dispatcher (EMD),

Emergency Medical Technician (EMT), Emergency Medical Technician-Intermediate (EMT-I), Advanced Emergency Medical Technician (A-EMT), Paramedic (EMT-P), Emergency Communications Registered Nurse (ECRN), or Pre-Hospital Registered Nurse (PHRN), Pre-Hospital Advanced Practice Registered Nurse (PHAPRN), or Pre-Hospital Physician Assistant (PHPA).

"Health care facility" means a hospital, nursing home, physician's office or other fixed location at which medical and health care services are performed. It does not include "pre-hospital emergency care settings" which utilize EMS personnel to render pre-hospital emergency care prior to the arrival of a transport vehicle, as defined in this Act.

"Hospital" has the meaning ascribed to that term in the Hospital Licensing Act.

"Medical monitoring" means the performance of medical tests and physical exams to evaluate an individual's on-going exposure to a factor that could negatively impact that person's health. "Medical monitoring" includes close surveillance or supervision of patients liable to suffer deterioration in physical or mental health and checks of various parameters such as pulse rate, temperature, respiration rate, the condition of the pupils, the level of consciousness and awareness, the degree of appreciation of pain, and blood gas concentrations such as oxygen and carbon dioxide.

"Trauma" means any significant injury which involves

single or multiple organ systems.

(Source: P.A. 98-973, eff. 8-15-14; 99-661, eff. 1-1-17.)

(210 ILCS 50/3.35)

Sec. 3.35. Emergency Medical Services (EMS) Resource Hospital; Functions. The Resource Hospital of an EMS System shall:

(a) Prepare a Program Plan in accordance with the provisions of this Act and minimum standards and criteria established in rules adopted by the Department pursuant to this Act, and submit such Program Plan to the Department for approval.

(b) Appoint an EMS Medical Director, who will continually monitor and supervise the System and who will have the responsibility and authority for total management of the System as delegated by the EMS Resource Hospital.

The Program Plan shall require the EMS Medical Director to appoint an alternate EMS Medical Director and establish a written protocol addressing the functions to be carried out in his or her absence.

(c) Appoint an EMS System Coordinator and EMS Administrative Director in consultation with the EMS Medical Director and in accordance with rules adopted by the Department pursuant to this Act.

(d) Identify potential EMS System participants and obtain commitments from them for the provision of services.

(e) Educate or coordinate the education of EMS personnel and all other license holders in accordance with the requirements of this Act, rules adopted by the Department pursuant to this Act, and the EMS System Program Plan.

(f) Notify the Department of EMS personnel who have successfully completed the requirements as provided by law for initial licensure, license renewal, and license reinstatement by the Department.

(g) Educate or coordinate the education of Emergency Medical Dispatcher candidates, in accordance with the requirements of this Act, rules adopted by the Department pursuant to this Act, and the EMS System Program Plan.

(h) Establish or approve protocols for prearrival medical instructions to callers by System Emergency Medical Dispatchers who provide such instructions.

(i) Educate or coordinate the education of Pre-Hospital Registered Nurse, Pre-Hospital Advanced Practice Registered Nurse, Pre-Hospital Physician Assistant, and ECRN candidates, in accordance with the requirements of this Act, rules adopted by the Department pursuant to this Act, and the EMS System Program Plan.

(j) Approve Pre-Hospital Registered Nurse, Pre-Hospital Advanced Practice Registered Nurse, Pre-Hospital Physician Assistant, and ECRN candidates to practice within the System, and reapprove Pre-Hospital

Registered Nurses, Pre-Hospital Advanced Practice Registered Nurses, Pre-Hospital Physician Assistants, and ECRNs every 4 years in accordance with the requirements of the Department and the System Program Plan.

(k) Establish protocols for the use of Pre-Hospital Registered Nurses, Pre-Hospital Advanced Practice Registered Nurses, and Pre-Hospital Physician Assistants within the System.

(l) Establish protocols for utilizing ECRNs and physicians licensed to practice medicine in all of its branches to monitor telecommunications from, and give voice orders to, EMS personnel, under the authority of the EMS Medical Director.

(m) Monitor emergency and non-emergency medical transports within the System, in accordance with rules adopted by the Department pursuant to this Act.

