



Rep. Mary E. Flowers

Filed: 4/1/2022

10200HB1409ham002

LRB102 03425 KTG 38526 a

1 AMENDMENT TO HOUSE BILL 1409

2 AMENDMENT NO. _____. Amend House Bill 1409 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Emergency Medical Services (EMS) Systems
5 Act is amended by changing Section 3.10 as follows:

6 (210 ILCS 50/3.10)

7 Sec. 3.10. Scope of services.

8 (a) "Advanced Life Support (ALS) Services" means an
9 advanced level of pre-hospital and inter-hospital emergency
10 care and non-emergency medical services that includes basic
11 life support care, cardiac monitoring, cardiac defibrillation,
12 electrocardiography, intravenous therapy, administration of
13 medications, drugs and solutions, use of adjunctive medical
14 devices, trauma care, and other authorized techniques and
15 procedures, as outlined in the provisions of the National EMS
16 Education Standards relating to Advanced Life Support and any

1 modifications to that curriculum specified in rules adopted by
2 the Department pursuant to this Act.

3 That care shall be initiated as authorized by the EMS
4 Medical Director in a Department approved advanced life
5 support EMS System, under the written or verbal direction of a
6 physician licensed to practice medicine in all of its branches
7 or under the verbal direction of an Emergency Communications
8 Registered Nurse.

9 (b) "Intermediate Life Support (ILS) Services" means an
10 intermediate level of pre-hospital and inter-hospital
11 emergency care and non-emergency medical services that
12 includes basic life support care plus intravenous cannulation
13 and fluid therapy, invasive airway management, trauma care,
14 and other authorized techniques and procedures, as outlined in
15 the Intermediate Life Support national curriculum of the
16 United States Department of Transportation and any
17 modifications to that curriculum specified in rules adopted by
18 the Department pursuant to this Act.

19 That care shall be initiated as authorized by the EMS
20 Medical Director in a Department approved intermediate or
21 advanced life support EMS System, under the written or verbal
22 direction of a physician licensed to practice medicine in all
23 of its branches or under the verbal direction of an Emergency
24 Communications Registered Nurse.

25 (c) "Basic Life Support (BLS) Services" means a basic
26 level of pre-hospital and inter-hospital emergency care and

1 non-emergency medical services that includes medical
2 monitoring, clinical observation, airway management,
3 cardiopulmonary resuscitation (CPR), control of shock and
4 bleeding and splinting of fractures, as outlined in the
5 provisions of the National EMS Education Standards relating to
6 Basic Life Support and any modifications to that curriculum
7 specified in rules adopted by the Department pursuant to this
8 Act.

9 That care shall be initiated, where authorized by the EMS
10 Medical Director in a Department approved EMS System, under
11 the written or verbal direction of a physician licensed to
12 practice medicine in all of its branches or under the verbal
13 direction of an Emergency Communications Registered Nurse.

14 (d) "Emergency Medical Responder Services" means a
15 preliminary level of pre-hospital emergency care that includes
16 cardiopulmonary resuscitation (CPR), monitoring vital signs
17 and control of bleeding, as outlined in the Emergency Medical
18 Responder (EMR) curriculum of the National EMS Education
19 Standards and any modifications to that curriculum specified
20 in rules adopted by the Department pursuant to this Act.

21 (e) "Pre-hospital care" means those medical services
22 rendered to patients for analytic, resuscitative, stabilizing,
23 or preventive purposes, precedent to and during transportation
24 of such patients to health care facilities.

25 (f) "Inter-hospital care" means those medical services
26 rendered to patients for analytic, resuscitative, stabilizing,

1 or preventive purposes, during transportation of such patients
2 from one hospital to another hospital.

