

1 AN ACT concerning health facilities.

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

4 Section 5. The Emergency Medical Services (EMS) Systems Act  
5 is amended by changing Sections 3.5, 3.10, 3.15, 3.20, 3.25,  
6 3.30, 3.35, 3.40, 3.45, 3.50, 3.55, 3.65, 3.70, 3.75, 3.80,  
7 3.90, 3.105, 3.125, 3.140, 3.165, 3.170, 3.175, 3.180, 3.200,  
8 and 3.205 as follows:

9 (210 ILCS 50/3.5)

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

11 "Department" means the Illinois Department of Public  
12 Health.

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

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

19 "Emergency Medical Services Personnel" or "EMS Personnel"  
20 means an Emergency Medical Responder, Emergency Medical  
21 Technician, Advanced Emergency Medical Technician, or  
22 Emergency Medical Technician-Intermediate and Paramedic.

23 "Health Care Facility" means a hospital, nursing home,

1 physician's office or other fixed location at which medical and  
2 health care services are performed. It does not include  
3 "pre-hospital emergency care settings" which utilize EMS  
4 Personnel ~~EMTs~~ to render pre-hospital emergency care prior to  
5 the arrival of a transport vehicle, as defined in this Act.

6 "Hospital" has the meaning ascribed to that term in the  
7 Hospital Licensing Act.

8 "Trauma" means any significant injury which involves  
9 single or multiple organ systems.

10 (Source: P.A. 89-177, eff. 7-19-95.)

11 (210 ILCS 50/3.10)

12 Sec. 3.10. Scope of Services.

13 (a) "Advanced Life Support (ALS) Services" means an  
14 advanced level of pre-hospital and inter-hospital emergency  
15 care and non-emergency medical services that includes basic  
16 life support care, cardiac monitoring, cardiac defibrillation,  
17 electrocardiography, intravenous therapy, administration of  
18 medications, drugs and solutions, use of adjunctive medical  
19 devices, trauma care, and other authorized techniques and  
20 procedures, as outlined as in the Advanced Life Support in the  
21 National EMS Educational Standards ~~national curriculum of the~~  
22 ~~United States Department of Transportation~~ and any  
23 modifications to that curriculum specified in rules adopted by  
24 the Department pursuant to this Act.

25 That care shall be initiated as authorized by the EMS

1 Medical Director in a Department approved advanced life support  
2 EMS System, under the written or verbal direction of a  
3 physician licensed to practice medicine in all of its branches  
4 or under the verbal direction of an Emergency Communications  
5 Registered Nurse.

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

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

22 (c) "Basic Life Support (BLS) Services" means a basic level  
23 of pre-hospital and inter-hospital emergency care and  
24 non-emergency medical services that includes airway  
25 management, cardiopulmonary resuscitation (CPR), control of  
26 shock and bleeding and splinting of fractures, as outlined as

1 ~~in the~~ Basic Life Support in the National EMS Educational  
2 Standards ~~national curriculum of the United States Department~~  
3 ~~of Transportation~~ and any modifications to that curriculum  
4 specified in rules adopted by the Department pursuant to this  
5 Act.

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

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

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

24 (f) "Inter-hospital care" means those ~~emergency~~ medical  
25 services rendered to ~~emergency~~ patients for analytic,  
26 resuscitative, stabilizing, or preventive purposes, during

1 transportation of such patients from one hospital to another  
2 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 ~~EMT-paramedic~~. When  
8 medically indicated for a patient, as determined by a physician  
9 licensed to practice medicine in all of its branches, an  
10 advanced practice nurse, or a physician's assistant, in  
11 compliance with subsections (b) and (c) of Section 3.155 of  
12 this Act, critical care transport may be provided by:

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

17 (2) Hospitals, when utilizing any vehicle service  
18 provider or any hospital-owned or operated vehicle service  
19 provider. ~~A Nothing in this amendatory Act of the 96th~~  
20 ~~General Assembly requires~~ a hospital is not required to  
21 use, or to be, a Department-approved critical care  
22 transport provider when transporting patients, including  
23 those critically injured or ill. Nothing in this Act shall  
24 restrict or prohibit a hospital from providing, or  
25 arranging for, the medically appropriate transport of any  
26 patient, as determined by a physician licensed to practice

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

3 (g) "Non-emergency medical services" means medical care or  
4 monitoring rendered to patients whose conditions do not meet  
5 this Act's definition of emergency, before or during  
6 transportation of such patients to or from health care  
7 facilities visited for the purpose of obtaining medical or  
8 health care services which are not emergency in nature, using a  
9 vehicle regulated by this Act.

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

- 20 (1) Personnel staffing and licensure.
- 21 (2) Education, certification, and experience.
- 22 (3) Medical equipment and supplies.
- 23 (4) Vehicular standards.
- 24 (5) Treatment and transport protocols.
- 25 (6) Quality assurance and data collection.

26 (h) The provisions of this Act shall not apply to the use

1 of an ambulance or SEMSV, unless and until emergency or  
2 non-emergency medical services are needed during the use of the  
3 ambulance or SEMSV.

4 (Source: P.A. 96-1469, eff. 1-1-11.)

5 (210 ILCS 50/3.15)

6 Sec. 3.15. Emergency Medical Services (EMS) Regions. The  
7 ~~Beginning September 1, 1995, the~~ Department shall designate  
8 Emergency Medical Services (EMS) Regions within the State,  
9 consisting of specific geographic areas encompassing EMS  
10 Systems and trauma centers, in which emergency medical  
11 services, trauma services, and non-emergency medical services  
12 are coordinated under an EMS Region Plan.

13 In designating EMS Regions, the Department shall take into  
14 consideration, but not be limited to, the location of existing  
15 EMS Systems, Trauma Regions and trauma centers, existing  
16 patterns of inter-System transports, population locations and  
17 density, transportation modalities, and geographical distance  
18 from available trauma and emergency department care.

19 Use of the term Trauma Region to identify a specific  
20 geographic area shall be discontinued upon designation of areas  
21 as EMS Regions.

22 (Source: P.A. 89-177, eff. 7-19-95.)

23 (210 ILCS 50/3.20)

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

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

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

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

24           (1) Approve BLS, ILS and ALS level EMS Systems which  
25 meet minimum standards and criteria established in rules  
26 adopted by the Department pursuant to this Act, including



1 the submission of a Program Plan for Department approval.  
2 Beginning September 1, 1997, the Department shall approve  
3 the development of a new EMS System only when a local or  
4 regional need for establishing such System has been  
5 verified by the Department. This shall not be construed as  
6 a needs assessment for health planning or other purposes  
7 outside of this Act. Following Department approval, EMS  
8 Systems must be fully operational within one year from the  
9 date of approval.

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

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

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

25 (5) Require each EMS System to adopt written protocols  
26 for the bypassing of or diversion to any hospital, trauma

1 center or regional trauma center, which provide that a  
2 person shall not be transported to a facility other than  
3 the nearest hospital, regional trauma center or trauma  
4 center unless the medical benefits to the patient  
5 reasonably expected from the provision of appropriate  
6 medical treatment at a more distant facility outweigh the  
7 increased risks to the patient from transport to the more  
8 distant facility, or the transport is in accordance with  
9 the System's protocols for patient choice or refusal.

10 (6) Require that the EMS Medical Director of an ILS or  
11 ALS level EMS System be a physician licensed to practice  
12 medicine in all of its branches in Illinois, and certified  
13 by the American Board of Emergency Medicine or the American  
14 Board of Osteopathic Emergency Medicine, and that the EMS  
15 Medical Director of a BLS level EMS System be a physician  
16 licensed to practice medicine in all of its branches in  
17 Illinois, with regular and frequent involvement in  
18 pre-hospital emergency medical services. In addition, all  
19 EMS Medical Directors shall:

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

25 (B) Be thoroughly knowledgeable of all skills  
26 included in the scope of practices of all levels of EMS

1 personnel within the System;

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

5 (D) For ILS and ALS EMS Medical Directors,  
6 successfully complete a Department-approved EMS  
7 Medical Director's Course.

8 (7) Prescribe statewide EMS data elements to be  
9 collected and documented by providers in all EMS Systems  
10 for all emergency and non-emergency medical services, with  
11 a one-year phase-in for commencing collection of such data  
12 elements.

13 (8) Define, through rules adopted pursuant to this Act,  
14 the terms "Resource Hospital", "Associate Hospital",  
15 "Participating Hospital", "Basic Emergency Department",  
16 "Standby Emergency Department", "Comprehensive Emergency  
17 Department", "EMS Medical Director", "EMS Administrative  
18 Director", and "EMS System Coordinator".

19 ~~(A) Upon the effective date of this amendatory Act~~  
20 ~~of 1995, all existing Project Medical Directors shall~~  
21 ~~be considered EMS Medical Directors, and all persons~~  
22 ~~serving in such capacities on the effective date of~~  
23 ~~this amendatory Act of 1995 shall be exempt from the~~  
24 ~~requirements of paragraph (7) of this subsection;~~

25 ~~(B) Upon the effective date of this amendatory Act~~  
26 ~~of 1995, all existing EMS System Project Directors~~

1 ~~shall be considered EMS Administrative Directors.~~

2 (9) Investigate the circumstances that caused a  
3 hospital in an EMS system to go on bypass status to  
4 determine whether that hospital's decision to go on bypass  
5 status was reasonable. The Department may impose  
6 sanctions, as set forth in Section 3.140 of the Act, upon a  
7 Department determination that the hospital unreasonably  
8 went on bypass status in violation of the Act.