(n) Utilize levels of personnel required by the Department to provide emergency care to the sick and injured at the scene of an emergency, during transport to a hospital or during inter-hospital transport and within the hospital emergency department until the responsibility for the care of the patient is assumed by the medical personnel of a hospital emergency department or other facility within the hospital to which the patient is first delivered by System personnel.

(o) Utilize levels of personnel required by the

Department to provide non-emergency medical services during transport to a health care facility and within the health care facility until the responsibility for the care of the patient is assumed by the medical personnel of the health care facility to which the patient is delivered by System personnel.

(p) Establish and implement a program for System participant information and education, in accordance with rules adopted by the Department pursuant to this Act.

(q) Establish and implement a program for public information and education, in accordance with rules adopted by the Department pursuant to this Act.

(r) Operate in compliance with the EMS Region Plan.

(Source: P.A. 98-973, eff. 8-15-14.)

(210 ILCS 50/3.40)

Sec. 3.40. EMS System Participation Suspensions and Due Process.

(a) An EMS Medical Director may suspend from participation within the System any EMS personnel, EMS Lead Instructor (LI), individual, individual provider or other participant considered not to be meeting the requirements of the Program Plan of that approved EMS System.

(b) Prior to suspending any individual or entity, an EMS Medical Director shall provide an opportunity for a hearing before the local System review board in accordance with

subsection (f) and the rules promulgated by the Department.

(1) If the local System review board affirms or modifies the EMS Medical Director's suspension order, the individual or entity shall have the opportunity for a review of the local board's decision by the State EMS Disciplinary Review Board, pursuant to Section 3.45 of this Act.

(2) If the local System review board reverses or modifies the EMS Medical Director's order, the EMS Medical Director shall have the opportunity for a review of the local board's decision by the State EMS Disciplinary Review Board, pursuant to Section 3.45 of this Act.

(3) The suspension shall commence only upon the occurrence of one of the following:

(A) the individual or entity has waived the opportunity for a hearing before the local System review board; or

(B) the order has been affirmed or modified by the local system review board and the individual or entity has waived the opportunity for review by the State Board; or

(C) the order has been affirmed or modified by the local system review board, and the local board's decision has been affirmed or modified by the State Board.

(c) An EMS Medical Director may immediately suspend an EMR,

EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHRN, LI, PHPA,
PHAPRN, or other individual or entity if he or she finds that the continuation in practice by the individual or entity would constitute an imminent danger to the public. The suspended individual or entity shall be issued an immediate verbal notification followed by a written suspension order by the EMS Medical Director which states the length, terms and basis for the suspension.

(1) Within 24 hours following the commencement of the suspension, the EMS Medical Director shall deliver to the Department, by messenger, telefax, or other Department-approved electronic communication, a copy of the suspension order and copies of any written materials which relate to the EMS Medical Director's decision to suspend the individual or entity. All medical and patient-specific information, including Department findings with respect to the quality of care rendered, shall be strictly confidential pursuant to the Medical Studies Act (Part 21 of Article VIII of the Code of Civil Procedure).

(2) Within 24 hours following the commencement of the suspension, the suspended individual or entity may deliver to the Department, by messenger, telefax, or other Department-approved electronic communication, a written response to the suspension order and copies of any written materials which the individual or entity feels are

appropriate. All medical and patient-specific information, including Department findings with respect to the quality of care rendered, shall be strictly confidential pursuant to the Medical Studies Act.

(3) Within 24 hours following receipt of the EMS Medical Director's suspension order or the individual or entity's written response, whichever is later, the Director or the Director's designee shall determine whether the suspension should be stayed pending an opportunity for a hearing or review in accordance with this Act, or whether the suspension should continue during the course of that hearing or review. The Director or the Director's designee shall issue this determination to the EMS Medical Director, who shall immediately notify the suspended individual or entity. The suspension shall remain in effect during this period of review by the Director or the Director's designee.

(d) Upon issuance of a suspension order for reasons directly related to medical care, the EMS Medical Director shall also provide the individual or entity with the opportunity for a hearing before the local System review board, in accordance with subsection (f) and the rules promulgated by the Department.

(1) If the local System review board affirms or modifies the EMS Medical Director's suspension order, the individual or entity shall have the opportunity for a

review of the local board's decision by the State EMS Disciplinary Review Board, pursuant to Section 3.45 of this Act.