3 (f-5) "Critical care transport" means the ~~pre-hospital or~~
4 ~~inter-hospital~~ transportation of a critically injured or ill
5 patient by a vehicle service provider, including the provision
6 of medically necessary supplies and services, at a level of
7 service beyond the scope of the Paramedic. When medically
8 indicated for a patient, as determined by a physician licensed
9 to practice medicine in all of its branches, an advanced
10 practice registered nurse, or a physician ~~physician's~~
11 assistant, in compliance with subsections (b) and (c) of
12 Section 3.155 of this Act, critical care transport may be
13 provided by:

14 (1) Department-approved critical care transport
15 providers, not owned or operated by a hospital, utilizing
16 Paramedics with additional training, nurses, or other
17 qualified health professionals; or

18 (2) Hospitals, when utilizing any vehicle service
19 provider or any hospital-owned or operated vehicle service
20 provider. Nothing in Public Act 96-1469 requires a
21 hospital to use, or to be, a Department-approved critical
22 care transport provider when transporting patients,
23 including those critically injured or ill. Nothing in this
24 Act shall restrict or prohibit a hospital from providing,
25 or arranging for, the medically appropriate transport of
26 any patient, as determined by a physician licensed to

1 practice in all of its branches, an advanced practice
2 registered nurse, or a physician ~~physician's~~ assistant.

3 (g) "Non-emergency medical services" means the provision
4 of, and all actions necessary before and after the provision
5 of, Basic Life Support (BLS) Services, Advanced Life Support
6 (ALS) Services, and critical care transport to patients whose
7 conditions do not meet this Act's definition of emergency,
8 before, after, or during transportation of such patients to or
9 from health care facilities visited for the purpose of
10 obtaining medical or health care services which are not
11 emergency in nature, using a vehicle regulated by this Act and
12 personnel licensed under this Act.

13 (g-5) The Department shall have the authority to
14 promulgate minimum standards for critical care transport
15 providers through rules adopted pursuant to this Act. All
16 critical care transport providers must function within a
17 Department-approved EMS System. Nothing in Department rules
18 shall restrict a hospital's ability to furnish personnel,
19 equipment, and medical supplies to any vehicle service
20 provider, including a critical care transport provider.
21 Minimum critical care transport provider standards shall
22 include, but are not limited to:

- 23 (1) Personnel staffing and licensure.
24 (2) Education, certification, and experience.
25 (3) Medical equipment and supplies.
26 (4) Vehicular standards.

1 (5) Treatment and transport protocols.

2 (6) Quality assurance and data collection.

3 (h) The provisions of this Act shall not apply to the use
4 of an ambulance or SEMSV, unless and until emergency or
5 non-emergency medical services are needed during the use of
6 the ambulance or SEMSV.

7 (Source: P.A. 102-623, eff. 8-27-21; revised 12-1-21.)

8 Section 10. The Illinois Public Aid Code is amended by
9 changing Section 5-4.2 and by adding Section 5-30c as follows:

10 (305 ILCS 5/5-4.2)

11 Sec. 5-4.2. Ambulance services payments.

12 (a) For ambulance services provided to a recipient of aid
13 under this Article on or after January 1, 1993, the Illinois
14 Department shall reimburse ambulance service providers at
15 rates calculated in accordance with this Section. It is the
16 intent of the General Assembly to provide adequate
17 reimbursement for ambulance services so as to ensure adequate
18 access to services for recipients of aid under this Article
19 and to provide appropriate incentives to ambulance service
20 providers to provide services in an efficient and
21 cost-effective manner. Thus, it is the intent of the General
22 Assembly that the Illinois Department implement a
23 reimbursement system for ambulance services that, to the
24 extent practicable and subject to the availability of funds

1 appropriated by the General Assembly for this purpose, is
2 consistent with the payment principles of Medicare. To ensure
3 uniformity between the payment principles of Medicare and
4 Medicaid, the Illinois Department shall follow, to the extent
5 necessary and practicable and subject to the availability of
6 funds appropriated by the General Assembly for this purpose,
7 the statutes, laws, regulations, policies, procedures,
8 principles, definitions, guidelines, and manuals used to
9 determine the amounts paid to ambulance service providers
10 under Title XVIII of the Social Security Act (Medicare).

11 (b) For ambulance services provided to a recipient of aid
12 under this Article on or after January 1, 1996, the Illinois
13 Department shall reimburse ambulance service providers based
14 upon the actual distance traveled if a natural disaster,
15 weather conditions, road repairs, or traffic congestion
16 necessitates the use of a route other than the most direct
17 route.

18 (c) For purposes of this Section, "ambulance services"
19 includes medical transportation services provided by means of
20 an ambulance, medi-car, service car, or taxi.