9 (10) Evaluate the capacity and performance of any  
10 freestanding emergency center established under Section  
11 32.5 of this Act in meeting emergency medical service needs  
12 of the public, including compliance with applicable  
13 emergency medical standards and assurance of the  
14 availability of and immediate access to the highest quality  
15 of medical care possible.

16 (11) Permit limited EMS System participation by  
17 facilities operated by the United States Department of  
18 Veterans Affairs, Veterans Health Administration. Subject  
19 to patient preference, Illinois EMS providers may  
20 transport patients to Veterans Health Administration  
21 facilities that voluntarily participate in an EMS System.  
22 Any Veterans Health Administration facility seeking  
23 limited participation in an EMS System shall agree to  
24 comply with all Department administrative rules  
25 implementing this Section. The Department may promulgate  
26 rules, including, but not limited to, the types of Veterans

1 Health Administration facilities that may participate in  
2 an EMS System and the limitations of participation.

3 (Source: P.A. 96-1009, eff. 1-1-11; 96-1469, eff. 1-1-11;  
4 97-333, eff. 8-12-11.)

5 (210 ILCS 50/3.25)

6 Sec. 3.25. EMS Region Plan; Development.

7 (a) Within 6 months after designation of an EMS Region, an  
8 EMS Region Plan addressing at least the information prescribed  
9 in Section 3.30 shall be submitted to the Department for  
10 approval. The Plan shall be developed by the Region's EMS  
11 Medical Directors Committee with advice from the Regional EMS  
12 Advisory Committee; portions of the plan concerning trauma  
13 shall be developed jointly with the Region's Trauma Center  
14 Medical Directors or Trauma Center Medical Directors  
15 Committee, whichever is applicable, with advice from the  
16 Regional Trauma Advisory Committee, if such Advisory Committee  
17 has been established in the Region. Portions of the Plan  
18 concerning stroke shall be developed jointly with the Regional  
19 Stroke Advisory Subcommittee.

20 (1) A Region's EMS Medical Directors Committee shall be  
21 comprised of the Region's EMS Medical Directors, along with  
22 the medical advisor to a fire department vehicle service  
23 provider. For regions which include a municipal fire  
24 department serving a population of over 2,000,000 people,  
25 that fire department's medical advisor shall serve on the

1 Committee. For other regions, the fire department vehicle  
2 service providers shall select which medical advisor to  
3 serve on the Committee on an annual basis.

4 (2) A Region's Trauma Center Medical Directors  
5 Committee shall be comprised of the Region's Trauma Center  
6 Medical Directors.

7 (b) A Region's Trauma Center Medical Directors may choose  
8 to participate in the development of the EMS Region Plan  
9 through membership on the Regional EMS Advisory Committee,  
10 rather than through a separate Trauma Center Medical Directors  
11 Committee. If that option is selected, the Region's Trauma  
12 Center Medical Director shall also determine whether a separate  
13 Regional Trauma Advisory Committee is necessary for the Region.

14 (c) In the event of disputes over content of the Plan  
15 between the Region's EMS Medical Directors Committee and the  
16 Region's Trauma Center Medical Directors or Trauma Center  
17 Medical Directors Committee, whichever is applicable, the  
18 Director of the Illinois Department of Public Health shall  
19 intervene through a mechanism established by the Department  
20 through rules adopted pursuant to this Act.

21 (d) "Regional EMS Advisory Committee" means a committee  
22 formed within an Emergency Medical Services (EMS) Region to  
23 advise the Region's EMS Medical Directors Committee and to  
24 select the Region's representative to the State Emergency  
25 Medical Services Advisory Council, consisting of at least the  
26 members of the Region's EMS Medical Directors Committee, the

1 Chair of the Regional Trauma Committee, the EMS System  
2 Coordinators from each Resource Hospital within the Region, one  
3 administrative representative from an Associate Hospital  
4 within the Region, one administrative representative from a  
5 Participating Hospital within the Region, one administrative  
6 representative from the vehicle service provider which  
7 responds to the highest number of calls for emergency service  
8 within the Region, one administrative representative of a  
9 vehicle service provider from each System within the Region,  
10 one Emergency Medical Technician, one individual from each  
11 level of licensee described in Section 3.50 of this Act and a  
12 Pre-Hospital ~~(EMT)/Pre-Hospital~~ RN ~~from each level of~~  
13 ~~EMT/Pre-Hospital~~ RN practicing within the Region, and one  
14 registered professional nurse currently practicing in an  
15 emergency department within the Region. Of the 2 administrative  
16 representatives of vehicle service providers, at least one  
17 shall be an administrative representative of a private vehicle  
18 service provider. The Department's Regional EMS Coordinator  
19 for each Region shall serve as a non-voting member of that  
20 Region's EMS Advisory Committee.

21 Every 2 years, the members of the Region's EMS Medical  
22 Directors Committee shall rotate serving as Committee Chair,  
23 and select the Associate Hospital, Participating Hospital and  
24 vehicle service providers which shall send representatives to  
25 the Advisory Committee, and the EMS Personnel/Pre-Hospital  
26 ~~EMTs/Pre-Hospital~~ RN and nurse who shall serve on the Advisory

1 Committee.

2 (e) "Regional Trauma Advisory Committee" means a committee  
3 formed within an Emergency Medical Services (EMS) Region, to  
4 advise the Region's Trauma Center Medical Directors Committee,  
5 consisting of at least the Trauma Center Medical Directors and  
6 Trauma Coordinators from each Trauma Center within the Region,  
7 one EMS Medical Director from a resource hospital within the  
8 Region, one EMS System Coordinator from another resource  
9 hospital within the Region, one representative each from a  
10 public and private vehicle service provider which transports  
11 trauma patients within the Region, an administrative  
12 representative from each trauma center within the Region, one  
13 EMS Personnel ~~EMT~~ representing the highest level of EMS  
14 Personnel ~~EMT~~ practicing within the Region, one emergency  
15 physician and one Trauma Nurse Specialist (TNS) currently  
16 practicing in a trauma center. The Department's Regional EMS  
17 Coordinator for each Region shall serve as a non-voting member  
18 of that Region's Trauma Advisory Committee.

19 Every 2 years, the members of the Trauma Center Medical  
20 Directors Committee shall rotate serving as Committee Chair,  
21 and select the vehicle service providers, EMS Personnel ~~EMT~~,  
22 emergency physician, EMS System Coordinator and TNS who shall  
23 serve on the Advisory Committee.

24 (Source: P.A. 96-514, eff. 1-1-10.)

25 (210 ILCS 50/3.30)



1           Sec. 3.30. EMS Region Plan; Content.

2           (a) The EMS Medical Directors Committee shall address at  
3 least the following:

4           (1) Protocols for inter-System/inter-Region patient  
5 transports, including identifying the conditions of  
6 emergency patients which may not be transported to the  
7 different levels of emergency department, based on their  
8 Department classifications and relevant Regional  
9 considerations (e.g. transport times and distances);

10          (2) Regional standing medical orders;

11          (3) Patient transfer patterns, including criteria for  
12 determining whether a patient needs the specialized  
13 services of a trauma center, along with protocols for the  
14 bypassing of or diversion to any hospital, trauma center or  
15 regional trauma center which are consistent with  
16 individual System bypass or diversion protocols and  
17 protocols for patient choice or refusal;

18          (4) Protocols for resolving Regional or Inter-System  
19 conflict;

20          (5) An EMS disaster preparedness plan which includes  
21 the actions and responsibilities of all EMS participants  
22 within the Region. Within 90 days of the effective date of  
23 this amendatory Act of 1996, an EMS System shall submit to  
24 the Department for review an internal disaster plan. At a  
25 minimum, the plan shall include contingency plans for the  
26 transfer of patients to other facilities if an evacuation

1 of the hospital becomes necessary due to a catastrophe,  
2 including but not limited to, a power failure;

3 (6) Regional standardization of continuing education  
4 requirements;

5 (7) Regional standardization of Do Not Resuscitate  
6 (DNR) policies, and protocols for power of attorney for  
7 health care;

8 (8) Protocols for disbursement of Department grants;  
9 and

10 (9) Protocols for the triage, treatment, and transport  
11 of possible acute stroke patients.

12 (b) The Trauma Center Medical Directors or Trauma Center  
13 Medical Directors Committee shall address at least the  
14 following:

15 (1) The identification of Regional Trauma Centers;

16 (2) Protocols for inter-System and inter-Region trauma  
17 patient transports, including identifying the conditions  
18 of emergency patients which may not be transported to the  
19 different levels of emergency department, based on their  
20 Department classifications and relevant Regional  
21 considerations (e.g. transport times and distances);

22 (3) Regional trauma standing medical orders;

23 (4) Trauma patient transfer patterns, including  
24 criteria for determining whether a patient needs the  
25 specialized services of a trauma center, along with  
26 protocols for the bypassing of or diversion to any

1 hospital, trauma center or regional trauma center which are  
2 consistent with individual System bypass or diversion  
3 protocols and protocols for patient choice or refusal;

4 (5) The identification of which types of patients can  
5 be cared for by Level I and Level II Trauma Centers;

6 (6) Criteria for inter-hospital transfer of trauma  
7 patients;

8 (7) The treatment of trauma patients in each trauma  
9 center within the Region;

10 (8) A program for conducting a quarterly conference  
11 which shall include at a minimum a discussion of morbidity  
12 and mortality between all professional staff involved in  
13 the care of trauma patients;

14 (9) The establishment of a Regional trauma quality  
15 assurance and improvement subcommittee, consisting of  
16 trauma surgeons, which shall perform periodic medical  
17 audits of each trauma center's trauma services, and forward  
18 tabulated data from such reviews to the Department; and

19 (10) The establishment, ~~within 90 days of the effective~~  
20 ~~date of this amendatory Act of 1996,~~ of an internal  
21 disaster plan, which shall include, at a minimum,  
22 contingency plans for the transfer of patients to other  
23 facilities if an evacuation of the hospital becomes  
24 necessary due to a catastrophe, including but not limited  
25 to, a power failure.