(2) If the local System review board reverses or modifies the EMS Medical Director's suspension order, the EMS Medical Director shall have the opportunity for a review of the local board's decision by the State EMS Disciplinary Review Board, pursuant to Section 3.45 of this Act.

(3) The suspended individual or entity may elect to bypass the local System review board and seek direct review of the EMS Medical Director's suspension order by the State EMS Disciplinary Review Board.

(e) The Resource Hospital shall designate a local System review board in accordance with the rules of the Department, for the purpose of providing a hearing to any individual or entity participating within the System who is suspended from participation by the EMS Medical Director. The EMS Medical Director shall arrange for a certified shorthand reporter to make a stenographic record of that hearing and thereafter prepare a transcript of the proceedings. The transcript, all documents or materials received as evidence during the hearing and the local System review board's written decision shall be retained in the custody of the EMS system. The System shall implement a decision of the local System review board unless that decision has been appealed to the State Emergency Medical

Services Disciplinary Review Board in accordance with this Act and the rules of the Department.

(f) The Resource Hospital shall implement a decision of the State Emergency Medical Services Disciplinary Review Board which has been rendered in accordance with this Act and the rules of the Department.

(Source: P.A. 100-201, eff. 8-18-17.)

(210 ILCS 50/3.45)

Sec. 3.45. State Emergency Medical Services Disciplinary Review Board.

(a) The Governor shall appoint a State Emergency Medical Services Disciplinary Review Board, composed of an EMS Medical Director, an EMS System Coordinator, a Paramedic, an Emergency Medical Technician (EMT), and the following members, who shall only review cases in which a party is from the same professional category: a Pre-Hospital Registered Nurse, a Pre-Hospital Advanced Practice Registered Nurse, a Pre-Hospital Physician Assistant, an ECRN, a Trauma Nurse Specialist, an Emergency Medical Technician-Intermediate (EMT-I), an Advanced Emergency Medical Technician (A-EMT), a representative from a private vehicle service provider, a representative from a public vehicle service provider, and an emergency physician who monitors telecommunications from and gives voice orders to EMS personnel. The Governor shall also appoint one alternate for each member of the Board, from the

same professional category as the member of the Board.

(b) The members shall be appointed for a term of 3 years. All appointees shall serve until their successors are appointed. The alternate members shall be appointed and serve in the same fashion as the members of the Board. If a member resigns his or her appointment, the corresponding alternate shall serve the remainder of that member's term until a subsequent member is appointed by the Governor.

(c) The function of the Board is to review and affirm, reverse or modify disciplinary orders.

(d) Any individual or entity, who received an immediate suspension from an EMS Medical Director may request the Board to reverse or modify the suspension order. If the suspension had been affirmed or modified by a local System review board, the suspended individual or entity may request the Board to reverse or modify the local board's decision.

(e) Any individual or entity who received a non-immediate suspension order from an EMS Medical Director which was affirmed or modified by a local System review board may request the Board to reverse or modify the local board's decision.

(f) An EMS Medical Director whose suspension order was reversed or modified by a local System review board may request the Board to reverse or modify the local board's decision.

(g) The Board shall meet on the first Tuesday of every month, unless no requests for review have been submitted. Additional meetings of the Board shall be scheduled to ensure

that a request for direct review of an immediate suspension order is scheduled within 14 days after the Department receives the request for review or as soon thereafter as a quorum is available. The Board shall meet in Springfield or Chicago, whichever location is closer to the majority of the members or alternates attending the meeting. The Department shall reimburse the members and alternates of the Board for reasonable travel expenses incurred in attending meetings of the Board.

(h) A request for review shall be submitted in writing to the Chief of the Department's Division of Emergency Medical Services and Highway Safety, within 10 days after receiving the local board's decision or the EMS Medical Director's suspension order, whichever is applicable, a copy of which shall be enclosed.

(i) At its regularly scheduled meetings, the Board shall review requests which have been received by the Department at least 10 working days prior to the Board's meeting date. Requests for review which are received less than 10 working days prior to a scheduled meeting shall be considered at the Board's next scheduled meeting, except that requests for direct review of an immediate suspension order may be scheduled up to 3 working days prior to the Board's meeting date.