21 (c-1) For purposes of this Section, "ground ambulance
22 service" means medical transportation services that are
23 described as ground ambulance services by the Centers for
24 Medicare and Medicaid Services and provided in a vehicle that
25 is licensed as an ambulance by the Illinois Department of
26 Public Health pursuant to the Emergency Medical Services (EMS)

1 Systems Act.

2 (c-2) For purposes of this Section, "ground ambulance
3 service provider" means a vehicle service provider as
4 described in the Emergency Medical Services (EMS) Systems Act
5 that operates licensed ambulances for the purpose of providing
6 emergency ambulance services, or non-emergency ambulance
7 services, or both. For purposes of this Section, this includes
8 both ambulance providers and ambulance suppliers as described
9 by the Centers for Medicare and Medicaid Services.

10 (c-3) For purposes of this Section, "medi-car" means
11 transportation services provided to a patient who is confined
12 to a wheelchair and requires the use of a hydraulic or electric
13 lift or ramp and wheelchair lockdown when the patient's
14 condition does not require medical observation, medical
15 supervision, medical equipment, the administration of
16 medications, or the administration of oxygen.

17 (c-4) For purposes of this Section, "service car" means
18 transportation services provided to a patient by a passenger
19 vehicle where that patient does not require the specialized
20 modes described in subsection (c-1) or (c-3).

21 (d) This Section does not prohibit separate billing by
22 ambulance service providers for oxygen furnished while
23 providing advanced life support services.

24 (e) Beginning with services rendered on or after July 1,
25 2008, all providers of non-emergency medi-car and service car
26 transportation must certify that the driver and employee

1 attendant, as applicable, have completed a safety program
2 approved by the Department to protect both the patient and the
3 driver, prior to transporting a patient. The provider must
4 maintain this certification in its records. The provider shall
5 produce such documentation upon demand by the Department or
6 its representative. Failure to produce documentation of such
7 training shall result in recovery of any payments made by the
8 Department for services rendered by a non-certified driver or
9 employee attendant. Medi-car and service car providers must
10 maintain legible documentation in their records of the driver
11 and, as applicable, employee attendant that actually
12 transported the patient. Providers must recertify all drivers
13 and employee attendants every 3 years. If they meet the
14 established training components set forth by the Department,
15 providers of non-emergency medi-car and service car
16 transportation that are either directly or through an
17 affiliated company licensed by the Department of Public Health
18 shall be approved by the Department to have in-house safety
19 programs for training their own staff.

20 Notwithstanding the requirements above, any public
21 transportation provider of medi-car and service car
22 transportation that receives federal funding under 49 U.S.C.
23 5307 and 5311 need not certify its drivers and employee
24 attendants under this Section, since safety training is
25 already federally mandated.

26 (f) With respect to any policy or program administered by

1 the Department or its agent regarding approval of
2 non-emergency medical transportation by ground ambulance
3 service providers, including, but not limited to, the
4 Non-Emergency Transportation Services Prior Approval Program
5 (NETSPAP), the Department shall establish by rule a process by
6 which ground ambulance service providers of non-emergency
7 medical transportation may appeal any decision by the
8 Department or its agent for which no denial was received prior
9 to the time of transport that either (i) denies a request for
10 approval for payment of non-emergency transportation by means
11 of ground ambulance service or (ii) grants a request for
12 approval of non-emergency transportation by means of ground
13 ambulance service at a level of service that entitles the
14 ground ambulance service provider to a lower level of
15 compensation from the Department than the ground ambulance
16 service provider would have received as compensation for the
17 level of service requested. The rule shall be filed by
18 December 15, 2012 and shall provide that, for any decision
19 rendered by the Department or its agent on or after the date
20 the rule takes effect, the ground ambulance service provider
21 shall have 60 days from the date the decision is received to
22 file an appeal. The rule established by the Department shall
23 be, insofar as is practical, consistent with the Illinois
24 Administrative Procedure Act. The Director's decision on an
25 appeal under this Section shall be a final administrative
26 decision subject to review under the Administrative Review

1 Law.

2 (f-5) Beginning 90 days after July 20, 2012 (the effective
3 date of Public Act 97-842), (i) no denial of a request for
4 approval for payment of non-emergency transportation by means
5 of ground ambulance service, and (ii) no approval of
6 non-emergency transportation by means of ground ambulance
7 service at a level of service that entitles the ground
8 ambulance service provider to a lower level of compensation
9 from the Department than would have been received at the level
10 of service submitted by the ground ambulance service provider,
11 may be issued by the Department or its agent unless the
12 Department has submitted the criteria for determining the
13 appropriateness of the transport for first notice publication
14 in the Illinois Register pursuant to Section 5-40 of the
15 Illinois Administrative Procedure Act.

