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 3.30, 3.90, 3.95, 3.100, 3.105, 3.110, 3.115, 3.140, 3.200, and 3.205 and by adding Sections 3.101, 3.102, and 3.106 as follows:

(210 ILCS 50/3.30)

Sec. 3.30. EMS Region Plan; Content.

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

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

(2) Regional standing medical orders;

(3) Patient transfer patterns, including criteria for determining whether a patient needs the specialized services of a trauma center, along with protocols for the bypassing of or diversion to any hospital, trauma center or regional trauma center which are consistent with

individual System bypass or diversion protocols and protocols for patient choice or refusal;

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

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

(6) Regional standardization of continuing education requirements;

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

(8) Protocols for disbursement of Department grants;

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

(10) Regional standing medical orders for the administration of opioid antagonists.

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

(1) The identification of Regional Trauma Centers;

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

(3) Regional trauma standing medical orders;

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

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

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

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

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

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

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

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

(Source: P.A. 99-480, eff. 9-9-15.)

(210 ILCS 50/3.90)

Sec. 3.90. Trauma Center Designations.

(a) "Trauma Center" means a hospital which: (1) within designated capabilities provides optimal care to trauma patients; (2) participates in an approved EMS System; and (3) is duly designated pursuant to the provisions of this Act. Level I Trauma Centers shall provide all essential services

in-house, 24 hours per day, in accordance with rules adopted by the Department pursuant to this Act. Level II and Level III Trauma Centers shall have some essential services available in-house, 24 hours per day, and other essential services readily available, 24 hours per day, in accordance with rules adopted by the Department pursuant to this Act.

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

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

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

(2) Require hospitals applying for trauma center designation to submit a plan for designation in a manner and form prescribed by the Department through rules adopted pursuant to this Act;

(3) Upon receipt of a completed plan for designation, conduct a site visit to inspect the hospital for compliance with the Department's minimum standards. Such

visit shall be conducted by specially qualified personnel with experience in the delivery of emergency medical and/or trauma care. A report of the inspection shall be provided to the Director within 30 days of the completion of the site visit. The report shall note compliance or lack of compliance with the individual standards for ~~designation, but shall not offer a recommendation on granting or denying~~ designation;

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

(5) Attempt to designate trauma centers in all areas of the State. There shall be at least one Level I Trauma Center serving each EMS Region, unless waived by the Department. This subsection shall not be construed to require a Level I Trauma Center to be located in each EMS Region. Level I Trauma Centers shall serve as resources

for the Level II and Level III Trauma Centers and Acute Injury Stabilization Centers in the EMS Regions. The extent of such relationships shall be defined in the EMS Region Plan;

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

(7) Renew trauma center designations every 2 years, after an on-site inspection, based on compliance with renewal requirements and standards for continuing operation, as prescribed by the Department through rules adopted pursuant to this Act;

(8) Refuse to issue or renew a trauma center designation, after providing an opportunity for a hearing, when findings show that it does not meet the standards and criteria prescribed by the Department;

(9) Review and determine whether a trauma center's annual morbidity and mortality rates for trauma patients significantly exceed the State average for such rates, using a uniform recording methodology based on nationally

recognized standards. Such determination shall be considered as a factor in any decision by the Department to renew or refuse to renew a trauma center designation under this Act, but shall not constitute the sole basis for refusing to renew a trauma center designation;

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

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

(B) If the Director determines that the violation does not present a substantial probability that death or serious physical harm will result, the Director shall issue a notice of violation and request a plan of

correction which shall be subject to the Department's approval. The trauma center shall have 10 days after receipt of the notice of violation in which to submit a plan of correction. The Department may extend this period for up to 30 days. The plan shall include a fixed time period not in excess of 90 days within which violations are to be corrected. The plan of correction and the status of its implementation by the trauma center shall be provided, as appropriate, to the EMS Medical Directors for appropriate EMS Systems. If the Department rejects a plan of correction, it shall send notice of the rejection and the reason for the rejection to the trauma center. The trauma center shall have 10 days after receipt of the notice of rejection in which to submit a modified plan. If the modified plan is not timely submitted, or if the modified plan is rejected, the trauma center shall follow an approved plan of correction imposed by the Department. If, after notice and opportunity for hearing, the Director determines that a trauma center has failed to comply with an approved plan of correction, the Director may suspend or revoke the trauma center designation. The trauma center shall have 15 days after receiving the Director's notice in which to request a hearing. Such hearing shall conform to the provisions of Section 3.135 ~~30~~ of this Act;