(j) A quorum shall be required for the Board to meet, which shall consist of 3 members or alternates, including the EMS Medical Director or alternate and the member or alternate from

the same professional category as the subject of the suspension order. At each meeting of the Board, the members or alternates present shall select a Chairperson to conduct the meeting.

(k) Deliberations for decisions of the State EMS Disciplinary Review Board shall be conducted in closed session. Department staff may attend for the purpose of providing clerical assistance, but no other persons may be in attendance except for the parties to the dispute being reviewed by the Board and their attorneys, unless by request of the Board.

(l) The Board shall review the transcript, evidence and written decision of the local review board or the written decision and supporting documentation of the EMS Medical Director, whichever is applicable, along with any additional written or verbal testimony or argument offered by the parties to the dispute.

(m) At the conclusion of its review, the Board shall issue its decision and the basis for its decision on a form provided by the Department, and shall submit to the Department its written decision together with the record of the local System review board. The Department shall promptly issue a copy of the Board's decision to all affected parties. The Board's decision shall be binding on all parties.

(Source: P.A. 98-973, eff. 8-15-14.)

(210 ILCS 50/3.50)

Sec. 3.50. Emergency Medical Services personnel licensure

levels.

(a) "Emergency Medical Technician" or "EMT" means a person who has successfully completed a course in basic life support as approved 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 System. A valid Emergency Medical Technician-Basic (EMT-B) license issued under this Act shall continue to be valid and shall be recognized as an Emergency Medical Technician (EMT) license until the Emergency Medical Technician-Basic (EMT-B) license expires.

(b) "Emergency Medical Technician-Intermediate" or "EMT-I" means a person who has successfully completed a course in intermediate life support as approved 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 Intermediate or Advanced Life Support EMS System.

(b-5) "Advanced Emergency Medical Technician" or "A-EMT" means a person who has successfully completed a course in basic and limited advanced emergency medical care as approved 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 Intermediate or Advanced Life Support EMS System.

(c) "Paramedic (EMT-P)" means a person who has successfully

completed a course in advanced life support care as approved by the Department, is 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 Advanced Life Support EMS System. A valid Emergency Medical Technician-Paramedic (EMT-P) license issued under this Act shall continue to be valid and shall be recognized as a Paramedic license until the Emergency Medical Technician-Paramedic (EMT-P) license expires.

(c-5) "Emergency Medical Responder" or "EMR (First Responder)" means a person who has successfully completed a course in emergency medical response as approved by the Department and provides emergency medical response services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established by the National EMS Educational Standards Emergency Medical Responder course as modified by the Department. An Emergency Medical Responder who provides services as part of an EMS System response plan shall comply with the applicable sections of the Program Plan, as approved by the Department, of that EMS System. The Department shall have the authority to adopt rules governing the curriculum, practice, and necessary equipment applicable to Emergency Medical Responders.

On the effective date of this amendatory Act of the 98th General Assembly, a person who is licensed by the Department as

a First Responder and has completed a Department-approved course in first responder defibrillator training based on, or equivalent to, the National EMS Educational Standards or other standards previously recognized by the Department shall be eligible for licensure as an Emergency Medical Responder upon meeting the licensure requirements and submitting an application to the Department. A valid First Responder license issued under this Act shall continue to be valid and shall be recognized as an Emergency Medical Responder license until the First Responder license expires.

(c-10) All EMS Systems and licensees shall be fully compliant with the National EMS Education Standards, as modified by the Department in administrative rules, within 24 months after the adoption of the administrative rules.

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

(1) Prescribe education and training requirements, which includes training in the use of epinephrine, for all levels of EMS personnel except for EMRs, based on the National EMS Educational Standards and any modifications to those curricula specified by the Department through rules adopted pursuant to this Act.

(2) Prescribe licensure testing requirements for all levels of EMS personnel, which shall include a requirement that all phases of instruction, training, and field experience be completed before taking the appropriate

licensure examination. Candidates may elect to take the appropriate National Registry examination in lieu of the Department's examination, but are responsible for making their own arrangements for taking the National Registry examination. In prescribing licensure testing requirements for honorably discharged members of the armed forces of the United States under this paragraph (2), the Department shall ensure that a candidate's military emergency medical training, emergency medical curriculum completed, and clinical experience, as described in paragraph (2.5), are recognized.