16 (f-6) Within 90 days after the effective date of this
17 amendatory Act of the 102nd General Assembly, the Department
18 shall adjust the criteria established under subsection (f-5)
19 by striking any reference to prohibiting approval of ground
20 ambulance services when the sole purpose of the transport is
21 for the navigation of stairs or the assisting or lifting of a
22 patient at a medical facility or during a medical appointment.
23 It is the intent of the General Assembly to permit ground
24 ambulance reimbursement for lifting, moving, or navigating
25 stairs in instances when a recipient exhibits extenuating
26 circumstances related to the social determinants of health

1 which would make an otherwise non-eligible ground ambulance
2 transport eligible for reimbursement. Such extenuating
3 circumstances may include a condition which would present an
4 unreasonable risk for the patient to navigate the stairs
5 without the assistance of medically trained ground ambulance
6 personnel. Such extenuating circumstances may be established
7 through the completion of a Physician Certification Statement
8 as set forth in subsection (g).

9 (f-7) For non-emergency ground ambulance claims properly
10 denied under Department policy at the time the claim is filed
11 due to failure to submit a valid Medical Certification for
12 Non-Emergency Ambulance on and after December 15, 2012 and
13 prior to January 1, 2021, the Department shall allot
14 \$2,000,000 to a pool to reimburse such claims if the provider
15 proves medical necessity for the service by other means.
16 Providers must submit any such denied claims for which they
17 seek compensation to the Department no later than December 31,
18 2021 along with documentation of medical necessity. No later
19 than May 31, 2022, the Department shall determine for which
20 claims medical necessity was established. Such claims for
21 which medical necessity was established shall be paid at the
22 rate in effect at the time of the service, provided the
23 \$2,000,000 is sufficient to pay at those rates. If the pool is
24 not sufficient, claims shall be paid at a uniform percentage
25 of the applicable rate such that the pool of \$2,000,000 is
26 exhausted. The appeal process described in subsection (f)

1 shall not be applicable to the Department's determinations
2 made in accordance with this subsection.

3 (g) Whenever a patient covered by a medical assistance
4 program under this Code or by another medical program
5 administered by the Department, including a patient covered
6 under the State's Medicaid managed care program, is being
7 transported from a facility and requires non-emergency
8 transportation including ground ambulance, medi-car, or
9 service car transportation, a Physician Certification
10 Statement as described in this Section shall be required for
11 each patient. Facilities shall develop procedures for a
12 licensed medical professional to provide a written and signed
13 Physician Certification Statement. The Physician Certification
14 Statement shall specify the level of transportation services
15 needed and complete a medical certification establishing the
16 criteria for approval of non-emergency ambulance
17 transportation, as published by the Department of Healthcare
18 and Family Services, that is met by the patient. This
19 certification shall be completed prior to ordering the
20 transportation service and prior to patient discharge. The
21 Physician Certification Statement is not required prior to
22 transport if a delay in transport can be expected to
23 negatively affect the patient outcome. If the ground ambulance
24 provider, medi-car provider, or service car provider is unable
25 to obtain the required Physician Certification Statement
26 within 10 calendar days following the date of the service, the

1 ground ambulance provider, medi-car provider, or service car
2 provider must document its attempt to obtain the requested
3 certification and may then submit the claim for payment.
4 Acceptable documentation includes a signed return receipt from
5 the U.S. Postal Service, facsimile receipt, email receipt, or
6 other similar service that evidences that the ground ambulance
7 provider, medi-car provider, or service car provider attempted
8 to obtain the required Physician Certification Statement.