26 (c) The Region's EMS Medical Directors and Trauma Center

1 Medical Directors Committees shall appoint any subcommittees  
2 which they deem necessary to address specific issues concerning  
3 Region activities.

4 (Source: P.A. 96-514, eff. 1-1-10.)

5 (210 ILCS 50/3.35)

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

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

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

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

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

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

3 (e) Educate or coordinate the education of EMS Personnel  
4 and all other licensees and certificate holders ~~EMT personnel~~  
5 in accordance with the requirements of this Act, rules adopted  
6 by the Department pursuant to this Act, and the EMS System  
7 Program Plan.

8 (f) Notify the Department of EMS Personnel, licensees, and  
9 certificate holders ~~EMT provider personnel~~ who have  
10 successfully completed requirements for licensure or  
11 certification or relicensure or recertification testing ~~and~~  
12 ~~relicensure~~ by the Department, ~~except that an ILS or ALS level~~  
13 ~~System may require its EMT-B personnel to apply directly to the~~  
14 ~~Department for determination of successful completion of~~  
15 ~~relicensure requirements.~~

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

20 (h) Establish or approve protocols for prearrival medical  
21 instructions to callers by System Emergency Medical  
22 Dispatchers who provide such instructions.

23 (i) Educate or coordinate the education of Pre-Hospital RN  
24 and ECRN candidates, in accordance with the requirements of  
25 this Act, rules adopted by the Department pursuant to this Act,  
26 and the EMS System Program Plan.

1           (j) Approve Pre-Hospital RN and ECRN candidates to practice  
2 within the System, and reapprove Pre-Hospital RNs and ECRNs  
3 every 4 years in accordance with the requirements of the  
4 Department and the System Program Plan.

5           (k) Establish protocols for the use of Pre-Hospital RNs  
6 within the System.

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

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

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

22           (o) Utilize levels of personnel required by the Department  
23 to provide non-emergency medical services during transport to a  
24 health care facility and within the health care facility until  
25 the responsibility for the care of the patient is assumed by  
26 the medical personnel of the health care facility to which the

1 patient is delivered by System personnel.

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

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

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

9 (Source: P.A. 89-177, eff. 7-19-95.)

10 (210 ILCS 50/3.40)

11 Sec. 3.40. EMS System Participation Suspensions and Due  
12 Process.

13 (a) An EMS Medical Director may suspend from participation  
14 within the System any EMS Personnel, Pre-Hospital RN, Emergency  
15 Communications Registered Nurse (ECRN), Trauma Nurse  
16 Specialist (TNS), EMS Lead Instructor, individual, individual  
17 provider or other participant considered not to be meeting the  
18 requirements of the Program Plan of that approved EMS System.

19 (b) Prior to suspending any individual or entity ~~an EMT or~~  
20 ~~other provider,~~ an EMS Medical Director shall provide an ~~the~~  
21 ~~EMT or provider with the~~ opportunity for a hearing before the  
22 local System review board in accordance with subsection (f) and  
23 the rules promulgated by the Department.

24 (1) If the local System review board affirms or  
25 modifies the EMS Medical Director's suspension order, the

1 EMS Personnel, Pre-Hospital RN, Emergency Communications  
2 Registered Nurse (ECRN), Trauma Nurse Specialist (TNS),  
3 EMS Lead Instructor, or other individual or entity ~~EMT or~~  
4 ~~provider~~ shall have the opportunity for a review of the  
5 local board's decision by the State EMS Disciplinary Review  
6 Board, pursuant to Section 3.45 of this Act.

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

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

15 (A) the EMS Personnel, Pre-Hospital RN, Emergency  
16 Communications Registered Nurse (ECRN), Trauma Nurse  
17 Specialist (TNS), EMS Lead Instructor, or other  
18 individual or entity ~~EMT or provider~~ has waived the  
19 opportunity for a hearing before the local System  
20 review board; or

21 (B) the ~~suspension~~ order has been affirmed or  
22 modified by the local board and the EMS Personnel,  
23 Pre-Hospital RN, Emergency Communications Registered  
24 Nurse (ECRN), Trauma Nurse Specialist (TNS), EMS Lead  
25 Instructor, or other individual or entity ~~EMT or~~  
26 ~~provider~~ has waived the opportunity for review by the



1 State Board; or

2 (C) the ~~suspension~~ order has been affirmed or  
3 modified by the local board, and the local board's  
4 decision has been affirmed or modified by the State  
5 Board.

6 (c) An EMS Medical Director may immediately suspend an EMS  
7 Personnel, a Pre-Hospital RN, an Emergency Communications  
8 Registered Nurse (ECRN), a Trauma Nurse Specialist (TNS), an  
9 EMS Lead Instructor, or other individual or entity ~~an EMT or~~  
10 ~~other provider~~ if he or she finds that ~~the information in his~~  
11 ~~or her possession indicates that~~ the continuation in practice  
12 by an EMS Personnel, a Pre-Hospital RN, an Emergency  
13 Communications Registered Nurse (ECRN), a Trauma Nurse  
14 Specialist (TNS), an EMS Lead Instructor, or other individual  
15 or entity ~~EMT or other provider~~ would constitute an imminent  
16 danger to the public. The suspended individual or entity ~~EMT or~~  
17 ~~other provider~~ shall be issued an immediate verbal notification  
18 followed by a written suspension order ~~to the EMT or other~~  
19 ~~provider~~ by the EMS Medical Director which states the length,  
20 terms and basis for the suspension.

21 (1) Within 24 hours following the commencement of the  
22 suspension, the EMS Medical Director shall deliver to the  
23 Department, by messenger or telefax, a copy of the  
24 suspension order and copies of any written materials which  
25 relate to the EMS Medical Director's decision to suspend  
26 the individual or entity ~~EMT or provider~~.

1           (2) Within 24 hours following the commencement of the  
2           suspension, the suspended individual or entity ~~EMT or~~  
3           ~~provider~~ may deliver to the Department, by messenger or  
4           telefax, a written response to the suspension order and  
5           copies of any written materials which the individual or  
6           entity ~~EMT or provider~~ feels appropriate ~~relate to that~~  
7           ~~response~~.

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

22          ~~(d) Upon issuance of a suspension order for reasons~~  
23          ~~directly related to medical care, the EMS Medical Director~~  
24          ~~shall also provide the EMT or provider with the opportunity for~~  
25          ~~a hearing before the local System review board, in accordance~~  
26          ~~with subsection (f) and the rules promulgated by the~~

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

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

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

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

1 The System shall implement a decision of the local System  
2 review board unless that decision has been appealed to the  
3 State Emergency Medical Services Disciplinary Review Board in  
4 accordance with this Act and the rules of the Department.

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

9 (Source: P.A. 89-177, eff. 7-19-95.)

10 (210 ILCS 50/3.45)

11 Sec. 3.45. State Emergency Medical Services Disciplinary  
12 Review Board.

13 (a) The Governor shall appoint a State Emergency Medical  
14 Services Disciplinary Review Board, composed of an EMS Medical  
15 Director, an EMS System Coordinator, a Paramedic ~~an Emergency~~  
16 ~~Medical Technician Paramedic (EMT-P)~~, an Emergency Medical  
17 Technician (EMT) ~~Emergency Medical Technician Basic (EMT-B)~~,  
18 and the following members, who shall only review cases in which  
19 a party is from the same professional category: a Pre-Hospital  
20 RN, an ECRN, a Trauma Nurse Specialist, an Emergency Medical  
21 Technician-Intermediate (EMT-I), Advanced Emergency Medical  
22 Technician, a representative from a private vehicle service  
23 provider, a representative from a public vehicle service  
24 provider, and an emergency physician who monitors  
25 telecommunications from and gives voice orders to EMS

1 personnel. The Governor shall also appoint one alternate for  
2 each member of the Board, from the same professional category  
3 as the member of the Board.

4 (b) ~~The~~ ~~Of the members first appointed, 2 members shall be~~  
5 ~~appointed for a term of one year, 2 members shall be appointed~~  
6 ~~for a term of 2 years and the remaining~~ members shall be  
7 appointed for a term of 3 years. ~~The terms of subsequent~~  
8 ~~appointments shall be 3 years.~~ All appointees shall serve until  
9 their successors are appointed. The alternate members shall be  
10 appointed and serve in the same fashion as the members of the  
11 Board. If a member resigns his or her appointment, the  
12 corresponding alternate shall serve the remainder of that  
13 member's term until a subsequent member is appointed by the  
14 Governor.

15 (c) The function of the Board is to review and affirm,  
16 reverse, or modify disciplinary orders ~~to suspend an EMT or~~  
17 ~~other individual provider from participating within an EMS~~  
18 ~~System.~~

19 (d) Any ~~An~~ individual or entity, ~~individual provider or~~  
20 ~~other participant~~ who received an immediate suspension from an  
21 EMS Medical Director may request the Board to reverse or modify  
22 the suspension order. If the suspension had been affirmed or  
23 modified by a local System review board, the suspended  
24 individual or entity ~~participant~~ may request the Board to  
25 reverse or modify the local board's decision.

26 (e) Any ~~An~~ individual or entity, ~~individual provider or~~

1 ~~other participant~~ who received a non-immediate suspension  
2 order from an EMS Medical Director which was affirmed or  
3 modified by a local System review board may request the Board  
4 to reverse or modify the local board's decision.