(2.5) Review applications for EMS personnel licensure from honorably discharged members of the armed forces of the United States with military emergency medical training. Applications shall be filed with the Department within one year after military discharge and shall contain: (i) proof of successful completion of military emergency medical training; (ii) a detailed description of the emergency medical curriculum completed; and (iii) a detailed description of the applicant's clinical experience. The Department may request additional and clarifying information. The Department shall evaluate the application, including the applicant's training and experience, consistent with the standards set forth under subsections (a), (b), (c), and (d) of Section 3.10. If the application clearly demonstrates that the training and

experience meets such standards, the Department shall offer the applicant the opportunity to successfully complete a Department-approved EMS personnel examination for the level of license for which the applicant is qualified. Upon passage of an examination, the Department shall issue a license, which shall be subject to all provisions of this Act that are otherwise applicable to the level of EMS personnel license issued.

(3) License individuals as an EMR, EMT, EMT-I, A-EMT, or Paramedic who have met the Department's education, training and examination requirements.

(4) Prescribe annual continuing education and relicensure requirements for all EMS personnel licensure levels.

(5) Relicense individuals as an EMD, EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic every 4 years, based on their compliance with continuing education and relicensure requirements as required by the Department pursuant to this Act. Every 4 years, a Paramedic shall have 100 hours of approved continuing education, an EMT-I and an advanced EMT shall have 80 hours of approved continuing education, and an EMT shall have 60 hours of approved continuing education. An Illinois licensed EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHPA, PHAPRN, or PHRN whose license has been expired for less than 36 months may apply for reinstatement by the Department. Reinstatement shall

require that the applicant (i) submit satisfactory proof of completion of continuing medical education and clinical requirements to be prescribed by the Department in an administrative rule; (ii) submit a positive recommendation from an Illinois EMS Medical Director attesting to the applicant's qualifications for retesting; and (iii) pass a Department approved test for the level of EMS personnel license sought to be reinstated.

(6) Grant inactive status to any EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHAPRN, PHPA, or PHRN who qualifies, based on standards and procedures established by the Department in rules adopted pursuant to this Act.

(7) Charge a fee for EMS personnel examination, licensure, and license renewal.

(8) Suspend, revoke, or refuse to issue or renew the license of any licensee, after an opportunity for an impartial hearing before a neutral administrative law judge appointed by the Director, where the preponderance of the evidence shows one or more of the following:

(A) The licensee has not met continuing education or relicensure requirements as prescribed by the Department;

(B) The licensee has failed to maintain proficiency in the level of skills for which he or she is licensed;

(C) The licensee, during the provision of medical

services, engaged in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public;

(D) The licensee 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;

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

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

(G) The licensee has violated this Act or any rule adopted by the Department pursuant to this Act; or

(H) The licensee has been convicted (or entered a plea of guilty or nolo-contendere) by a court of competent jurisdiction of a Class X, Class 1, or Class 2 felony in this State or an out-of-state equivalent offense.

(9) Prescribe education and training requirements in

the administration and use of opioid antagonists for all levels of EMS personnel based on the National EMS Educational Standards and any modifications to those curricula specified by the Department through rules adopted pursuant to this Act.

(d-5) An EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHAPRN, PHPA, or PHRN who is a member of the Illinois National Guard or an Illinois State Trooper or who exclusively serves as a volunteer for units of local government with a population base of less than 5,000 or as a volunteer for a not-for-profit organization that serves a service area with a population base of less than 5,000 may submit an application to the Department for a waiver of the fees described under paragraph (7) of subsection (d) of this Section on a form prescribed by the Department.

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

(e) In the event that any rule of the Department or an EMS Medical Director that requires testing for drug use as a condition of the applicable EMS personnel license 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.

(Source: P.A. 98-53, eff. 1-1-14; 98-463, eff. 8-16-13; 98-973, eff. 8-15-14; 99-480, eff. 9-9-15.)

(210 ILCS 50/3.55)

Sec. 3.55. Scope of practice.

(a) Any person currently licensed as an EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may perform emergency and non-emergency medical services as defined in this Act, in accordance with his or her level of education, training and licensure, the standards of performance and conduct prescribed by the Department in rules adopted pursuant to this Act, and the requirements of the EMS System in which he or she practices, as contained in the approved Program Plan for that System. The Director may, by written order, temporarily modify individual scopes of practice in response to public health emergencies for periods not exceeding 180 days.

