



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

HB5085

Introduced 2/8/2024, by Rep. William "Will" Davis

#### SYNOPSIS AS INTRODUCED:

210 ILCS 50/3.5  
210 ILCS 50/3.22  
210 ILCS 50/3.35  
210 ILCS 50/3.50  
210 ILCS 50/3.65  
210 ILCS 50/3.85

Amends the Emergency Medical Services (EMS) Systems Act. Provides that "clinical observation" means the ongoing observation of a patient's medical or mental health condition by a licensed health care professional utilizing a medical skill set while continuing assessment and care. Provides that the EMS Medical Directors on the EMT Training, Recruitment, and Retention Task Force may be active or retired. Provides that an education plan within a resource hospital may include classes performed outside of the region in which the resource hospital is located. Provides that "paramedic" means a person who has successfully completed a course in advanced life support care as approved by the Department of Public Health or accredited by the Committee on Accreditation for the EMS Professions (CoAEMSP), is licensed by the Department, and practices with an Advanced Life Support EMS System. Provides that the Department shall have the authority to adopt rules governing the curriculum, practice, and necessary equipment applicable to emergency medical responders and shall allow curriculum in addition to the National Registry curriculum. Provides that a fee for EMS personnel examination, licensure, and license renewal shall be reasonable. Provides that a lead instructor is permitted to oversee a paramedic with at least 3 years of experience to teach EMT classes in high schools with a licensed teacher. Provides that pass rates for classes taught in high schools shall not adversely impact the lead instructor or affiliated EMS system, resource hospital, or provider. Provides that the Department may not include any additional criteria for approval of a staffing waiver utilizing an EMR other than the criteria outlined. Provides that the EMR pilot program shall not be implemented before Department approval which must be granted upon EMS System Medical Director approval.

LRB103 38312 CES 68447 b

A BILL FOR

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  
5 Act is amended by changing Sections 3.5, 3.22, 3.35, 3.50,  
6 3.65, and 3.85 as follows:

7 (210 ILCS 50/3.5)

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

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

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

15 "Director" means the Director of the Illinois Department  
16 of 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), Pre-Hospital  
5 Registered Nurse (PHRN), Pre-Hospital Advanced Practice  
6 Registered Nurse (PHAPRN), or Pre-Hospital Physician Assistant  
7 (PHPA).

8 "Exclusive representative" has the same meaning as defined  
9 in Section 3 of the Illinois Public Labor Relations Act.

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

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

18 "Labor organization" has the same meaning as defined in  
19 Section 3 of the Illinois Public Labor Relations Act.

20 "Medical monitoring" means the performance of medical  
21 tests and physical exams to evaluate an individual's ongoing  
22 exposure to a factor that could negatively impact that  
23 person's health. "Medical monitoring" includes close  
24 surveillance or supervision of patients liable to suffer  
25 deterioration in physical or mental health and checks of  
26 various parameters such as pulse rate, temperature,

1 respiration rate, the condition of the pupils, the level of  
2 consciousness and awareness, the degree of appreciation of  
3 pain, and blood gas concentrations such as oxygen and carbon  
4 dioxide.

5 "Silver spanner program" means a program in which a member  
6 under a fire department's or fire protection district's  
7 collective bargaining agreement works on or at the EMS System  
8 under another fire department's or fire protection district's  
9 collective bargaining agreement and (i) the other fire  
10 department or fire protection district is not the member's  
11 full-time employer and (ii) any EMS services not included  
12 under the original fire department's or fire protection  
13 district's collective bargaining agreement are included in the  
14 other fire department's or fire protection district's  
15 collective bargaining agreement.

16 "Trauma" means any significant injury which involves  
17 single or multiple organ systems.

18 (Source: P.A. 103-521, eff. 1-1-24.)