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

8 (g) The Board shall ~~regularly~~ meet on the first Tuesday of  
9 every month, unless no requests for review have been submitted.  
10 Additional meetings of the Board shall be scheduled ~~as~~  
11 ~~necessary~~ to ensure ~~insure~~ that a request for direct review of  
12 an immediate suspension order is scheduled within 14 days after  
13 the Department receives the request for review or as soon  
14 thereafter as a quorum is available. The Board shall meet in  
15 Springfield or Chicago, whichever location is closer to the  
16 majority of the members or alternates attending the meeting.  
17 The Department shall reimburse the members and alternates of  
18 the Board for reasonable travel expenses incurred in attending  
19 meetings of the Board.

20 (h) A request for review shall be submitted in writing to  
21 the Chief of the Department's Division of Emergency Medical  
22 Services and Highway Safety~~7~~ within 10 days after receiving the  
23 local board's decision or the EMS Medical Director's suspension  
24 order, whichever is applicable, a copy of which shall be  
25 enclosed.

26 (i) At its regularly scheduled meetings, the Board shall

1 review requests which have been received by the Department at  
2 least 10 working days prior to the Board's meeting date.  
3 Requests for review which are received less than 10 working  
4 days prior to a scheduled meeting shall be considered at the  
5 Board's next scheduled meeting, except that requests for direct  
6 review of an immediate suspension order may be scheduled up to  
7 3 working days prior to the Board's meeting date.

8 (j) A quorum shall be required for the Board to meet, which  
9 shall consist of 3 members or alternates, including the EMS  
10 Medical Director or alternate and the member or alternate from  
11 the same professional category as the subject of the suspension  
12 order. At each meeting of the Board, the members or alternates  
13 present shall select a Chairperson to conduct the meeting.

14 (k) Deliberations for decisions of the State EMS  
15 Disciplinary Review Board shall be conducted in closed session.  
16 Department staff may attend for the purpose of providing  
17 clerical assistance, but no other persons may be in attendance  
18 except for the parties to the dispute being reviewed by the  
19 Board and their attorneys, unless by request of the Board.

20 (l) The Board shall review the transcript, evidence and  
21 written decision of the local review board or the written  
22 decision and supporting documentation of the EMS Medical  
23 Director, whichever is applicable, along with any additional  
24 written or verbal testimony or argument offered by the parties  
25 to the dispute.

26 (m) At the conclusion of its review, the Board shall issue

1 its decision and the basis for its decision on a form provided  
2 by the Department, and shall submit to the Department its  
3 written decision together with the record of the local System  
4 review board. The Department shall promptly issue a copy of the  
5 Board's decision to all affected parties. The Board's decision  
6 shall be binding on all parties.

7 (Source: P.A. 89-177, eff. 7-19-95; 90-144, eff. 7-23-97.)

8 (210 ILCS 50/3.50)

9 Sec. 3.50. Emergency Medical Services Personnel licensure  
10 levels ~~Technician (EMT) Licensure.~~

11 (a) "Emergency Medical Technician ~~Technician-Basic~~" or  
12 "EMT ~~EMT-B~~" means a person who has successfully completed a  
13 course of instruction in basic life support as approved  
14 ~~prescribed~~ by the Department, is currently licensed by the  
15 Department in accordance with standards prescribed by this Act  
16 and rules adopted by the Department pursuant to this Act, and  
17 practices within an EMS System.

18 (a-5) "Emergency Medical Responder" means a person who has  
19 successfully completed a course of instruction for the  
20 Emergency Medical Responder as approved by the Department and  
21 who provides Emergency Medical Responder services prior to the  
22 arrival of an ambulance or specialized emergency medical  
23 services vehicle in accordance with the level of care  
24 established in the National EMS Educational Standards  
25 Emergency Medical Responder course and as modified by the



1 Department. An Emergency Medical Responder who provides  
2 services as part of an EMS System response plan shall comply  
3 with the applicable sections of the Program Plan of that EMS  
4 System, as approved by the Department. The Department shall  
5 have the authority to adopt administrative rules governing the  
6 practice and necessary equipment applicable to Emergency  
7 Medical Responders.

8 Persons possessing a license issued by the Department on  
9 the effective date of this amendatory Act of the 97th General  
10 Assembly who have already completed a Department-approved  
11 course of instruction in first responder defibrillator  
12 training based on or equivalent to the National EMS Educational  
13 Standards, or as otherwise previously recognized by the  
14 Department, shall be eligible for licensure as an Emergency  
15 Medical Responder upon meeting their recertification  
16 requirements with an application to the Department.

17 (a-10) "Advanced Emergency Medical Technician" or "AEMT"  
18 means a person who (1) has successfully completed a  
19 Department-approved course in basic and limited advanced  
20 emergency medical care or is currently licensed by the  
21 Department in accordance with standards prescribed by this Act  
22 and rules adopted by the Department pursuant to this Act and  
23 (2) practices within an intermediate or advanced Life Support  
24 EMS System.

25 (b) "Emergency Medical Technician-Intermediate" or "EMT-I"  
26 means a person who has successfully completed a course of

1 ~~instruction~~ in intermediate life support as approved  
2 ~~prescribed~~ by the Department, is currently licensed by the  
3 Department in accordance with standards prescribed by this Act  
4 and rules adopted by the Department pursuant to this Act, and  
5 practices within an Intermediate or Advanced Life Support EMS  
6 System.

7 (c) "Paramedic" ~~"Emergency Medical Technician Paramedic"~~  
8 ~~or "EMT-P"~~ means a person who has successfully completed a  
9 course ~~of instruction~~ in advanced life support care as approved  
10 ~~prescribed~~ by the Department, is licensed by the Department in  
11 accordance with standards prescribed by this Act and rules  
12 adopted by the Department pursuant to this Act, and practices  
13 within an Advanced Life Support EMS System.

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

16 (1) Prescribe education and training requirements,  
17 which includes training in the use of epinephrine, for all  
18 levels of EMS Personnel, except for EMRs ~~EMT~~, based on the  
19 National EMS Educational Standards ~~respective national~~  
20 ~~curricula of the United States Department of~~  
21 ~~Transportation~~ and any modifications to the ~~such~~ curricula  
22 specified by the Department through rules adopted pursuant  
23 to this Act.

24 (2) Prescribe licensure testing requirements for all  
25 levels of EMS Personnel ~~EMT~~, which shall include a  
26 requirement that all phases of instruction, training, and

1 field experience be completed before taking the  
2 appropriate ~~EMT~~ licensure examination. Candidates may  
3 elect to take the appropriate National Registry ~~of~~  
4 ~~Emergency Medical Technicians~~ examination in lieu of the  
5 Department's examination, but are responsible for making  
6 their own arrangements for taking the National Registry  
7 examination.

8 (2.5) Review applications for EMS Personnel ~~EMT~~  
9 licensure from honorably discharged members of the armed  
10 forces of the United States with military emergency medical  
11 training. Applications shall be filed with the Department  
12 within one year after military discharge and shall contain:  
13 (i) proof of successful completion of military emergency  
14 medical training; (ii) a detailed description of the  
15 emergency medical curriculum completed; and (iii) a  
16 detailed description of the applicant's clinical  
17 experience. The Department may request additional and  
18 clarifying information. The Department shall evaluate the  
19 application, including the applicant's training and  
20 experience, consistent with the standards set forth under  
21 subsections (a), (b), (c), and (d) of Section 3.10. If the  
22 application clearly demonstrates that the training and  
23 experience meets such standards, the Department shall  
24 offer the applicant the opportunity to successfully  
25 complete a Department-approved EMS Personnel ~~EMT~~  
26 examination for which the applicant is qualified. Upon

1 passage of an examination, the Department shall issue a  
2 license, which shall be subject to all provisions of this  
3 Act that are otherwise applicable to the class of EMS  
4 Personnel ~~EMT~~ license issued.

5 (3) License individuals as an EMR, EMT, AEMT ~~EMT-B,~~  
6 EMT-I, or Paramedic ~~EMT-P~~ who have met the Department's  
7 education, training and examination requirements.

8 (4) Prescribe annual continuing education and  
9 relicensure requirements for all EMS Personnel licensure  
10 levels ~~levels of EMT~~.

11 (5) Relicense individuals as an EMR, EMT, AEMT ~~EMT-B,~~  
12 EMT-I, or Paramedic ~~EMT-P~~ every 4 years, based on their  
13 compliance with continuing education and relicensure  
14 requirements. An Illinois licensed EMS Personnel ~~Emergency~~  
15 ~~Medical Technician~~ whose license has been expired for less  
16 than 36 months may apply for reinstatement by the  
17 Department. Reinstatement shall require that the applicant  
18 (i) submit satisfactory proof of completion of continuing  
19 medical education and clinical requirements to be  
20 prescribed by the Department in an administrative rule;  
21 (ii) submit a positive recommendation from an Illinois EMS  
22 Medical Director attesting to the applicant's  
23 qualifications for retesting; and (iii) pass a Department  
24 approved test for the level of EMS Personnel ~~EMT~~ license  
25 sought to be reinstated.

26 (6) Grant inactive status to any EMS Personnel ~~EMT~~ who

1           qualifies, based on standards and procedures established  
2           by the Department in rules adopted pursuant to this Act.

3           (7) Charge a fee for EMS Personnel ~~EMT~~ examination,  
4           licensure, and license renewal.

