



Sen. Kimberly A. Lightford

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10300SB0761sam001

LRB103 03215 BMS 59916 a

1 AMENDMENT TO SENATE BILL 761

2 AMENDMENT NO. _____. Amend Senate Bill 761 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 Sections 3.20, 3.65, and 3.85 and by
6 adding Section 3.22 as follows:

7 (210 ILCS 50/3.20)

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

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

1 which the System is located.

2 (b) One hospital in each System program plan must be
3 designated as the Resource Hospital. All other hospitals which
4 are located within the geographic boundaries of a System and
5 which have standby, basic or comprehensive level emergency
6 departments must function in that EMS System as either an
7 Associate Hospital or Participating Hospital and follow all
8 System policies specified in the System Program Plan,
9 including but not limited to the replacement of drugs and
10 equipment used by providers who have delivered patients to
11 their emergency departments. All hospitals and vehicle service
12 providers participating in an EMS System must specify their
13 level of participation in the System Program Plan.

14 (c) The Department shall have the authority and
15 responsibility to:

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

1 date of approval.

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

7 (3) Renew EMS System approvals every 4 years, after an
8 inspection, based on compliance with the standards for
9 continuing operation prescribed in rules adopted by the
10 Department pursuant to this Act.

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

17 (5) Require each EMS System to adopt written protocols
18 for the bypassing of or diversion to any hospital, trauma
19 center or regional trauma center, which provide that a
20 person shall not be transported to a facility other than
21 the nearest hospital, regional trauma center or trauma
22 center unless the medical benefits to the patient
23 reasonably expected from the provision of appropriate
24 medical treatment at a more distant facility outweigh the
25 increased risks to the patient from transport to the more
26 distant facility, or the transport is in accordance with

1 the System's protocols for patient choice or refusal.

2 (6) Require that the EMS Medical Director of an ILS or
3 ALS level EMS System be a physician licensed to practice
4 medicine in all of its branches in Illinois, and certified
5 by the American Board of Emergency Medicine or the
6 American Osteopathic Board of Emergency Medicine, and that
7 the EMS Medical Director of a BLS level EMS System be a
8 physician licensed to practice medicine in all of its
9 branches in Illinois, with regular and frequent
10 involvement in pre-hospital emergency medical services. In
11 addition, all EMS Medical Directors shall:

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

17 (B) Be thoroughly knowledgeable of all skills
18 included in the scope of practices of all levels of EMS
19 personnel within the System;

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

23 (D) For ILS and ALS EMS Medical Directors,
24 successfully complete a Department-approved EMS
25 Medical Director's Course.

26 (7) Prescribe statewide EMS data elements to be

1 collected and documented by providers in all EMS Systems
2 for all emergency and non-emergency medical services, with
3 a one-year phase-in for commencing collection of such data
4 elements.

5 (8) Define, through rules adopted pursuant to this
6 Act, the terms "Resource Hospital", "Associate Hospital",
7 "Participating Hospital", "Basic Emergency Department",
8 "Standby Emergency Department", "Comprehensive Emergency
9 Department", "EMS Medical Director", "EMS Administrative
10 Director", and "EMS System Coordinator".

11 (A) (Blank).

12 (B) (Blank).

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

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

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

15 (12) Ensure that EMS systems are transporting pregnant
16 women to the appropriate facilities based on the
17 classification of the levels of maternal care described
18 under subsection (a) of Section 2310-223 of the Department
19 of Public Health Powers and Duties Law of the Civil
20 Administrative Code of Illinois.

21 (13) Provide administrative support to the EMT
22 Training, Recruitment, and Retention Task Force.

23 (Source: P.A. 101-447, eff. 8-23-19.)

24 (210 ILCS 50/3.22 new)

25 Sec. 3.22. EMT Training, Recruitment, and Retention Task

1 Force.

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

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

6 (2) barriers to the training, recruitment, and
7 retention of Emergency Medical Technicians throughout this
8 State;

9 (3) steps that the State of Illinois can take,
10 including coordination and identification of State and
11 federal funding sources, to assist Illinois high schools,
12 community colleges, and ground ambulance providers to
13 train, recruit, and retain emergency medical technicians;

14 (4) how emergency medical responder and emergency
15 medical technician licensure and testing and certification
16 requirements affect the recruitment and retention of
17 emergency medical technicians, including, without
18 limitation, how the implementation of the National
19 Registry of Emergency Medical Technician training criteria
20 have impacted the certification and licensure of new EMRs,
21 EMTs, and Paramedics;

22 (5) how apprenticeship programs, local, regional, and
23 statewide, can be utilized to recruit and retain EMRs,
24 EMTs, and Paramedics;

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

1 (7) all other areas that the Task Force deems
2 necessary to examine to assist in the recruitment and
3 retention of EMTs and Paramedics.