19 (210 ILCS 50/3.22)

20 Sec. 3.22. EMT Training, Recruitment, and Retention Task  
21 Force.

22 (a) The EMT Training, Recruitment, and Retention Task  
23 Force is created to address the following:

24 (1) the impact that the EMT and Paramedic shortage is  
25 having on this State's EMS System and health care system;

1           (2) barriers to the training, recruitment, and  
2 retention of Emergency Medical Technicians throughout this  
3 State;

4           (3) steps that the State of Illinois can take,  
5 including coordination and identification of State and  
6 federal funding sources, to assist Illinois high schools,  
7 community colleges, and ground ambulance providers to  
8 train, recruit, and retain emergency medical technicians;

9           (4) the examination of current testing mechanisms for  
10 EMRs, EMTs, and Paramedics and the utilization of the  
11 National Registry of Emergency Medical Technicians,  
12 including current pass rates by licensure level, national  
13 utilization, and test preparation strategies;

14           (5) how apprenticeship programs, local, regional, and  
15 statewide, can be utilized to recruit and retain EMRs,  
16 EMTs, and Paramedics;

17           (6) how ground ambulance reimbursement affects the  
18 recruitment and retention of EMTs and Paramedics; and

19           (7) all other areas that the Task Force deems  
20 necessary to examine and assist in the recruitment and  
21 retention of EMTs and Paramedics.

22           (b) The Task Force shall be comprised of the following  
23 members:

24           (1) one member of the Illinois General Assembly,  
25 appointed by the President of the Senate, who shall serve  
26 as co-chair;

1           (2) one member of the Illinois General Assembly,  
2 appointed by the Speaker of the House of Representatives;

3           (3) one member of the Illinois General Assembly,  
4 appointed by the Senate Minority Leader;

5           (4) one member of the Illinois General Assembly,  
6 appointed by the House Minority Leader, who shall serve as  
7 co-chair;

8           (5) 9 members representing private ground ambulance  
9 providers throughout this State representing for-profit  
10 and non-profit rural and urban ground ambulance providers,  
11 appointed by the President of the Senate;

12           (6) 3 members representing hospitals, appointed by the  
13 Speaker of the House of Representatives, with one member  
14 representing safety-net hospitals and one member  
15 representing rural hospitals;

16           (7) 3 members representing a statewide association of  
17 nursing homes, appointed by the President of the Senate;

18           (8) one member representing the State Board of  
19 Education, appointed by the House Minority Leader;

20           (9) 2 active or retired EMS Medical Directors from a  
21 Regional EMS Medical Directors Committee, appointed by the  
22 Governor; and

23           (10) one member representing the Illinois Community  
24 College Systems, appointed by the Minority Leader of the  
25 Senate.

26           (c) Members of the Task Force shall serve without

1 compensation.

2 (d) The Task Force shall convene at the call of the  
3 co-chairs and shall hold at least 6 meetings.

4 (e) The Task Force shall submit its final report to the  
5 General Assembly and the Governor no later than September 1,  
6 2024, and upon the submission of its final report, the Task  
7 Force shall be dissolved.

8 (Source: P.A. 103-547, eff. 8-11-23; 103-563, eff. 11-17-23.)

9 (210 ILCS 50/3.35)

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

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

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

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

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

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

8           (e) Educate or coordinate the education of EMS  
9 personnel and all other license holders in accordance with  
10 the requirements of this Act, rules adopted by the  
11 Department pursuant to this Act, and the EMS System  
12 Program Plan. An education plan within a resource hospital  
13 may include classes performed outside of the region in  
14 which the resource hospital is located.

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

19           (g) Educate or coordinate the education of Emergency  
20 Medical Dispatcher 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           (h) Establish or approve protocols for prearrival  
24 medical instructions to callers by System Emergency  
25 Medical Dispatchers who provide such instructions.