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

10           (A) The licensee has not met continuing education  
11           or relicensure requirements as prescribed by the  
12           Department;

13           (B) The licensee has failed to maintain  
14           proficiency in the level of skills for which he or she  
15           is licensed;

16           (C) The licensee, during the provision of medical  
17           services, engaged in dishonorable, unethical, or  
18           unprofessional conduct of a character likely to  
19           deceive, defraud, or harm the public;

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

24           (E) The licensee is physically impaired to the  
25           extent that he or she cannot physically perform the  
26           skills and functions for which he or she is licensed,

1 as verified by a physician, unless the person is on  
2 inactive status pursuant to Department regulations;

3 (F) The licensee is mentally impaired to the extent  
4 that he or she cannot exercise the appropriate  
5 judgment, skill and safety for performing the  
6 functions for which he or she is licensed, as verified  
7 by a physician, unless the person is on inactive status  
8 pursuant to Department regulations;

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

11 (H) The licensee has been convicted (or entered a  
12 plea of guilty or nolo-contendere) by a court of  
13 competent jurisdiction of a Class X, Class 1, or Class  
14 2 felony in this State or an out-of-state equivalent  
15 offense.

16 (d-5) EMS Personnel ~~(9) An EMT who are members is a member~~  
17 of the Illinois National Guard or, an Illinois State Trooper,  
18 or who exclusively serve ~~serves~~ as a volunteer for units of  
19 local government with a population base of less than 5,000 or  
20 as a volunteer for a not-for-profit organization that serves a  
21 service area with a population base of less than 5,000 may  
22 submit an application to the Department for a waiver of the  
23 ~~these~~ fees specified in this Section on a form prescribed by  
24 the Department.

25 The education requirements prescribed by the Department  
26 under this Section ~~subsection~~ must allow for the suspension of

1 those requirements in the case of a member of the armed  
2 services or reserve forces of the United States or a member of  
3 the Illinois National Guard who is on active duty pursuant to  
4 an executive order of the President of the United States, an  
5 act of the Congress of the United States, or an order of the  
6 Governor at the time that the member would otherwise be  
7 required to fulfill a particular education requirement. Such a  
8 person must fulfill the education requirement within 6 months  
9 after his or her release from active duty.

10 (e) In the event that any rule of the Department or an EMS  
11 Medical Director that requires testing for drug use as a  
12 condition for EMS Personnel ~~EMT~~ licensure conflicts with or  
13 duplicates a provision of a collective bargaining agreement  
14 that requires testing for drug use, that rule shall not apply  
15 to any person covered by the collective bargaining agreement.

16 (Source: P.A. 96-540, eff. 8-17-09; 96-1149, eff. 7-21-10;  
17 96-1469, eff. 1-1-11; 97-333, eff. 8-12-11; 97-509, eff.  
18 8-23-11; revised 11-18-11.)

19 (210 ILCS 50/3.55)

20 Sec. 3.55. Scope of practice.

21 (a) Any person currently licensed as an EMR, EMT, AEMT  
22 ~~EMT-B~~, EMT-I, or Paramedic ~~EMT-P~~ may perform emergency and  
23 non-emergency medical services as defined in this Act, in  
24 accordance with his or her level of education, training and  
25 licensure, the standards of performance and conduct prescribed

1 by the Department in rules adopted pursuant to this Act, and  
2 the requirements of the EMS System in which he or she  
3 practices, as contained in the approved Program Plan for that  
4 System.

5 (a-5) EMS Personnel ~~A person currently approved as a First~~  
6 ~~Responder or licensed as an EMT-B, EMT-I, or EMT-P~~ who have has  
7 successfully completed a Department approved course in  
8 automated defibrillator operation and who are is functioning  
9 within a Department approved EMS System may utilize such  
10 automated defibrillator according to the standards of  
11 performance and conduct prescribed by the Department in rules  
12 adopted pursuant to this Act and the requirements of the EMS  
13 System in which they practice ~~he or she practices~~, as contained  
14 in the approved Program Plan for that System.

15 (a-7) An EMT, AEMT ~~A person currently licensed as an EMT-B,~~  
16 ~~EMT-I, or Paramedic EMT-P~~ who has successfully completed a  
17 Department approved course in the administration of  
18 epinephrine, shall be required to carry epinephrine with him or  
19 her as part of the EMS Personnel ~~EMT~~ medical supplies whenever  
20 he or she is performing official ~~the~~ duties ~~of an emergency~~  
21 ~~medical technician~~.

22 (b) An EMT, AEMT ~~A person currently licensed as an EMT-B,~~  
23 ~~EMT-I, or Paramedic EMT-P~~ may only practice as EMS Personnel ~~an~~  
24 ~~EMT~~ or utilize his or her EMS Personnel ~~EMT~~ license only in  
25 pre-hospital or inter-hospital emergency care settings or  
26 non-emergency medical transport situations, under the written



1 or verbal direction of the EMS Medical Director. For purposes  
2 of this Section, a "pre-hospital emergency care setting" may  
3 include a location, that is not a health care facility, which  
4 utilizes EMS Personnel ~~EMTs~~ to render pre-hospital emergency  
5 care prior to the arrival of a transport vehicle. The location  
6 shall include communication equipment and all of the portable  
7 equipment and drugs appropriate for the EMS Personnel's ~~EMT's~~  
8 level of care, as required by this Act, rules adopted by the  
9 Department pursuant to this Act, and the protocols of the EMS  
10 Systems, and shall operate only with the approval and under the  
11 direction of the EMS Medical Director.

12 This Section shall not prohibit an EMT, AEMT ~~EMT-B~~, EMT-I,  
13 or Paramedic ~~EMT-P~~ from practicing within an emergency  
14 department or other health care setting for the purpose of  
15 receiving continuing education or training approved by the EMS  
16 Medical Director. This Section shall also not prohibit an EMT  
17 ~~EMT-B~~, EMT-I, or Paramedic ~~EMT-P~~ from seeking credentials other  
18 than his or her EMS Personnel ~~EMT~~ license and utilizing such  
19 credentials to work in emergency departments or other health  
20 care settings under the jurisdiction of that employer.

21 (c) An EMT, AEMT ~~A person currently licensed as an EMT-B,~~  
22 ~~EMT-I, or Paramedic EMT-P~~ may honor Do Not Resuscitate (DNR)  
23 orders and powers of attorney for health care only in  
24 accordance with rules adopted by the Department pursuant to  
25 this Act and protocols of the EMS System in which he or she  
26 practices.

1 (d) A student enrolled in a Department approved EMS  
2 Personnel ~~emergency medical technician~~ program, while  
3 fulfilling the clinical training and in-field supervised  
4 experience requirements mandated for licensure or approval by  
5 the System and the Department, may perform prescribed  
6 procedures under the direct supervision of a physician licensed  
7 to practice medicine in all of its branches, a qualified  
8 registered professional nurse or a qualified EMS Personnel ~~EMT~~,  
9 only when authorized by the EMS Medical Director.

10 (Source: P.A. 92-376, eff. 8-15-01.)

11 (210 ILCS 50/3.65)

12 Sec. 3.65. EMS Lead Instructor.

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

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

22 (1) Prescribe education requirements for EMS Lead  
23 Instructor candidates through rules adopted pursuant to  
24 this Act.

25 (2) Prescribe testing requirements for EMS Lead

1 Instructor candidates through rules adopted pursuant to  
2 this Act.

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

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

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

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

25 (7) Suspend or revoke or refuse to issue or renew the  
26 approval of an EMS Lead Instructor, after an opportunity

1 for a hearing, when findings show one or more of the  
2 following:

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

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

10 (Source: P.A. 96-1469, eff. 1-1-11.)

11 (210 ILCS 50/3.70)

12 Sec. 3.70. Emergency Medical Dispatcher.

13 (a) "Emergency Medical Dispatcher" means a person who has  
14 successfully completed a training course in emergency medical  
15 dispatching meeting or exceeding the National EMS Educational  
16 Standards ~~national curriculum of the United States Department~~  
17 ~~of Transportation~~ in accordance with rules adopted by the  
18 Department pursuant to this Act, who accepts calls from the  
19 public for emergency medical services and dispatches  
20 designated emergency medical services personnel and vehicles.  
21 The Emergency Medical Dispatcher must use the  
22 Department-approved emergency medical dispatch priority  
23 reference system (EMDPRS) protocol selected for use by its  
24 agency and approved by its EMS medical director. This protocol  
25 must be used by an emergency medical dispatcher in an emergency

1 medical dispatch agency to dispatch aid to medical emergencies  
2 which includes systematized caller interrogation questions;  
3 systematized prearrival support instructions; and systematized  
4 coding protocols that match the dispatcher's evaluation of the  
5 injury or illness severity with the vehicle response mode and  
6 vehicle response configuration and includes an appropriate  
7 training curriculum and testing process consistent with the  
8 specific EMDPRS protocol used by the emergency medical dispatch  
9 agency. Prearrival support instructions shall be provided in a  
10 non-discriminatory manner and shall be provided in accordance  
11 with the EMDPRS established by the EMS medical director of the  
12 EMS system in which the EMD operates. If the dispatcher  
13 operates under the authority of an Emergency Telephone System  
14 Board established under the Emergency Telephone System Act, the  
15 protocols shall be established by such Board in consultation  
16 with the EMS Medical Director. Persons who have already  
17 completed a course of instruction in emergency medical dispatch  
18 based on, equivalent to or exceeding the national standards  
19 ~~curriculum of the United States Department of Transportation,~~  
20 or as otherwise approved by the Department, shall be considered  
21 Emergency Medical Dispatchers on the effective date of this  
22 amendatory Act.

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

25 (1) Require licensure and relicensure ~~certification~~  
26 ~~and recertification~~ of a person who meets the training and

1 other requirements as an emergency medical dispatcher  
2 pursuant to this Act.

