

1 AN ACT concerning regulation.

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

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

6 (210 ILCS 50/3.20)

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

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

17 (b) One hospital in each System program plan must be  
18 designated as the Resource Hospital. All other hospitals which  
19 are located within the geographic boundaries of a System and  
20 which have standby, basic or comprehensive level emergency  
21 departments must function in that EMS System as either an  
22 Associate Hospital or Participating Hospital and follow all  
23 System policies specified in the System Program Plan, including

1 but not limited to the replacement of drugs and equipment used  
2 by providers who have delivered patients to their emergency  
3 departments. All hospitals and vehicle service providers  
4 participating in an EMS System must specify their level of  
5 participation in the System Program Plan.

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

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

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

25 (3) Renew EMS System approvals every 4 years, after an  
26 inspection, based on compliance with the standards for

1 continuing operation prescribed in rules adopted by the  
2 Department pursuant to this Act.

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

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

20 (6) Require that the EMS Medical Director of an ILS or  
21 ALS level EMS System be a physician licensed to practice  
22 medicine in all of its branches in Illinois, and certified  
23 by the American Board of Emergency Medicine or the American  
24 Board of Osteopathic Emergency Medicine, and that the EMS  
25 Medical Director of a BLS level EMS System be a physician  
26 licensed to practice medicine in all of its branches in

1 Illinois, with regular and frequent involvement in  
2 pre-hospital emergency medical services. In addition, all  
3 EMS Medical Directors shall:

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

9 (B) Be thoroughly knowledgeable of all skills  
10 included in the scope of practices of all levels of EMS  
11 personnel within the System;

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

15 (D) For ILS and ALS EMS Medical Directors,  
16 successfully complete a Department-approved EMS  
17 Medical Director's Course.

18 (7) Prescribe statewide EMS data elements to be  
19 collected and documented by providers in all EMS Systems  
20 for all emergency and non-emergency medical services, with  
21 a one-year phase-in for commencing collection of such data  
22 elements.

23 (8) Define, through rules adopted pursuant to this Act,  
24 the terms "Resource Hospital", "Associate Hospital",  
25 "Participating Hospital", "Basic Emergency Department",  
26 "Standby Emergency Department", "Comprehensive Emergency

1 Department", "EMS Medical Director", "EMS Administrative  
2 Director", and "EMS System Coordinator".

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

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

12 (9) Investigate the circumstances that caused a  
13 hospital in an EMS system to go on bypass status to  
14 determine whether that hospital's decision to go on bypass  
15 status was reasonable. The Department may impose  
16 sanctions, as set forth in Section 3.140 of the Act, upon a  
17 Department determination that the hospital unreasonably  
18 went on bypass status in violation of the Act.

19 (10) Evaluate the capacity and performance of any  
20 freestanding emergency center established under Section  
21 32.5 of this Act in meeting emergency medical service needs  
22 of the public, including compliance with applicable  
23 emergency medical standards and assurance of the  
24 availability of and immediate access to the highest quality  
25 of medical care possible.

26 (11) Permit limited EMS System participation by

1 facilities operated by the United States Department of  
2 Veterans Affairs, Veterans Health Administration. Subject  
3 to patient preference, Illinois EMS providers may  
4 transport patients to Veterans Health Administration  
5 facilities that voluntarily participate in an EMS System.  
6 Any Veterans Health Administration facility seeking  
7 limited participation in an EMS System shall agree to  
8 comply with all Department administrative rules  
9 implementing this Section. The Department may promulgate  
10 rules, including, but not limited to, the types of Veterans  
11 Health Administration facilities that may participate in  
12 an EMS System and the limitations of participation.

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