26           (i) Educate or coordinate the education of



1 Pre-Hospital Registered Nurse, Pre-Hospital Advanced  
2 Practice Registered Nurse, Pre-Hospital Physician  
3 Assistant, and ECRN candidates, in accordance with the  
4 requirements of this Act, rules adopted by the Department  
5 pursuant to this Act, and the EMS System Program Plan.

6 (j) Approve Pre-Hospital Registered Nurse,  
7 Pre-Hospital Advanced Practice Registered Nurse,  
8 Pre-Hospital Physician Assistant, and ECRN candidates to  
9 practice within the System, and reapprove Pre-Hospital  
10 Registered Nurses, Pre-Hospital Advanced Practice  
11 Registered Nurses, Pre-Hospital Physician Assistants, and  
12 ECRNs every 4 years in accordance with the requirements of  
13 the Department and the System Program Plan.

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

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

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

26 (n) Utilize levels of personnel required by the

1 Department to provide emergency care to the sick and  
2 injured at the scene of an emergency, during transport to  
3 a hospital or during inter-hospital transport and within  
4 the hospital emergency department until the responsibility  
5 for the care of the patient is assumed by the medical  
6 personnel of a hospital emergency department or other  
7 facility within the hospital to which the patient is first  
8 delivered by System personnel.

9 (o) Utilize levels of personnel required by the  
10 Department to provide non-emergency medical services  
11 during transport to a health care facility and within the  
12 health care facility until the responsibility for the care  
13 of the patient is assumed by the medical personnel of the  
14 health care facility to which the patient is delivered by  
15 System personnel.

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

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

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

23 (Source: P.A. 100-1082, eff. 8-24-19.)

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  
21 basic and limited advanced emergency medical care as approved  
22 by the 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

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

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

25 On August 15, 2014 (the effective date of Public Act  
26 98-973), a person who is licensed by the Department as a First

1 Responder and has completed a Department-approved course in  
2 first responder defibrillator training based on, or equivalent  
3 to, the National EMS Educational Standards or other standards  
4 previously recognized by the Department shall be eligible for  
5 licensure as an Emergency Medical Responder upon meeting the  
6 licensure requirements and submitting an application to the  
7 Department. A valid First Responder license issued under this  
8 Act shall continue to be valid and shall be recognized as an  
9 Emergency Medical Responder license until the First Responder  
10 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  
7 the 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  
17 contain: (i) proof of successful completion of military  
18 emergency medical training; (ii) a detailed description of  
19 the 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 meet such standards, the Department shall offer  
2 the applicant the opportunity to successfully complete a  
3 Department-approved EMS personnel examination for the  
4 level of license for which the applicant is qualified.  
5 Upon passage of an examination, the Department shall issue  
6 a license, which shall be subject to all provisions of  
7 this Act that are otherwise applicable to the level of EMS  
8 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  
20 have 100 hours of approved continuing education, an EMT-I  
21 and an advanced EMT shall have 80 hours of approved  
22 continuing education, and an EMT shall have 60 hours of  
23 approved continuing education. An Illinois licensed EMR,  
24 EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHPA, PHAPRN, or  
25 PHRN whose license has been expired for less than 36  
26 months may apply for reinstatement by the Department.

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

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

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

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

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

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



1 (C) The licensee, during the provision of medical  
2 services, engaged in dishonorable, unethical, or  
3 unprofessional conduct of a character likely to  
4 deceive, defraud, or harm the public;

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

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

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

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

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

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

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

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

1 her release from active duty.

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

9 (f) At the time of applying for or renewing his or her  
10 license, an applicant for a license or license renewal may  
11 submit an email address to the Department. The Department  
12 shall keep the email address on file as a form of contact for  
13 the individual. The Department shall send license renewal  
14 notices electronically and by mail to a licensee who provides  
15 the Department with his or her email address. The notices  
16 shall be sent at least 60 days prior to the expiration date of  
17 the license.

18 (Source: P.A. 101-81, eff. 7-12-19; 101-153, eff. 1-1-20;  
19 102-558, eff. 8-20-21; 102-623, eff. 8-27-21.)