3 (2) Require licensure and relicensure ~~certification~~  
4 ~~and recertification~~ of a person, organization, or  
5 government agency that operates an emergency medical  
6 dispatch agency that meets the minimum standards  
7 prescribed by the Department for an emergency medical  
8 dispatch agency pursuant to this Act.

9 (3) Prescribe minimum education and continuing  
10 education requirements for the Emergency Medical  
11 Dispatcher, which meet national standards ~~the national~~  
12 ~~curriculum of the United States Department of~~  
13 ~~Transportation~~, through rules adopted pursuant to this  
14 Act.

15 (4) Require each EMS Medical Director to report to the  
16 Department whenever an action has taken place that may  
17 require the revocation or suspension of a license  
18 ~~certificate~~ issued by the Department.

19 (5) Require each EMD to provide prearrival  
20 instructions in compliance with protocols selected and  
21 approved by the system's EMS medical director and approved  
22 by the Department.

23 (6) Require the Emergency Medical Dispatcher to keep  
24 the Department currently informed as to the entity or  
25 agency that employs or supervises his activities as an  
26 Emergency Medical Dispatcher.

1           (7) Establish an annual relicensure ~~recertification~~  
2 requirement that requires at least 12 hours of medical  
3 dispatch-specific continuing education each year.

4           (8) Approve all EMDPRS protocols used by emergency  
5 medical dispatch agencies to assure compliance with  
6 national standards.

7           (9) Require that Department-approved emergency medical  
8 dispatch training programs are conducted in accordance  
9 with national standards.

10          (10) Require that the emergency medical dispatch  
11 agency be operated in accordance with national standards,  
12 including, but not limited to, (i) the use on every request  
13 for medical assistance of an emergency medical dispatch  
14 priority reference system (EMDPRS) in accordance with  
15 Department-approved policies and procedures and (ii) under  
16 the approval and supervision of the EMS medical director,  
17 the establishment of a continuous quality improvement  
18 program.

19          (11) Require that a person may not represent himself or  
20 herself, nor may an agency or business represent an agent  
21 or employee of that agency or business, as an emergency  
22 medical dispatcher unless licensed ~~certified~~ by the  
23 Department as an emergency medical dispatcher.

24          (12) Require that a person, organization, or  
25 government agency not represent itself as an emergency  
26 medical dispatch agency unless the person, organization,

1 or government agency is certified by the Department as an  
2 emergency medical dispatch agency.

3 (13) Require that a person, organization, or  
4 government agency may not offer or conduct a training  
5 course that is represented as a course for an emergency  
6 medical dispatcher unless the person, organization, or  
7 agency is approved by the Department to offer or conduct  
8 that course.

9 (14) Require that Department-approved emergency  
10 medical dispatcher training programs are conducted by  
11 instructors licensed by the Department who:

12 (i) are, at a minimum, certified as emergency  
13 medical dispatchers;

14 (ii) have completed a Department-approved course  
15 on methods of instruction;

16 (iii) have previous experience in a medical  
17 dispatch agency; and

18 (iv) have demonstrated experience as an EMS  
19 instructor.

20 (15) Establish criteria for modifying or waiving  
21 Emergency Medical Dispatcher requirements based on (i) the  
22 scope and frequency of dispatch activities and the  
23 dispatcher's access to training or (ii) whether the  
24 previously-attended dispatcher training program merits  
25 automatic recertification for the dispatcher.

26 (16) Charge each Emergency Medical Dispatcher



1 applicant a fee for licensure and license renewal.

2 (Source: P.A. 96-1469, eff. 1-1-11.)

3 (210 ILCS 50/3.75)

4 Sec. 3.75. Trauma Nurse Specialist (TNS) Licensure  
5 Certification.

6 (a) "Trauma Nurse Specialist" or "TNS" means a registered  
7 professional nurse with an unencumbered Registered Nurse (RN)  
8 license in the State in which he or she practices who has  
9 successfully completed supplemental education and testing  
10 requirements as prescribed by the Department, and is licensed  
11 ~~certified~~ by the Department in accordance with rules adopted by  
12 the Department pursuant to this Act.

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

15 (1) Establish criteria for TNS training sites, through  
16 rules adopted pursuant to this Act;

17 (2) Prescribe education and testing requirements for  
18 TNS candidates, which shall include an opportunity for  
19 licensure ~~certification~~ based on examination only, through  
20 rules adopted pursuant to this Act;

21 (3) Charge each candidate for TNS licensure  
22 ~~certification~~ a fee to be submitted with an application for  
23 a licensure ~~certification~~ examination, an application for  
24 licensure ~~certification~~, and an application for  
25 relicensure ~~recertification~~;

1           (4) License ~~Certify~~ an individual as a TNS who has met  
2 the Department's education and testing requirements;

3           (5) Prescribe relicensure ~~recertification~~ requirements  
4 through rules adopted to this Act;

5           (6) Relicense ~~Recertify~~ an individual as a TNS every 4  
6 years, based on compliance with relicensure  
7 ~~recertification~~ requirements;

8           (7) Grant inactive status to any TNS who qualifies,  
9 based on standards and procedures established by the  
10 Department in rules adopted pursuant to this Act; and

11           (8) Suspend, revoke or refuse to issue or renew ~~deny~~  
12 ~~renewal of the~~ license ~~certification~~ of a TNS, after an  
13 opportunity for hearing by the Department, if findings show  
14 that the TNS has failed to maintain proficiency in the  
15 level of skills for which the TNS is licensed ~~certified~~ or  
16 has failed to comply with relicensure ~~recertification~~  
17 requirements.

18 (Source: P.A. 96-1469, eff. 1-1-11.)

19 (210 ILCS 50/3.80)

20 Sec. 3.80. Pre-Hospital RN and Emergency Communications  
21 Registered Nurse.

22 (a) "Emergency ~~Emergency~~ Communications Registered Nurse"  
23 ~~Nurse~~ or "ECRN" means a registered professional nurse with an  
24 unencumbered Registered Nurse (RN) license in the State in  
25 which he or she practices ~~licensed under the Nurse Practice Act~~

1 who has successfully completed supplemental education in  
2 accordance with rules adopted by the Department, and who is  
3 approved by an EMS Medical Director to monitor  
4 telecommunications from and give voice orders to EMS System  
5 personnel, under the authority of the EMS Medical Director and  
6 in accordance with System protocols.

7 ~~Upon the effective date of this amendatory Act of 1995, all~~  
8 ~~existing Registered Professional Nurse/MICNs shall be~~  
9 ~~considered ECRNs.~~

10 (b) "Pre-Hospital Registered Nurse" or "Pre-Hospital RN"  
11 means a registered professional nurse with an unencumbered  
12 Registered Nurse (RN) license in the State in which he or she  
13 practices licensed under the Nurse Practice Act who has  
14 successfully completed supplemental education in accordance  
15 with rules adopted by the Department pursuant to this Act, and  
16 who is approved by an EMS Medical Director to practice within  
17 an Illinois EMS System ~~as emergency medical services personnel~~  
18 for pre-hospital and inter-hospital emergency care and  
19 non-emergency medical transports.

20 ~~Upon the effective date of this amendatory Act of 1995, all~~  
21 ~~existing Registered Professional Nurse/Field RNs shall be~~  
22 ~~considered Pre-Hospital RNs.~~

23 (c) The Department shall have the authority and  
24 responsibility to:

- 25 (1) Prescribe education and continuing education  
26 requirements for Pre-Hospital RN and ECRN candidates

1 through rules adopted pursuant to this Act:

2 (A) Education for Pre-Hospital RN shall include  
3 extrication, telecommunications, and pre-hospital  
4 cardiac, medical, and trauma care;

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

9 (C) A Pre-Hospital RN candidate who is fulfilling  
10 clinical training and in-field supervised experience  
11 requirements may perform prescribed procedures under  
12 the direct supervision of a physician licensed to  
13 practice medicine in all of its branches, a qualified  
14 registered professional nurse or a qualified EMS  
15 Personnel ~~EMT~~, only when authorized by the EMS Medical  
16 Director;

17 (D) An EMS Medical Director may impose in-field  
18 supervised field experience requirements on System  
19 ECRNs as part of their training or continuing  
20 education, in which they perform prescribed procedures  
21 under the direct supervision of a physician licensed to  
22 practice medicine in all of its branches, a qualified  
23 registered professional nurse or qualified EMS  
24 Personnel ~~EMT~~, only when authorized by the EMS Medical  
25 Director;

26 (2) Require EMS Medical Directors to reapprove

1 Pre-Hospital RNs and ECRNs every 4 years, based on  
2 compliance with continuing education requirements  
3 prescribed by the Department through rules adopted  
4 pursuant to this Act;

5 (3) Allow EMS Medical Directors to grant inactive  
6 status to any Pre-Hospital RN or ECRN who qualifies, based  
7 on standards and procedures established by the Department  
8 in rules adopted pursuant to this Act;

9 (4) Require a Pre-Hospital RN to honor Do Not  
10 Resuscitate (DNR) orders and powers of attorney for health  
11 care only in accordance with rules adopted by the  
12 Department pursuant to this Act and protocols of the EMS  
13 System in which he or she practices;

14 (5) Charge each Pre-Hospital RN applicant and ECRN  
15 applicant a fee for licensure and relicensure  
16 ~~certification and recertification.~~

17 (Source: P.A. 95-639, eff. 10-5-07; 96-1469, eff. 1-1-11.)