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

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

(B) Delegated authority may be revoked for ~~substantial~~ non-compliance with the Act or the Department's rules. Notice of an intent to revoke shall be served upon the local health department by certified mail, stating the reasons for revocation and offering an opportunity for an administrative hearing to contest the proposed revocation. The request for a hearing must be in writing and received by the Department within 10 working days of the local health department's receipt of notification;

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

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

(210 ILCS 50/3.95)

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

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

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

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

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

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

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

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

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

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

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

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

(210 ILCS 50/3.100)

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

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

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

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

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

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

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

(g) Requiring the trauma center to be affiliated with an EMS System;

(h) Requiring the trauma center to have a communications system that is fully integrated with the Level I Trauma

Centers, Level III Trauma Centers, Acute Injury Stabilization Centers, and the EMS Systems with which it is affiliated;

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

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

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

(210 ILCS 50/3.101 new)

Sec. 3.101. Level III Trauma Center Minimum Standards. The Department shall establish, through rules adopted under this Act, standards for Level III Trauma Centers that shall include, but need not be limited to:

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

(2) The types of surgical services the trauma center must have available for trauma patients; the Department shall not require the availability of all surgical

services required of Level I or Level II Trauma Centers;

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

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

(5) The types of equipment that must be available for trauma patients;

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

(7) Requiring the trauma center to be affiliated with an EMS System;

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

(9) The types of data the trauma center must collect and submit to the Department relating to the trauma

services it provides; such data may include information on post-trauma care directly related to the initial traumatic injury provided to trauma patients until their discharge from the facility and information on discharge plans; and

(10) Requiring the trauma center to have helicopter landing capabilities approved by appropriate State and federal authorities if the trauma center is located within a municipality having a population of less than 2,000,000 people.

(210 ILCS 50/3.102 new)

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

(210 ILCS 50/3.105)

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

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

(210 ILCS 50/3.106 new)

Sec. 3.106. Acute Injury Stabilization Center Misrepresentation. No facility shall use the phrase "Acute Injury Stabilization Center" or words of similar meaning in relation to itself or hold itself out as an Acute Injury Stabilization Center without first obtaining designation pursuant to this Act.

(210 ILCS 50/3.110)

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

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

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

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

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

(210 ILCS 50/3.115)

Sec. 3.115. Pediatric care; emergency medical services for children. ~~Pediatric Trauma.~~ The Director shall appoint an advisory council to make recommendations for pediatric care needs and develop strategies to address areas of need as defined in rules adopted by the Department.

The Department shall:

(1) develop or promote recommendations for continuing medical education, treatment guidelines, and other programs for health practitioners and organizations involved in pediatric care;

(2) support existing pediatric care programs and assist in establishing new pediatric care initiatives throughout the State;

(3) designate applicant hospitals that meet the minimum standards established by the Department for their

pediatric emergency and critical care capabilities.

~~Upon the availability of federal funds for pediatric care demonstration projects, the Department shall:~~

~~(a) Convene a work group which will be charged with conducting a needs assessment of pediatric trauma care and with developing strategies to correct areas of need;~~

~~(b) Contract with the University of Illinois School of Public Health to develop a secondary prevention program for parents;~~

~~(c) Contract with an Illinois medical school to develop training and continuing medical education programs for physicians and nurses in treatment of pediatric trauma;~~

~~(d) Contract with an Illinois medical school to develop and test triage and field scoring for pediatric trauma if the needs assessment by the work group indicates that current scoring is inadequate;~~

~~(e) Support existing pediatric trauma programs and assist in establishing new pediatric trauma programs throughout the State;~~

~~(f) Provide grants to EMS systems for special pediatric equipment for prehospital care based on needs identified by the work group; and~~

~~(g) Provide grants to EMS systems and trauma centers for specialized training in pediatric trauma based on needs identified by the work group.~~

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

(210 ILCS 50/3.140)

Sec. 3.140. Violations; Fines.

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

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

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

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

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

(d) All fines collected pursuant to this Section shall be deposited into the EMS Assistance Fund.

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

(210 ILCS 50/3.200)

Sec. 3.200. State Emergency Medical Services Advisory Council.

(a) There shall be established within the Department of Public Health a State Emergency Medical Services Advisory Council, which shall serve as an advisory body to the Department on matters related to this Act.