4 (b) The Task Force shall be comprised of the following
5 members:

6 (1) one member of the Illinois General Assembly,
7 appointed by the Senate President, who shall serve as
8 co-chair;

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

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

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

16 (5) 9 members representing private ground ambulance
17 providers throughout this State representing for-profit
18 and non-profit rural and ground ambulance providers,
19 appointed by the Governor;

20 (6) 3 members representing hospitals, appointed by the
21 Speaker of the House, with one member representing safety
22 net hospitals and one member representing rural hospitals;

23 (7) 2 members representing a statewide association of
24 nursing homes, appointed by the Minority Leader of the
25 Senate;

26 (8) one member representing the State Board of

1 Education, appointed by the Minority Leader of the House;

2 and

3 (9) one member representing the Illinois Community
4 College Systems, appointed by the Minority Leader of the
5 House.

6 (c) Members of the Task Force shall serve without
7 compensation.

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

10 (e) The Task Force shall submit its final report to the
11 General Assembly and the Governor no later than January 1,
12 2024, and upon the submission of its final report, the Task
13 Force shall be dissolved.

14 (210 ILCS 50/3.65)

15 Sec. 3.65. EMS Lead Instructor.

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

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

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

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

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

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

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

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

1 adopted pursuant to this Act.

2 (7) Suspend, revoke, or refuse to issue or renew the
3 approval of an EMS Lead Instructor, after an opportunity
4 for a hearing, when findings show one or more of the
5 following:

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

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

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

14 (210 ILCS 50/3.85)

15 Sec. 3.85. Vehicle Service Providers.

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

22 (1) "Ambulance" means any publicly or privately owned
23 on-road vehicle that is specifically designed, constructed
24 or modified and equipped, and is intended to be used for,
25 and is maintained or operated for the emergency

1 transportation of persons who are sick, injured, wounded
2 or otherwise incapacitated or helpless, or the
3 non-emergency medical transportation of persons who
4 require the presence of medical personnel to monitor the
5 individual's condition or medical apparatus being used on
6 such individuals.

7 (2) "Specialized Emergency Medical Services Vehicle"
8 or "SEMSV" means a vehicle or conveyance, other than those
9 owned or operated by the federal government, that is
10 primarily intended for use in transporting the sick or
11 injured by means of air, water, or ground transportation,
12 that is not an ambulance as defined in this Act. The term
13 includes watercraft, aircraft and special purpose ground
14 transport vehicles or conveyances not intended for use on
15 public roads.

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

18 (A) "Limited Operation Vehicle" means a vehicle
19 which is licensed by the Department to provide basic,
20 intermediate or advanced life support emergency or
21 non-emergency medical services that are exclusively
22 limited to specific events or locales.

23 (B) "Special-Use Vehicle" means any publicly or
24 privately owned vehicle that is specifically designed,
25 constructed or modified and equipped, and is intended
26 to be used for, and is maintained or operated solely

1 for the emergency or non-emergency transportation of a
2 specific medical class or category of persons who are
3 sick, injured, wounded or otherwise incapacitated or
4 helpless (e.g. high-risk obstetrical patients,
5 neonatal patients).

6 (C) "Reserve Ambulance" means a vehicle that meets
7 all criteria set forth in this Section and all
8 Department rules, except for the required inventory of
9 medical supplies and durable medical equipment, which
10 may be rapidly transferred from a fully functional
11 ambulance to a reserve ambulance without the use of
12 tools or special mechanical expertise.

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

15 (1) Require all Vehicle Service Providers, both
16 publicly and privately owned, to function within an EMS
17 System.

18 (2) Require a Vehicle Service Provider utilizing
19 ambulances to have a primary affiliation with an EMS
20 System within the EMS Region in which its Primary Service
21 Area is located, which is the geographic areas in which
22 the provider renders the majority of its emergency
23 responses. This requirement shall not apply to Vehicle
24 Service Providers which exclusively utilize Limited
25 Operation Vehicles.

26 (3) Establish licensing standards and requirements for

1 Vehicle Service Providers, through rules adopted pursuant
2 to this Act, including but not limited to:

3 (A) Vehicle design, specification, operation and
4 maintenance standards, including standards for the use
5 of reserve ambulances;

6 (B) Equipment requirements;

7 (C) Staffing requirements; and

8 (D) License renewal at intervals determined by the
9 Department, which shall be not less than every 4
10 years.

11 The Department's standards and requirements with
12 respect to vehicle staffing for private, nonpublic local
13 government employers must allow for alternative staffing
14 models that include an EMR ~~who drives an ambulance~~ with a
15 licensed EMT, EMT-I, A-EMT, Paramedic, or PHRN, as
16 appropriate, ~~in the patient compartment providing care to~~
17 ~~the patient~~ pursuant to the approval of the EMS System
18 Program Plan developed and approved by the EMS Medical
19 Director for an EMS System. The Department shall monitor
20 the implementation and performance of alternative staffing
21 models and may issue a notice of termination of an
22 alternative staffing model only upon evidence that an EMS
23 System Program Plan is not being adhered to. Adoption of
24 an alternative staffing model shall not result in a
25 Vehicle Service Provider being prohibited or limited in
26 the utilization of its staff or equipment from providing

1 any of the services authorized by this Act or as otherwise
2 outlined in the approved EMS System Program Plan,
3 including, without limitation, the deployment of resources
4 to provide out-of-state disaster response.