18 (210 ILCS 50/3.90)

19 Sec. 3.90. Trauma Center Designations.

20 (a) "Trauma Center" means a hospital which: (1) within  
21 designated capabilities provides optimal care to trauma  
22 patients; (2) participates in an approved EMS System; and (3)  
23 is duly designated pursuant to the provisions of this Act.  
24 Level I Trauma Centers shall provide all essential services  
25 in-house, 24 hours per day, in accordance with rules adopted by

1 the Department pursuant to this Act. Level II Trauma Centers  
2 shall have some essential services available in-house, 24 hours  
3 per day, and other essential services readily available, 24  
4 hours per day, in accordance with rules adopted by the  
5 Department pursuant to this Act.

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

8 (1) Establish minimum standards for designation as a  
9 Level I or Level II Trauma Center, consistent with Sections  
10 22 and 23 of this Act, through rules adopted pursuant to  
11 this Act;

12 (2) Require hospitals applying for trauma center  
13 designation to submit a plan for designation in a manner  
14 and form prescribed by the Department through rules adopted  
15 pursuant to this Act;

16 (3) Upon receipt of a completed plan for designation,  
17 conduct a site visit to inspect the hospital for compliance  
18 with the Department's minimum standards. Such visit shall  
19 be conducted by specially qualified personnel with  
20 experience in the delivery of emergency medical and/or  
21 trauma care. A report of the inspection shall be provided  
22 to the Director within 30 days of the completion of the  
23 site visit. The report shall note compliance or lack of  
24 compliance with the individual standards for designation,  
25 but shall not offer a recommendation on granting or denying  
26 designation;

1           (4) Designate applicant hospitals as Level I or Level  
2           II Trauma Centers which meet the minimum standards  
3           established by this Act and the Department. ~~The Beginning~~  
4           ~~September 1, 1997~~ the Department shall designate a new  
5           trauma center only when a local or regional need for such  
6           trauma center has been identified. The Department shall  
7           request an assessment of local or regional need from the  
8           applicable EMS Region's Trauma Center Medical Directors  
9           Committee, with advice from the Regional Trauma Advisory  
10          Committee. This shall not be construed as a needs  
11          assessment for health planning or other purposes outside of  
12          this Act;

13          (5) Attempt to designate trauma centers in all areas of  
14          the State. There shall be at least one Level I Trauma  
15          Center serving each EMS Region, unless waived by the  
16          Department. This subsection shall not be construed to  
17          require a Level I Trauma Center to be located in each EMS  
18          Region. Level I Trauma Centers shall serve as resources for  
19          the Level II Trauma Centers in the EMS Regions. The extent  
20          of such relationships shall be defined in the EMS Region  
21          Plan;

22          (6) Inspect designated trauma centers to assure  
23          compliance with the provisions of this Act and the rules  
24          adopted pursuant to this Act. Information received by the  
25          Department through filed reports, inspection, or as  
26          otherwise authorized under this Act shall not be disclosed

1 publicly in such a manner as to identify individuals or  
2 hospitals, except in proceedings involving the denial,  
3 suspension or revocation of a trauma center designation or  
4 imposition of a fine on a trauma center;

5 (7) Renew trauma center designations every 2 years,  
6 with onsite inspection conducted every 4 years ~~after an~~  
7 ~~on-site inspection~~, based on compliance with renewal  
8 requirements and standards for continuing operation, as  
9 prescribed by the Department through rules adopted  
10 pursuant to this Act;

11 (8) Refuse to issue or renew a trauma center  
12 designation, after providing an opportunity for a hearing,  
13 when findings show that it does not meet the standards and  
14 criteria prescribed by the Department;

15 (9) Review and determine whether a trauma center's  
16 annual morbidity and mortality rates for trauma patients  
17 significantly exceed the State average for such rates,  
18 using a uniform recording methodology based on nationally  
19 recognized standards. Such determination shall be  
20 considered as a factor in any decision by the Department to  
21 renew or refuse to renew a trauma center designation under  
22 this Act, but shall not constitute the sole basis for  
23 refusing to renew a trauma center designation;

24 (10) Take the following action, as appropriate, after  
25 determining that a trauma center is in violation of this  
26 Act or any rule adopted pursuant to this Act:



1 (A) If the Director determines that the violation  
2 presents a substantial probability that death or  
3 serious physical harm will result and if the trauma  
4 center fails to eliminate the violation immediately or  
5 within a fixed period of time, not exceeding 10 days,  
6 as determined by the Director, the Director may  
7 immediately revoke the trauma center designation. The  
8 trauma center may appeal the revocation within 15 days  
9 after receiving the Director's revocation order, by  
10 requesting a hearing as provided by Section 29 of this  
11 Act. The Director shall notify the chair of the  
12 Region's Trauma Center Medical Directors Committee and  
13 EMS Medical Directors for appropriate EMS Systems of  
14 such trauma center designation revocation;

15 (B) If the Director determines that the violation  
16 does not present a substantial probability that death  
17 or serious physical harm will result, the Director  
18 shall issue a notice of violation and request a plan of  
19 correction which shall be subject to the Department's  
20 approval. The trauma center shall have 10 days after  
21 receipt of the notice of violation in which to submit a  
22 plan of correction. The Department may extend this  
23 period for up to 30 days. The plan shall include a  
24 fixed time period not in excess of 90 days within which  
25 violations are to be corrected. The plan of correction  
26 and the status of its implementation by the trauma

1 center shall be provided, as appropriate, to the EMS  
2 Medical Directors for appropriate EMS Systems. If the  
3 Department rejects a plan of correction, it shall send  
4 notice of the rejection and the reason for the  
5 rejection to the trauma center. The trauma center shall  
6 have 10 days after receipt of the notice of rejection  
7 in which to submit a modified plan. If the modified  
8 plan is not timely submitted, or if the modified plan  
9 is rejected, the trauma center shall follow an approved  
10 plan of correction imposed by the Department. If, after  
11 notice and opportunity for hearing, the Director  
12 determines that a trauma center has failed to comply  
13 with an approved plan of correction, the Director may  
14 revoke the trauma center designation. The trauma  
15 center shall have 15 days after receiving the  
16 Director's notice in which to request a hearing. Such  
17 hearing shall conform to the provisions of Section  
18 3.135 ~~30~~ of this Act;

19 (11) The Department may delegate authority to local  
20 health departments in jurisdictions which include a  
21 substantial number of trauma centers. The delegated  
22 authority to those local health departments shall include,  
23 but is not limited to, the authority to designate trauma  
24 centers with final approval by the Department, maintain a  
25 regional data base with concomitant reporting of trauma  
26 registry data, and monitor, inspect and investigate trauma

1 centers within their jurisdiction, in accordance with the  
2 requirements of this Act and the rules promulgated by the  
3 Department;

4 (A) The Department shall monitor the performance  
5 of local health departments with authority delegated  
6 pursuant to this Section, based upon performance  
7 criteria established in rules promulgated by the  
8 Department;

9 (B) Delegated authority may be revoked for  
10 substantial non-compliance with the Department's  
11 rules. Notice of an intent to revoke shall be served  
12 upon the local health department by certified mail,  
13 stating the reasons for revocation and offering an  
14 opportunity for an administrative hearing to contest  
15 the proposed revocation. The request for a hearing must  
16 be received by the Department within 10 working days of  
17 the local health department's receipt of notification;

18 (C) The director of a local health department may  
19 relinquish its delegated authority upon 60 days  
20 written notification to the Director of Public Health.

21 (Source: P.A. 89-177, eff. 7-19-95.)

22 (210 ILCS 50/3.105)

23 Sec. 3.105. Trauma Center Misrepresentation. ~~No After the~~  
24 ~~effective date of this amendatory Act of 1995, no~~ facility  
25 shall use the phrase "trauma center" or words of similar

1 meaning in relation to itself or hold itself out as a trauma  
2 center without first obtaining designation pursuant to this  
3 Act.

4 (Source: P.A. 89-177, eff. 7-19-95.)

5 (210 ILCS 50/3.125)

6 Sec. 3.125. Complaint Investigations.

7 (a) The Department shall promptly investigate complaints  
8 which it receives concerning any person or entity which the  
9 Department licenses, certifies, approves, permits or  
10 designates pursuant to this Act.

11 (b) The Department shall notify an EMS Medical Director of  
12 any complaints it receives involving System personnel or  
13 participants.

14 (c) The Department shall conduct any inspections,  
15 interviews and reviews of records which it deems necessary in  
16 order to investigate complaints.

17 (d) All persons and entities which are licensed, certified,  
18 approved, permitted or designated pursuant to this Act shall  
19 fully cooperate with any and all Department complaint  
20 investigations ~~investigation~~, including providing patient  
21 medical records requested by the Department. Any patient  
22 medical record received or reviewed by the Department shall not  
23 be disclosed publicly in such a manner as to identify  
24 individual patients, without the consent of such patient or his  
25 or her legally authorized representative. Patient medical

1 records may be disclosed to a party in administrative  
2 proceedings brought by the Department pursuant to this Act, but  
3 such patient's identity shall be masked before disclosure of  
4 such record during any public hearing unless otherwise  
5 authorized by the patient or his or her legally authorized  
6 representative.

7 (Source: P.A. 89-177, eff. 7-19-95.)

8 (210 ILCS 50/3.140)

9 Sec. 3.140. Violations; Fines.

10 (a) The Department shall have the authority to impose fines  
11 on any licensed vehicle service provider, stretcher van  
12 provider, designated trauma center, resource hospital,  
13 associate hospital, or participating hospital.

14 (b) The Department shall adopt rules pursuant to this Act  
15 which establish a system of fines related to the type and level  
16 of violation or repeat violation, including but not limited to:

17 (1) A fine not exceeding \$10,000 for a violation which  
18 created a condition or occurrence presenting a substantial  
19 probability that death or serious harm to an individual  
20 will or did result therefrom; and

21 (2) A fine not exceeding \$5,000 for a violation which  
22 creates or created a condition or occurrence which  
23 threatens the health, safety or welfare of an individual.