(a-5) EMS personnel who have successfully completed a Department approved course in automated defibrillator operation and who are functioning within a Department approved

EMS System may utilize such automated defibrillator according to the standards of performance and conduct prescribed by the Department in rules adopted pursuant to this Act and the requirements of the EMS System in which they practice, as contained in the approved Program Plan for that System.

(a-7) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic who has successfully completed a Department approved course in the administration of epinephrine shall be required to carry epinephrine with him or her as part of the EMS personnel medical supplies whenever he or she is performing official duties as determined by the EMS System. The epinephrine may be administered from a glass vial, auto-injector, ampule, or pre-filled syringe.

(b) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may practice as an EMR, EMT, EMT-I, A-EMT, or Paramedic or utilize his or her EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic license in pre-hospital or inter-hospital emergency care settings or non-emergency medical transport situations, under the written or verbal direction of the EMS Medical Director. For purposes of this Section, a "pre-hospital emergency care setting" may include a location, that is not a health care facility, which utilizes EMS personnel to render pre-hospital emergency care prior to the arrival of a transport vehicle. The location shall include communication equipment and all of the portable equipment and drugs appropriate for the EMR, EMT, EMT-I, A-EMT, or

Paramedic's level of care, as required by this Act, rules adopted by the Department pursuant to this Act, and the protocols of the EMS Systems, and shall operate only with the approval and under the direction of the EMS Medical Director.

This Section shall not prohibit an EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic from practicing within an emergency department or other health care setting for the purpose of receiving continuing education or training approved by the EMS Medical Director. This Section shall also not prohibit an EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic from seeking credentials other than his or her EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic license and utilizing such credentials to work in emergency departments or other health care settings under the jurisdiction of that employer.

(c) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may honor Do Not Resuscitate (DNR) orders and powers of attorney for health care only in accordance with rules adopted by the Department pursuant to this Act and protocols of the EMS System in which he or she practices.

(d) A student enrolled in a Department approved EMS personnel program, while fulfilling the clinical training and in-field supervised experience requirements mandated for licensure or approval by the System and the Department, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered professional nurse, or qualified EMS

personnel, only when authorized by the EMS Medical Director.

(e) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may transport a police dog injured in the line of duty to a veterinary clinic or similar facility if there are no persons requiring medical attention or transport at that time. For the purposes of this subsection, "police dog" means a dog owned or used by a law enforcement department or agency in the course of the department or agency's work, including a search and rescue dog, service dog, accelerant detection canine, or other dog that is in use by a county, municipal, or State law enforcement agency.

(Source: P.A. 99-862, eff. 1-1-17; 100-108, eff. 1-1-18.)

(210 ILCS 50/3.65)

Sec. 3.65. EMS Lead Instructor.

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

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

(1) Prescribe education requirements for EMS Lead Instructor candidates through rules adopted pursuant to

this Act.

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

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

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

(5) Require that all education, training and continuing education courses for EMT, EMT-I, A-EMT, Paramedic, PHRN, PHPA, PHAPRN, ECRN, EMR, and Emergency Medical Dispatcher be coordinated by at least one approved EMS Lead Instructor. A program which includes education, training or continuing education for more than one type of personnel may use one EMS Lead Instructor to coordinate the program, and a single EMS Lead Instructor may simultaneously coordinate more than one program or course.

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

(7) Suspend, revoke, or refuse to issue or renew the

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

(A) The EMS Lead Instructor has failed to conduct a course in accordance with the curriculum prescribed by this Act and rules adopted by the Department pursuant 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.

(Source: P.A. 98-973, eff. 8-15-14.)

(210 ILCS 50/3.80)

Sec. 3.80. Pre-Hospital Registered Nurse, Pre-Hospital Advanced Practice Registered Nurse, Pre-Hospital Physician Assistant, and Emergency Communications 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 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. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an

unencumbered registered nurse license in the state in which he or she practices. In this Section, the term "license" is used to reflect a change in terminology from "certification" to "license" only.