5 An EMS System Program Plan for a Basic Life Support,
6 advanced life support, and critical care transport
7 services ~~transport~~ utilizing an EMR and an EMT, Paramedic,
8 or appropriate critical care transport staff shall include
9 the following:

10 (A) Alternative staffing models for ~~a Basic Life~~
11 ~~Support~~ transport utilizing an EMR ~~and an EMT~~ shall
12 only be utilized for ~~interfacility Basic Life Support~~
13 transports specified by the EMS System Program Plan as
14 determined by the EMS System Medical Director ~~and~~
15 ~~medical appointments, excluding any transport to or~~
16 ~~from a dialysis center.~~

17 (B) Protocols that shall include dispatch
18 procedures to properly screen and assess patients for
19 EMR-staffed transports ~~and EMT-staffed Basic Life~~
20 ~~Support transport.~~

21 (C) A requirement that a provider shall implement
22 a quality assurance plan with mechanisms outlined to
23 audit dispatch screening and the outcome of transports
24 performed.

25 (D) The EMT, Paramedic, and critical care
26 transport staff shall have the minimum ~~at least one~~

1 ~~year of~~ experience in performance of pre-hospital,
2 inter-hospital emergency care and other health care
3 experience as a clinician, as determined by the EMS
4 Medical Director in accordance with the EMS System
5 Program Plan.

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

9 (F) The length of the EMS System Program Plan for a
10 ~~Basic Life Support~~ transport utilizing an EMR ~~and an~~
11 ~~EMT~~ shall be for one year, and must be renewed annually
12 if proof of the criteria being met is submitted,
13 validated, and approved by the EMS Medical Director
14 for the EMS System and the Department.

15 The Department must allow for an alternative rural
16 staffing model for those vehicle service providers that
17 serve a rural or semi-rural population of 10,000 or fewer
18 inhabitants and exclusively uses volunteers, paid-on-call,
19 or a combination thereof.

20 (4) License all Vehicle Service Providers that have
21 met the Department's requirements for licensure, unless
22 such Provider is owned or licensed by the federal
23 government. All Provider licenses issued by the Department
24 shall specify the level and type of each vehicle covered
25 by the license (BLS, ILS, ALS, ambulance, SEMSV, limited
26 operation vehicle, special use vehicle, ambulance assist

1 vehicle, reserve ambulance) and shall allow for ambulances
2 to be immediately upgraded to a higher level of service
3 when the Vehicle Service Provider sends an ambulance
4 assist vehicle with appropriate equipment and licensed
5 staff to intercept with the licensed ambulance in the
6 field.

7 (5) Annually inspect all licensed vehicles operated by
8 Vehicle Service Providers.

9 (6) Suspend, revoke, refuse to issue or refuse to
10 renew the license of any Vehicle Service Provider, or that
11 portion of a license pertaining to a specific vehicle
12 operated by the Provider, after an opportunity for a
13 hearing, when findings show that the Provider or one or
14 more of its vehicles has failed to comply with the
15 standards and requirements of this Act or rules adopted by
16 the Department pursuant to this Act.

17 (7) Issue an Emergency Suspension Order for any
18 Provider or vehicle licensed under this Act, when the
19 Director or his designee has determined that an immediate
20 and serious danger to the public health, safety and
21 welfare exists. Suspension or revocation proceedings which
22 offer an opportunity for hearing shall be promptly
23 initiated after the Emergency Suspension Order has been
24 issued.

25 (8) Exempt any licensed vehicle from subsequent
26 vehicle design standards or specifications required by the

1 Department, as long as said vehicle is continuously in
2 compliance with the vehicle design standards and
3 specifications originally applicable to that vehicle, or
4 until said vehicle's title of ownership is transferred.

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

12 (10) Prohibit any Vehicle Service Provider from
13 advertising, identifying its vehicles, or disseminating
14 information in a false or misleading manner concerning the
15 Provider's type and level of vehicles, location, primary
16 service area, response times, level of personnel,
17 licensure status or System participation.

18 (10.5) Prohibit any Vehicle Service Provider, whether
19 municipal, private, or hospital-owned, from advertising
20 itself as a critical care transport provider unless it
21 participates in a Department-approved EMS System critical
22 care transport plan.

23 (11) Charge each Vehicle Service Provider a fee per
24 transport vehicle, due annually at time of inspection. The
25 fee per transport vehicle shall be set by administrative
26 rule by the Department and shall not exceed 100 vehicles

1 per provider.

2 (Source: P.A. 102-623, eff. 8-27-21.)".