

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 Sections 3.5, 3.35, 3.40, 3.45, 3.50,  
6 3.55, 3.65, 3.80, 3.87, and 3.165 as follows:

7 (210 ILCS 50/3.5)

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

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

13 "Department" means the Illinois Department of Public  
14 Health.

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

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

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

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

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

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

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

26 "Trauma" means any significant injury which involves

1 single or multiple organ systems.

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

3 (210 ILCS 50/3.35)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (o) Utilize levels of personnel required by the

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

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

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

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

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

15 (210 ILCS 50/3.40)

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

8 (210 ILCS 50/3.45)

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

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

1 same professional category as the member of the Board.

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

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

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

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

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

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

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

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

16 (i) At its regularly scheduled meetings, the Board shall  
17 review requests which have been received by the Department at  
18 least 10 working days prior to the Board's meeting date.  
19 Requests for review which are received less than 10 working  
20 days prior to a scheduled meeting shall be considered at the  
21 Board's next scheduled meeting, except that requests for direct  
22 review of an immediate suspension order may be scheduled up to  
23 3 working days prior to the Board's meeting date.

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

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

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

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

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

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

24 (210 ILCS 50/3.50)

25 Sec. 3.50. Emergency Medical Services personnel licensure

1 levels.

2 (a) "Emergency Medical Technician" or "EMT" means a person  
3 who has successfully completed a course in basic life support  
4 as approved by the Department, is currently licensed by the  
5 Department in accordance with standards prescribed by this Act  
6 and rules adopted by the Department pursuant to this Act, and  
7 practices within an EMS System. A valid Emergency Medical  
8 Technician-Basic (EMT-B) license issued under this Act shall  
9 continue to be valid and shall be recognized as an Emergency  
10 Medical Technician (EMT) license until the Emergency Medical  
11 Technician-Basic (EMT-B) license expires.

12 (b) "Emergency Medical Technician-Intermediate" or "EMT-I"  
13 means a person who has successfully completed a course in  
14 intermediate life support as approved by the Department, is  
15 currently licensed by the Department in accordance with  
16 standards prescribed by this Act and rules adopted by the  
17 Department pursuant to this Act, and practices within an  
18 Intermediate or Advanced Life Support EMS System.

19 (b-5) "Advanced Emergency Medical Technician" or "A-EMT"  
20 means a person who has successfully completed a course in basic  
21 and limited advanced emergency medical care as approved by the  
22 Department, is currently licensed by the Department in  
23 accordance with standards prescribed by this Act and rules  
24 adopted by the Department pursuant to this Act, and practices  
25 within an Intermediate or Advanced Life Support EMS System.

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

1 completed a course in advanced life support care as approved by  
2 the Department, is licensed by the Department in accordance  
3 with standards prescribed by this Act and rules adopted by the  
4 Department pursuant to this Act, and practices within an  
5 Advanced Life Support EMS System. A valid Emergency Medical  
6 Technician-Paramedic (EMT-P) license issued under this Act  
7 shall continue to be valid and shall be recognized as a  
8 Paramedic license until the Emergency Medical  
9 Technician-Paramedic (EMT-P) license expires.

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

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



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

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

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

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

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

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

12 (2.5) Review applications for EMS personnel licensure  
13 from honorably discharged members of the armed forces of  
14 the United States with military emergency medical  
15 training. Applications shall be filed with the Department  
16 within one year after military discharge and shall contain:  
17 (i) proof of successful completion of military emergency  
18 medical training; (ii) a detailed description of the  
19 emergency medical curriculum completed; and (iii) a  
20 detailed description of the applicant's clinical  
21 experience. The Department may request additional and  
22 clarifying information. The Department shall evaluate the  
23 application, including the applicant's training and  
24 experience, consistent with the standards set forth under  
25 subsections (a), (b), (c), and (d) of Section 3.10. If the  
26 application clearly demonstrates that the training and

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

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

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

15          (5) Relicense individuals as an EMD, EMR, EMT, EMT-I,  
16          A-EMT, PHRN, PHAPRN, PHPA, or Paramedic every 4 years,  
17          based on their compliance with continuing education and  
18          relicensure requirements as required by the Department  
19          pursuant to this Act. Every 4 years, a Paramedic shall have  
20          100 hours of approved continuing education, an EMT-I and an  
21          advanced EMT shall have 80 hours of approved continuing  
22          education, and an EMT shall have 60 hours of approved  
23          continuing education. An Illinois licensed EMR, EMD, EMT,  
24          EMT-I, A-EMT, Paramedic, ECRN, PHPA, PHAPRN, or PHRN whose  
25          license has been expired for less than 36 months may apply  
26          for reinstatement by the Department. Reinstatement shall

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

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

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

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

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

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

26                (C) The licensee, during the provision of medical

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

4 (D) The licensee has failed to maintain or has  
5 violated standards of performance and conduct as  
6 prescribed by the Department in rules adopted pursuant  
7 to this Act or his or her EMS System's Program Plan;

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

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

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

21 (H) The licensee has been convicted (or entered a  
22 plea of guilty or nolo-contendere) by a court of  
23 competent jurisdiction of a Class X, Class 1, or Class  
24 2 felony in this State or an out-of-state equivalent  
25 offense.

26 (9) Prescribe education and training requirements in

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

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

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

1           (e) In the event that any rule of the Department or an EMS  
2 Medical Director that requires testing for drug use as a  
3 condition of the applicable EMS personnel license conflicts  
4 with or duplicates a provision of a collective bargaining  
5 agreement that requires testing for drug use, that rule shall  
6 not apply to any person covered by the collective bargaining  
7 agreement.

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

10           (210 ILCS 50/3.55)

11           Sec. 3.55. Scope of practice.

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

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

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

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

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



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

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

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

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

1 personnel, only when authorized by the EMS Medical Director.

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

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

13 (210 ILCS 50/3.65)

14 Sec. 3.65. EMS Lead Instructor.

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

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

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

1           this Act.

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

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

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

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

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

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

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

4 (A) The EMS Lead Instructor has failed to conduct a  
5 course in accordance with the curriculum prescribed by  
6 this Act and rules adopted by the Department pursuant  
7 to this Act; or

8 (B) The EMS Lead Instructor has failed to comply  
9 with protocols prescribed by the Department through  
10 rules adopted pursuant to this Act.

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

12 (210 ILCS 50/3.80)

13 Sec. 3.80. Pre-Hospital Registered Nurse, Pre-Hospital  
14 Advanced Practice Registered Nurse, Pre-Hospital Physician  
15 Assistant, and Emergency Communications Registered Nurse.

16 (a) "Emergency Communications Registered Nurse" or "ECRN"  
17 means a registered professional nurse licensed under the Nurse  
18 Practice Act who has successfully completed supplemental  
19 education in accordance with rules adopted by the Department,  
20 and who is approved by an EMS Medical Director to monitor  
21 telecommunications from and give voice orders to EMS System  
22 personnel, under the authority of the EMS Medical Director and  
23 in accordance with System protocols. For out-of-state  
24 facilities that have Illinois recognition under the EMS, trauma  
25 or pediatric programs, the professional shall have an

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

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

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

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

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

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

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

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

8           (B) Education for ECRN shall include  
9           telecommunications, System standing medical orders and  
10          the procedures and protocols established by the EMS  
11          Medical Director;

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

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

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

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

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

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

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



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

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

9 (210 ILCS 50/3.87)

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

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

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

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

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

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

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

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

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

26 (iii) An assurance that the provider will

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

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

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

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

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

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

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

14 (210 ILCS 50/3.165)

15 Sec. 3.165. Misrepresentation.

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

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

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

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

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

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