(b) "Pre-Hospital Registered Nurse", "PHRN", or "Pre-Hospital RN" means a registered professional nurse licensed under the Nurse Practice Act who has successfully completed supplemental education in accordance with rules adopted by the Department pursuant to this Act, and who is approved by an EMS Medical Director to practice within an Illinois EMS System as emergency medical services personnel for pre-hospital and inter-hospital emergency care and non-emergency medical transports. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered registered nurse license in the state in which he or she practices. In this Section, the term "license" is used to reflect a change in terminology from "certification" to "license" only.

(b-5) "Pre-Hospital Advanced Practice Registered Nurse", "PHAPRN", or "Pre-Hospital APRN" means an advanced practice registered nurse licensed under the Nurse Practice Act who has successfully completed supplemental education in accordance with rules adopted by the Department pursuant to this Act, and who has the approval of an EMS Medical Director to practice within an Illinois EMS System as emergency medical services

personnel for pre-hospital and inter-hospital emergency care and non-emergency medical transports. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered advanced practice registered nurse license in the state in which he or she practices.

(b-10) "Pre-Hospital Physician Assistant", "PHPA", or "Pre-Hospital PA" means a physician assistant licensed under the Physician Assistant Practice Act of 1987 who has successfully completed supplemental education in accordance with rules adopted by the Department pursuant to this Act, and who has the approval of an EMS Medical Director to practice within an Illinois EMS System as emergency medical services personnel for pre-hospital and inter-hospital emergency care and non-emergency medical transports. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered physician assistant license in the state in which he or she practices.

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

(1) Prescribe or pre-approve education and continuing education requirements for Pre-Hospital Registered Nurse, Pre-Hospital Advanced Practice Registered Nurse, Pre-Hospital Physician Assistant, and ECRN candidates through rules adopted pursuant to this Act:

(A) Education for a Pre-Hospital Registered Nurse, a Pre-Hospital Advanced Practice Registered Nurse, or a Pre-Hospital Physician Assistant shall include extrication, telecommunications, EMS System standing medical orders, the procedures and protocols established by the EMS Medical Director, and pre-hospital cardiac, medical, 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;

(C) A Pre-Hospital Registered Nurse, Pre-Hospital Advanced Practice Registered Nurse, or Pre-Hospital Physician Assistant candidate who is fulfilling clinical training and in-field supervised experience requirements may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered professional nurse or a qualified EMT, only when authorized by the EMS Medical Director;

(D) An EMS Medical Director may impose in-field supervised field experience requirements on System ECRNs as part of their training or continuing education, in which they perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified

registered professional nurse, or qualified EMS personnel, only when authorized by the EMS Medical Director;

(2) Require EMS Medical Directors to reapprove Pre-Hospital Registered Nurses, Pre-Hospital Advanced Practice Registered Nurses, Pre-Hospital Physician Assistants, and ECRNs every 4 years, based on compliance with continuing education requirements prescribed by the Department through rules adopted pursuant to this Act;

(3) Allow EMS Medical Directors to grant inactive EMS System status to any Pre-Hospital Registered Nurse, Pre-Hospital Advanced Practice Registered Nurse, Pre-Hospital Physician Assistant, or ECRN who qualifies, based on standards and procedures established by the Department in rules adopted pursuant to this Act;

(4) Require a Pre-Hospital Registered Nurse, a Pre-Hospital Advanced Practice Registered Nurse, or a Pre-Hospital Physician Assistant to honor Do Not Resuscitate (DNR) orders and powers of attorney for health care only in accordance with rules adopted by the Department pursuant to this Act and protocols of the EMS System in which he or she practices;

(5) Charge each Pre-Hospital Registered Nurse, Pre-Hospital Advanced Practice Registered Nurse, Pre-Hospital Physician Assistant, ~~applicant~~ and ECRN applicant a fee for licensure and relicensure.

(d) The Department shall have the authority to suspend, revoke, or refuse to issue or renew a Department-issued PHRN, PHAPRN, PHPA, or ECRN license when, after notice and the opportunity for a hearing, the Department demonstrates that the licensee has violated this Act, violated the rules adopted by the Department, or failed to comply with the applicable standards of care.

(Source: P.A. 98-973, eff. 8-15-14.)

(210 ILCS 50/3.87)

Sec. 3.87. Ambulance service provider and vehicle service provider upgrades; rural population.