20 (210 ILCS 50/3.65)

21 Sec. 3.65. EMS Lead Instructor.

22 (a) "EMS Lead Instructor" means a person who has  
23 successfully completed a course of education as approved by  
24 the Department, and who is currently approved by the  
25 Department to coordinate or teach education, training and

1 continuing education courses, in accordance with standards  
2 prescribed by this Act and rules adopted by the Department  
3 pursuant to this Act.

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

6 (1) Prescribe education requirements for EMS Lead  
7 Instructor candidates through rules adopted pursuant to  
8 this Act.

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

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

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

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

1 simultaneously coordinate more than one program or course.  
2 An EMS Lead Instructor may oversee a paramedic with at  
3 least 3 years of experience to teach EMT classes in high  
4 schools with a licensed teacher. Pass rates for classes  
5 taught in high schools shall not adversely impact the EMS  
6 Lead Instructor or affiliated EMS system/resource  
7 hospital/provider.

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

13 (7) Suspend, revoke, or refuse to issue or renew the  
14 approval of an EMS Lead Instructor, after an opportunity  
15 for a hearing, when findings show one or more of the  
16 following:

17 (A) The EMS Lead Instructor has failed to conduct  
18 a course in accordance with the curriculum prescribed  
19 by this Act and rules adopted by the Department  
20 pursuant to this Act; or

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

24 (Source: P.A. 100-1082, eff. 8-24-19.)

25 (210 ILCS 50/3.85)

1           Sec. 3.85. Vehicle Service Providers.

2           (a) "Vehicle Service Provider" means an entity licensed by  
3 the Department to provide emergency or non-emergency medical  
4 services in compliance with this Act, the rules promulgated by  
5 the Department pursuant to this Act, and an operational plan  
6 approved by its EMS System(s), utilizing at least ambulances  
7 or specialized emergency medical service vehicles (SEMSV).

8           (1) "Ambulance" means any publicly or privately owned  
9 on-road vehicle that is specifically designed, constructed  
10 or modified and equipped, and is intended to be used for,  
11 and is maintained or operated for the emergency  
12 transportation of persons who are sick, injured, wounded  
13 or otherwise incapacitated or helpless, or the  
14 non-emergency medical transportation of persons who  
15 require the presence of medical personnel to monitor the  
16 individual's condition or medical apparatus being used on  
17 such individuals.

18           (2) "Specialized Emergency Medical Services Vehicle"  
19 or "SEMSV" means a vehicle or conveyance, other than those  
20 owned or operated by the federal government, that is  
21 primarily intended for use in transporting the sick or  
22 injured by means of air, water, or ground transportation,  
23 that is not an ambulance as defined in this Act. The term  
24 includes watercraft, aircraft and special purpose ground  
25 transport vehicles or conveyances not intended for use on  
26 public roads.

1           (3) An ambulance or SEMSV may also be designated as a  
2 Limited Operation Vehicle or Special-Use Vehicle:

3           (A) "Limited Operation Vehicle" means a vehicle  
4 which is licensed by the Department to provide basic,  
5 intermediate or advanced life support emergency or  
6 non-emergency medical services that are exclusively  
7 limited to specific events or locales.

8           (B) "Special-Use Vehicle" means any publicly or  
9 privately owned vehicle that is specifically designed,  
10 constructed or modified and equipped, and is intended  
11 to be used for, and is maintained or operated solely  
12 for the emergency or non-emergency transportation of a  
13 specific medical class or category of persons who are  
14 sick, injured, wounded or otherwise incapacitated or  
15 helpless (e.g. high-risk obstetrical patients,  
16 neonatal patients).

17           (C) "Reserve Ambulance" means a vehicle that meets  
18 all criteria set forth in this Section and all  
19 Department rules, except for the required inventory of  
20 medical supplies and durable medical equipment, which  
21 may be rapidly transferred from a fully functional  
22 ambulance to a reserve ambulance without the use of  
23 tools or special mechanical expertise.