(b) Membership of the Council shall include one representative from each EMS Region, to be appointed by each region's EMS Regional Advisory Committee. The Governor shall appoint additional members to the Council as necessary to insure that the Council includes one representative from each of the following categories:

(1) EMS Medical Director,

(2) Trauma Center Medical Director,

(3) Licensed, practicing physician with regular and frequent involvement in the provision of emergency care,

(4) Licensed, practicing physician with special expertise in the surgical care of the trauma patient,

(5) EMS System Coordinator,

(6) TNS,

(7) Paramedic,

(7.5) A-EMT,

(8) EMT-I,

(9) EMT,

(10) Private vehicle service provider,

(11) Law enforcement officer,

(12) Chief of a public vehicle service provider,

(13) Statewide firefighters' union member affiliated with a vehicle service provider,

(14) Administrative representative from a fire department vehicle service provider in a municipality with a population of over 2 million people, ~~;~~

(15) Administrative representative from a Resource Hospital or EMS System Administrative Director, and ~~.~~

(16) Representative from a pediatric critical care center.

(c) Members shall be appointed for a term of 3 years. All appointees shall serve until their successors are appointed and qualified.

(d) The Council shall be provided a 90-day period in which to review and comment, in consultation with the subcommittee to which the rules are relevant, upon all rules proposed by the Department pursuant to this Act, except for rules adopted pursuant to Section 3.190(a) of this Act, rules submitted to the State Trauma Advisory Council and emergency rules adopted pursuant to Section 5-45 of the Illinois Administrative Procedure Act. The 90-day review and comment period may

commence upon the Department's submission of the proposed rules to the individual Council members, if the Council is not meeting at the time the proposed rules are ready for Council review. Any non-emergency rules adopted prior to the Council's 90-day review and comment period shall be null and void. If the Council fails to advise the Department within its 90-day review and comment period, the rule shall be considered acted upon.

(e) Council members shall be reimbursed for reasonable travel expenses incurred during the performance of their duties under this Section.

(f) The Department shall provide administrative support to the Council for the preparation of the agenda and minutes for Council meetings and distribution of proposed rules to Council members.

(g) The Council shall act pursuant to bylaws which it adopts, which shall include the annual election of a Chair and Vice-Chair.

(h) The Director or his designee shall be present at all Council meetings.

(i) Nothing in this Section shall preclude the Council from reviewing and commenting on proposed rules which fall under the purview of the State Trauma Advisory Council.

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

(210 ILCS 50/3.205)

Sec. 3.205. State Trauma Advisory Council.

(a) There shall be established within the Department of Public Health a State Trauma Advisory Council, which shall serve as an advisory body to the Department on matters related to trauma care and trauma centers.

(b) Membership of the Council shall include one representative from each Regional Trauma Advisory Committee, to be appointed by each Committee. The Governor shall appoint the following additional members:

(1) An EMS Medical Director,

(2) A trauma center medical director,

(3) A trauma surgeon,

(4) A trauma nurse coordinator,

(5) A representative from a private vehicle service provider,

(6) A representative from a public vehicle service provider,

(7) A member of the State EMS Advisory Council~~,~~;and~~and~~

~~(8) A neurosurgeon.~~

(8) A burn care medical representative.

The Governor may also appoint, as an additional member of the Council, a neurosurgeon.

(c) Members shall be appointed for a term of 3 years. All appointees shall serve until their successors are appointed and qualified.

(d) The Council shall be provided a 90-day period in which

to review and comment upon all rules proposed by the Department pursuant to this Act concerning trauma care, except for emergency rules adopted pursuant to Section 5-45 of the Illinois Administrative Procedure Act. The 90-day review and comment period may commence upon the Department's submission of the proposed rules to the individual Council members, if the Council is not meeting at the time the proposed rules are ready for Council review. Any non-emergency rules adopted prior to the Council's 90-day review and comment period shall be null and void. If the Council fails to advise the Department within its 90-day review and comment period, the rule shall be considered acted upon;

(e) Council members shall be reimbursed for reasonable travel expenses incurred during the performance of their duties under this Section.

(f) The Department shall provide administrative support to the Council for the preparation of the agenda and minutes for Council meetings and distribution of proposed rules to Council members.

(g) The Council shall act pursuant to bylaws which it adopts, which shall include the annual election of a Chair and Vice-Chair.

(h) The Director or his designee shall be present at all Council meetings.

(i) Nothing in this Section shall preclude the Council from reviewing and commenting on proposed rules which fall

under the purview of the State EMS Advisory Council.

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

Section 99. Effective date. This Act takes effect upon becoming law.