(a) In this Section, "rural ambulance service provider" means an ambulance service provider licensed under this Act that serves a rural population of 7,500 or fewer inhabitants.

In this Section, "rural vehicle service provider" means an entity that serves a rural population of 7,500 or fewer inhabitants and is licensed by the Department to provide emergency or non-emergency medical services in compliance with this Act, the rules adopted by the Department pursuant to this Act, and an operational plan approved by the entity's EMS System, utilizing at least an ambulance, alternate response vehicle as defined by the Department in rules, or specialized emergency medical services vehicle.

(b) A rural ambulance service provider or rural vehicle service provider may submit a proposal to the EMS System

Medical Director requesting approval of either or both of the following:

(1) Rural ambulance service provider or rural vehicle service provider in-field service level upgrade.

(A) An ambulance operated by a rural ambulance service provider or a specialized emergency medical services vehicle or alternate response vehicle operated by a rural vehicle service provider may be upgraded, as defined by the EMS System Medical Director in a policy or procedure, as long as the EMS System Medical Director and the Department have approved the proposal, to the highest level of EMT license (advanced life support/paramedic, intermediate life support, or basic life support) or Pre-Hospital APRN, Pre-Hospital PA, or Pre-Hospital RN license certification held by any person staffing that ambulance, specialized emergency medical services vehicle, or alternate response vehicle. The ambulance service provider's or rural vehicle service provider's proposal for an upgrade must include all of the following:

(i) The manner in which the provider will secure and store advanced life support equipment, supplies, and medications.

(ii) The type of quality assurance the provider will perform.

(iii) An assurance that the provider will

advertise only the level of care that can be provided 24 hours a day.

(iv) A statement that the provider will have that vehicle inspected by the Department annually.

(B) If a rural ambulance service provider or rural vehicle service provider is approved to provide an in-field service level upgrade based on the licensed personnel on the vehicle, all the advanced life support medical supplies, durable medical equipment, and medications must be environmentally controlled, secured, and locked with access by only the personnel who have been authorized by the EMS System Medical Director to utilize those supplies.

(C) The EMS System shall routinely perform quality assurance, in compliance with the EMS System's quality assurance plan approved by the Department, on in-field service level upgrades authorized under this Section to ensure compliance with the EMS System plan.

(2) Rural ambulance service provider or rural vehicle service provider in-field service level upgrade. The EMS System Medical Director may define what constitutes an in-field service level upgrade through an EMS System policy or procedure. An in-field service level upgrade may include, but need not be limited to, an upgrade to a licensed ambulance, alternate response vehicle, or specialized emergency medical services vehicle.

(c) If the EMS System Medical Director approves a proposal for a rural in-field service level upgrade under this Section, he or she shall submit the proposal to the Department along with a statement of approval signed by him or her. Once the Department has approved the proposal, the rural ambulance service provider or rural vehicle service provider will be authorized to function at the highest level of EMT license (advanced life support/paramedic, intermediate life support, or basic life support) or Pre-Hospital RN, Pre-Hospital APRN, or Pre-Hospital PA license ~~certification~~ held by any person staffing the vehicle.

(Source: P.A. 98-608, eff. 12-27-13; 98-880, eff. 1-1-15; 98-881, eff. 8-13-14; 99-78, eff. 7-20-15.)

(210 ILCS 50/3.165)

Sec. 3.165. Misrepresentation.

(a) No person shall hold himself or herself out to be or engage in the practice of an EMS Medical Director, EMS Administrative Director, EMS System Coordinator, EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHRN, PHAPRN, PHPA, TNS, or LI without being licensed, certified, approved or otherwise authorized pursuant to this Act.

(b) A hospital or other entity which employs or utilizes an EMR, EMD, EMT, EMT-I, A-EMT, or Paramedic in a manner which is outside the scope of his or her license shall not use the words "emergency medical responder", "EMR", "emergency medical

technician", "EMT", "emergency medical technician-intermediate", "EMT-I", "advanced emergency medical technician", "A-EMT", or "Paramedic" in that person's job description or title, or in any other manner hold that person out to be so licensed.

(c) No provider or participant within an EMS System shall hold itself out as providing a type or level of service that has not been approved by that System's EMS Medical Director.

(Source: P.A. 98-973, eff. 8-15-14.)

Section 99. Effective date. This Act takes effect one year after becoming law.