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

26           (1) Require all Vehicle Service Providers, both

1 publicly and privately owned, to function within an EMS  
2 System.

3 (2) Require a Vehicle Service Provider utilizing  
4 ambulances to have a primary affiliation with an EMS  
5 System within the EMS Region in which its Primary Service  
6 Area is located, which is the geographic areas in which  
7 the provider renders the majority of its emergency  
8 responses. This requirement shall not apply to Vehicle  
9 Service Providers which exclusively utilize Limited  
10 Operation Vehicles.

11 (3) Establish licensing standards and requirements for  
12 Vehicle Service Providers, through rules adopted pursuant  
13 to this Act, including but not limited to:

14 (A) Vehicle design, specification, operation and  
15 maintenance standards, including standards for the use  
16 of reserve ambulances;

17 (B) Equipment requirements;

18 (C) Staffing requirements; and

19 (D) License renewal at intervals determined by the  
20 Department, which shall be not less than every 4  
21 years.

22 The Department's standards and requirements with  
23 respect to vehicle staffing for private, nonpublic local  
24 government employers must allow for alternative staffing  
25 models that include an EMR with a licensed EMT, EMT-I,  
26 A-EMT, Paramedic, or PHRN, as appropriate, pursuant to the



1 approval of the EMS System Program Plan developed and  
2 approved by the EMS Medical Director for an EMS System.  
3 The EMS personnel licensed at the highest level shall  
4 provide the initial assessment of the patient to determine  
5 the level of care required for transport to the receiving  
6 health care facility, and this assessment shall be  
7 documented in the patient care report and documented with  
8 online medical control. The EMS personnel licensed at or  
9 above the level of care required by the specific patient  
10 as directed by the EMS Medical Director shall be the  
11 primary care provider en route to the destination facility  
12 or patient's residence. The Department shall monitor the  
13 implementation and performance of alternative staffing  
14 models and may issue a notice of termination of an  
15 alternative staffing model only upon evidence that an EMS  
16 System Program Plan is not being adhered to. Adoption of  
17 an alternative staffing model shall not result in a  
18 Vehicle Service Provider being prohibited or limited in  
19 the utilization of its staff or equipment from providing  
20 any of the services authorized by this Act or as otherwise  
21 outlined in the approved EMS System Program Plan,  
22 including, without limitation, the deployment of resources  
23 to provide out-of-state disaster response. EMS System  
24 Program Plans must address a process for out-of-state  
25 disaster response deployments that must meet the  
26 following:

1           (A) All deployments to provide out-of-state  
2 disaster response must first be approved by the EMS  
3 Medical Director and submitted to the Department.

4           (B) The submission must include the number of  
5 units being deployed, vehicle identification numbers,  
6 length of deployment, and names of personnel and their  
7 licensure level.

8           (C) Ensure that all necessary in-state requests  
9 for services will be covered during the duration of  
10 the deployment.

11           An EMS System Program Plan for a Basic Life Support,  
12 advanced life support, and critical care transport  
13 utilizing an EMR and an EMT shall include the following:

14           (A) Alternative staffing models for a Basic Life  
15 Support transport utilizing an EMR shall only be  
16 utilized for interfacility Basic Life Support  
17 transports as specified by the EMS System Program Plan  
18 as determined by the EMS System Medical Director.

19           (B) Protocols that shall include dispatch  
20 procedures to properly screen and assess patients for  
21 EMR-staffed transports.