9 The medical certification specifying the level and type of
10 non-emergency transportation needed shall be in the form of
11 the Physician Certification Statement on a standardized form
12 prescribed by the Department of Healthcare and Family
13 Services. Within 75 days after July 27, 2018 (the effective
14 date of Public Act 100-646), the Department of Healthcare and
15 Family Services shall develop a standardized form of the
16 Physician Certification Statement specifying the level and
17 type of transportation services needed in consultation with
18 the Department of Public Health, Medicaid managed care
19 organizations, a statewide association representing ambulance
20 providers, a statewide association representing hospitals, 3
21 statewide associations representing nursing homes, and other
22 stakeholders. The Physician Certification Statement shall
23 include, but is not limited to, the criteria necessary to
24 demonstrate medical necessity for the level of transport
25 needed as required by (i) the Department of Healthcare and
26 Family Services and (ii) the federal Centers for Medicare and

1 Medicaid Services as outlined in the Centers for Medicare and
2 Medicaid Services' Medicare Benefit Policy Manual, Pub.
3 100-02, Chap. 10, Sec. 10.2.1, et seq. The use of the Physician
4 Certification Statement shall satisfy the obligations of
5 hospitals under Section 6.22 of the Hospital Licensing Act and
6 nursing homes under Section 2-217 of the Nursing Home Care
7 Act. Implementation and acceptance of the Physician
8 Certification Statement shall take place no later than 90 days
9 after the issuance of the Physician Certification Statement by
10 the Department of Healthcare and Family Services.

11 Pursuant to subsection (E) of Section 12-4.25 of this
12 Code, the Department is entitled to recover overpayments paid
13 to a provider or vendor, including, but not limited to, from
14 the discharging physician, the discharging facility, and the
15 ground ambulance service provider, in instances where a
16 non-emergency ground ambulance service is rendered as the
17 result of improper or false certification.

18 Beginning October 1, 2018, the Department of Healthcare
19 and Family Services shall collect data from Medicaid managed
20 care organizations and transportation brokers, including the
21 Department's NETSPAP broker, regarding denials and appeals
22 related to the missing or incomplete Physician Certification
23 Statement forms and overall compliance with this subsection.
24 The Department of Healthcare and Family Services shall publish
25 quarterly results on its website within 15 days following the
26 end of each quarter.

1 (h) On and after July 1, 2012, the Department shall reduce
2 any rate of reimbursement for services or other payments or
3 alter any methodologies authorized by this Code to reduce any
4 rate of reimbursement for services or other payments in
5 accordance with Section 5-5e.

6 (i) On and after July 1, 2018, the Department shall
7 increase the base rate of reimbursement for both base charges
8 and mileage charges for ground ambulance service providers for
9 medical transportation services provided by means of a ground
10 ambulance to a level not lower than rates 112% of the base rate
11 in effect as of July 1, 2021 ~~June 30, 2018~~.

12 (k) Within 90 days after the effective date of this
13 amendatory Act of the 102nd General Assembly, the Department
14 shall establish a methodology for providing reimbursement for:
15 (i) bariatric transports at an amount of one additional base
16 rate for each additional 2 personnel necessary to safely move
17 the patient; and (ii) specialty care transports to include
18 transports originating or terminating at a residence and for
19 intra-facility transports.

20 (Source: P.A. 101-81, eff. 7-12-19; 101-649, eff. 7-7-20;
21 102-364, eff. 1-1-22; 102-650, eff. 8-27-21; revised 11-8-21.)

22 (305 ILCS 5/5-30c new)

23 Sec. 5-30c. Medi-car and stretcher van services; rate
24 increase. To ensure access to medical appointments and covered
25 services and realize the objectives of the medical assistance

1 program, the General Assembly must address the inadequate
2 supply of non-emergency medical transportation providers
3 across the State. To increase access to non-emergency
4 transportation services, the Department shall increase the
5 base rate for medi-car and stretcher van services to at least
6 \$50, and the rate of each attendant for medi-car and stretcher
7 van services to at least \$50. This reimbursement rate shall
8 only apply to stretcher van providers licensed by the
9 Department of Public Health in accordance with Section 3.86 of
10 the Emergency Medical Services (EMS) Systems Act. The
11 Department shall establish a grant program for the purpose of
12 building capacity among IMPACT-enrolled and BEP-certified
13 providers of medi-car and stretcher van transportation
14 services.

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