22           (C) A requirement that a provider and EMS System  
23 shall implement a quality assurance plan that shall  
24 include for the initial waiver period the review of at  
25 least 5% of total interfacility transports utilizing  
26 an EMR with mechanisms outlined to audit dispatch

1 screening, reason for transport, patient diagnosis,  
2 level of care, and the outcome of transports  
3 performed. Quality assurance reports must be submitted  
4 and reviewed by the provider and EMS System monthly  
5 and made available to the Department upon request. The  
6 percentage of transports reviewed under quality  
7 assurance plans for renewal periods shall be  
8 determined by the EMS Medical Director, however, it  
9 shall not be less than 3%.

10 (D) The EMS System Medical Director shall develop  
11 a minimum set of requirements for individuals based on  
12 level of licensure that includes education, training,  
13 and credentialing for all team members identified to  
14 participate in an alternative staffing plan. The EMT,  
15 Paramedic, PHRN, PHPA, PHAPRN, and critical care  
16 transport staff shall have the minimum experience in  
17 performance of pre-hospital and inter-hospital care,  
18 as determined by the EMS Medical Director in  
19 accordance with the EMS System Program Plan, but at a  
20 minimum of 6 months of prehospital experience or at  
21 least 50 documented patient care interventions during  
22 transport as the primary care provider and approved by  
23 the Department.

24 (E) The licensed EMR must complete a defensive  
25 driving course prior to participation in the  
26 Department's alternative staffing model.

1 (F) The length of the EMS System Program Plan for a  
2 Basic Life Support transport utilizing an EMR shall be  
3 for one year, and must be renewed annually if proof of  
4 the criteria outlined in statute being met is  
5 submitted, validated, and approved by the EMS Medical  
6 Director for the EMS System and the Department. The  
7 Department may not include any additional criteria for  
8 approval of a staffing waiver utilizing an EMR other  
9 than the criteria outlined in this Act.

10 (G) Beginning July 1, 2023, the utilization of  
11 EMRs for advanced life support transports and Tier III  
12 Critical Care Transports shall be allowed for periods  
13 not to exceed 3 years under a pilot program. The pilot  
14 program shall not be implemented before Department  
15 approval which must be granted upon EMS System Medical  
16 Director approval. Agencies requesting to utilize this  
17 staffing model for the time period of the pilot  
18 program must complete the following:

19 (i) Submit a waiver request to the Department  
20 requesting to participate in the pilot program  
21 with specific details of how quality assurance and  
22 improvement will be gathered, measured, reported  
23 to the Department, and reviewed and utilized  
24 internally by the participating agency.

25 (ii) Submit a signed approval letter from the  
26 EMS System Medical Director approving

1 participation in the pilot program.

2 (iii) Submit updated EMS System plans,  
3 additional education, and training of the EMR and  
4 protocols related to the pilot program.

5 (iv) Submit agency policies and procedures  
6 related to the pilot program.

7 (v) Submit the number of individuals currently  
8 participating and committed to participating in  
9 education programs to achieve a higher level of  
10 licensure at the time of submission.

11 (vi) Submit an explanation of how the provider  
12 will support individuals obtaining a higher level  
13 of licensure and encourage a higher level of  
14 licensure during the year of the alternative  
15 staffing plan and specific examples of recruitment  
16 and retention activities or initiatives.

17 Upon submission of a renewal application and  
18 recruitment and retention plan, the provider shall  
19 include additional data regarding current employment  
20 numbers, attrition rates over the year, and activities  
21 and initiatives over the previous year to address  
22 recruitment and retention.

23 The information required under this subparagraph  
24 (G) shall be provided to and retained by the EMS System  
25 upon initial application and renewal and shall be  
26 provided to the Department upon request.

1           The Department must allow for an alternative rural  
2 staffing model for those vehicle service providers that  
3 serve a rural or semi-rural population of 10,000 or fewer  
4 inhabitants and exclusively uses volunteers, paid-on-call,  
5 or a combination thereof.

6           (4) License all Vehicle Service Providers that have  
7 met the Department's requirements for licensure, unless  
8 such Provider is owned or licensed by the federal  
9 government. All Provider licenses issued by the Department  
10 shall specify the level and type of each vehicle covered  
11 by the license (BLS, ILS, ALS, ambulance, critical care  
12 transport, SEMSV, limited operation vehicle, special use  
13 vehicle, reserve ambulance).

14           (5) Annually inspect all licensed vehicles operated by  
15 Vehicle Service Providers.

16           (6) Suspend, revoke, refuse to issue or refuse to  
17 renew the license of any Vehicle Service Provider, or that  
18 portion of a license pertaining to a specific vehicle  
19 operated by the Provider, after an opportunity for a  
20 hearing, when findings show that the Provider or one or  
21 more of its vehicles has failed to comply with the  
22 standards and requirements of this Act or rules adopted by  
23 the Department pursuant to this Act.

24           (7) Issue an Emergency Suspension Order for any  
25 Provider or vehicle licensed under this Act, when the  
26 Director or his designee has determined that an immediate

1 and serious danger to the public health, safety and  
2 welfare exists. Suspension or revocation proceedings which  
3 offer an opportunity for hearing shall be promptly  
4 initiated after the Emergency Suspension Order has been  
5 issued.

6 (8) Exempt any licensed vehicle from subsequent  
7 vehicle design standards or specifications required by the  
8 Department, as long as said vehicle is continuously in  
9 compliance with the vehicle design standards and  
10 specifications originally applicable to that vehicle, or  
11 until said vehicle's title of ownership is transferred.

12 (9) Exempt any vehicle (except an SEMSV) which was  
13 being used as an ambulance on or before December 15, 1980,  
14 from vehicle design standards and specifications required  
15 by the Department, until said vehicle's title of ownership  
16 is transferred. Such vehicles shall not be exempt from all  
17 other licensing standards and requirements prescribed by  
18 the Department.

19 (10) Prohibit any Vehicle Service Provider from  
20 advertising, identifying its vehicles, or disseminating  
21 information in a false or misleading manner concerning the  
22 Provider's type and level of vehicles, location, primary  
23 service area, response times, level of personnel,  
24 licensure status or System participation.

25 (10.5) Prohibit any Vehicle Service Provider, whether  
26 municipal, private, or hospital-owned, from advertising

1           itself as a critical care transport provider unless it  
2           participates in a Department-approved EMS System critical  
3           care transport plan.

4           (11) Charge each Vehicle Service Provider a fee per  
5           transport vehicle, due annually at time of inspection. The  
6           fee per transport vehicle shall be set by administrative  
7           rule by the Department and shall not exceed 100 vehicles  
8           per provider.

9           (12) Beginning July 1, 2023, as part of a pilot  
10          program that shall not exceed a term of 3 years, an  
11          ambulance may be upgraded to a higher level of care for  
12          interfacility transports by an ambulance assistance  
13          vehicle with appropriate equipment and licensed personnel  
14          to intercept with the licensed ambulance at the sending  
15          facility before departure. The pilot program shall not be  
16          implemented before Department approval. To participate in  
17          the pilot program, an agency must:

18                 (A) Submit a waiver request to the Department with  
19                 intercept vehicle identification numbers,  
20                 calls signs, equipment detail, and a robust quality  
21                 assurance plan that shall list, at minimum, detailed  
22                 reasons each intercept had to be completed, barriers  
23                 to initial dispatch of advanced life support services,  
24                 and how this benefited the patient.

25                 (B) Report to the Department quarterly additional  
26                 data deemed meaningful by the providing agency along



1 with the data required under subparagraph (A) of this  
2 paragraph (12).

3 (C) Obtain a signed letter of approval from the  
4 EMS Medical Director allowing for participation in the  
5 pilot program.

6 (D) Update EMS System plans and protocols from the  
7 pilot program.

8 (E) Update policies and procedures from the  
9 agencies participating in the pilot program.

10 (Source: P.A. 102-623, eff. 8-27-21; 103-547, eff. 8-11-23.)