24 (c) A Notice of Intent to Impose Fine may be issued in  
25 conjunction with or in lieu of a Notice of Intent to Suspend,

1 Revoke, Nonrenew or Deny, and shall conform to the requirements  
2 specified in Section 3.130(d) of this Act. All Hearings  
3 conducted pursuant to a Notice of Intent to Impose Fine shall  
4 conform to the requirements specified in Section 3.135 of this  
5 Act.

6 (d) All fines collected pursuant to this Section shall be  
7 deposited into the EMS Assistance Fund.

8 (Source: P.A. 89-177, eff. 7-19-95.)

9 (210 ILCS 50/3.165)

10 Sec. 3.165. Misrepresentation.

11 (a) No person shall hold himself or herself out to be or  
12 engage in the practice of an EMS Medical Director, EMS  
13 Administrative Director, EMS System Coordinator, EMS Personnel  
14 ~~EMT~~, Trauma Nurse Specialist, Pre-Hospital RN, Emergency  
15 Communications Registered Nurse, EMS Lead Instructor,  
16 Emergency Medical Dispatcher ~~or First Responder~~ without being  
17 licensed, certified, approved or otherwise authorized pursuant  
18 to this Act.

19 (b) A hospital or other entity which employs or utilizes  
20 EMS Personnel ~~an EMT~~ in a manner which is outside the scope of  
21 his or her ~~EMT~~ license shall not use the words "EMR", "EMT",  
22 "AEMT", "EMT-I", or "Paramedic" ~~"emergency medical~~  
23 ~~technician"~~, "~~EMT~~" or "~~paramedic~~" in that person's job  
24 description or title, or in any other manner hold that person  
25 out to be so licensed ~~an emergency medical technician~~.

1 (c) No provider or participant within an EMS System shall  
2 hold itself out as providing a type or level of service that  
3 has not been approved by that System's EMS Medical Director.  
4 (Source: P.A. 89-177, eff. 7-19-95.)

5 (210 ILCS 50/3.170)

6 Sec. 3.170. Falsification of Documents. No person shall  
7 fabricate any license or knowingly enter any false information  
8 on any application form, run sheet, record or other document  
9 required to be completed or submitted pursuant to this Act or  
10 any rule adopted pursuant to this Act, or knowingly submit any  
11 application form, run sheet, record or other document which  
12 contains false information.  
13 (Source: P.A. 89-177, eff. 7-19-95.)

14 (210 ILCS 50/3.175)

15 Sec. 3.175. Criminal Penalties. Any person who violates  
16 Sections 3.155(d) or (f), 3.160, 3.165 or 3.170 of this Act or  
17 any rule promulgated thereto, is guilty of a Class A ~~B~~  
18 misdemeanor.  
19 (Source: P.A. 96-1469, eff. 1-1-11.)

20 (210 ILCS 50/3.180)

21 Sec. 3.180. Injunctions. Notwithstanding the existence or  
22 pursuit of any other remedy, the Director may, through the  
23 Attorney General, seek an injunction:

1 (a) To restrain or prevent any person or entity from  
2 functioning, practicing or operating without a license,  
3 certification, classification, approval, permit, designation  
4 or authorization required by this Act;

5 (b) To restrain or prevent any person, institution or  
6 governmental unit from representing itself to be a trauma  
7 center after the effective date of this amendatory Act of 1995  
8 without designation as such pursuant to this Act;

9 (c) To restrain or prevent any hospital or other entity  
10 which employs or utilizes EMS Personnel ~~an EMT~~ in a manner  
11 which is outside the scope of the EMS Personnel's ~~his EMT~~  
12 license from representing that person to be EMS Personnel ~~an~~  
13 ~~EMT~~.

14 (Source: P.A. 89-177, eff. 7-19-95.)

15 (210 ILCS 50/3.200)

16 Sec. 3.200. State Emergency Medical Services Advisory  
17 Council.

18 (a) There shall be established within the Department of  
19 Public Health a State Emergency Medical Services Advisory  
20 Council, which shall serve as an advisory body to the  
21 Department on matters related to this Act.

22 (b) Membership of the Council shall include one  
23 representative from each EMS Region, to be appointed by each  
24 region's EMS Regional Advisory Committee. The Governor shall  
25 appoint additional members to the Council as necessary to



1 insure that the Council includes one representative from each  
2 of the following categories:

- 3 (1) EMS Medical Director,
- 4 (2) Trauma Center Medical Director,
- 5 (3) Licensed, practicing physician with regular and  
6 frequent involvement in the provision of emergency care,
- 7 (4) Licensed, practicing physician with special  
8 expertise in the surgical care of the trauma patient,
- 9 (5) EMS System Coordinator,
- 10 (6) TNS,
- 11 (7) Paramedic ~~EMT-P~~,
- 12 (7.5) AEMT,
- 13 (8) EMT-I,
- 14 (9) EMT ~~EMT-B~~,
- 15 (10) Private vehicle service provider,
- 16 (11) Law enforcement officer,
- 17 (12) Chief of a public vehicle service provider,
- 18 (13) Statewide firefighters' union member affiliated  
19 with a vehicle service provider,
- 20 (14) Administrative representative from a fire  
21 department vehicle service provider in a municipality with  
22 a population of over 2 million people;
- 23 (15) Administrative representative from a Resource  
24 Hospital or EMS System Administrative Director.

25 (c) Members ~~Of the members first appointed, 5 members~~ shall  
26 be appointed for a term of ~~one year, 5 members~~ shall be

1 ~~appointed for a term of 2 years, and the remaining members~~  
2 ~~shall be appointed for a term of 3 years. The terms of~~  
3 ~~subsequent appointees shall be 3 years.~~ All appointees shall  
4 serve until their successors are appointed and qualified.

5 (d) The Council shall be provided a 90-day period in which  
6 to review and comment, in consultation with the subcommittee to  
7 which the rules are relevant, upon all rules proposed by the  
8 Department pursuant to this Act, except for rules adopted  
9 pursuant to Section 3.190(a) of this Act, rules submitted to  
10 the State Trauma Advisory Council and emergency rules adopted  
11 pursuant to Section 5-45 of the Illinois Administrative  
12 Procedure Act. The 90-day review and comment period may  
13 commence upon the Department's submission of the proposed rules  
14 to the individual Council members, if the Council is not  
15 meeting at the time the proposed rules are ready for Council  
16 review. Any non-emergency rules adopted prior to the Council's  
17 90-day review and comment period shall be null and void. If the  
18 Council fails to advise the Department within its 90-day review  
19 and comment period, the rule shall be considered acted upon.

20 (e) Council members shall be reimbursed for reasonable  
21 travel expenses incurred during the performance of their duties  
22 under this Section.

23 (f) The Department shall provide administrative support to  
24 the Council for the preparation of the agenda and minutes for  
25 Council meetings and distribution of proposed rules to Council  
26 members.

1           (g) The Council shall act pursuant to bylaws which it  
2 adopts, which shall include the annual election of a Chair and  
3 Vice-Chair.

4           (h) The Director or his designee shall be present at all  
5 Council meetings.

6           (i) Nothing in this Section shall preclude the Council from  
7 reviewing and commenting on proposed rules which fall under the  
8 purview of the State Trauma Advisory Council.

9           (Source: P.A. 96-514, eff. 1-1-10.)

10           (210 ILCS 50/3.205)

11           Sec. 3.205. State Trauma Advisory Council.

12           (a) There shall be established within the Department of  
13 Public Health a State Trauma Advisory Council, which shall  
14 serve as an advisory body to the Department on matters related  
15 to trauma care and trauma centers.

16           (b) Membership of the Council shall include one  
17 representative from each Regional Trauma Advisory Committee,  
18 to be appointed by each Committee. The Governor shall appoint  
19 the following additional members:

20                   (1) An EMS Medical Director,

21                   (2) A trauma center medical director,

22                   (3) A trauma surgeon,

23                   (4) A trauma nurse coordinator,

24                   (5) A representative from a private vehicle service  
25 provider,

1           (6) A representative from a public vehicle service  
2 provider,

3           (7) A member of the State EMS Advisory Council, and

4           (8) A neurosurgeon.

5           (c) Members ~~Of the members first appointed, 5 members~~ shall  
6 be appointed for a term of ~~one year, 5 members shall be~~  
7 ~~appointed for a term of 2 years, and the remaining members~~  
8 ~~shall be appointed for a term of 3 years. The terms of~~  
9 ~~subsequent appointees shall be 3 years.~~ All appointees shall  
10 serve until their successors are appointed and qualified.

11           (d) The Council shall be provided a 90-day period in which  
12 to review and comment upon all rules proposed by the Department  
13 pursuant to this Act concerning trauma care, except for  
14 emergency rules adopted pursuant to Section 5-45 of the  
15 Illinois Administrative Procedure Act. The 90-day review and  
16 comment period may commence upon the Department's submission of  
17 the proposed rules to the individual Council members, if the  
18 Council is not meeting at the time the proposed rules are ready  
19 for Council review. Any non-emergency rules adopted prior to  
20 the Council's 90-day review and comment period shall be null  
21 and void. If the Council fails to advise the Department within  
22 its 90-day review and comment period, the rule shall be  
23 considered acted upon;

24           (e) Council members shall be reimbursed for reasonable  
25 travel expenses incurred during the performance of their duties  
26 under this Section.

1           (f) The Department shall provide administrative support to  
2 the Council for the preparation of the agenda and minutes for  
3 Council meetings and distribution of proposed rules to Council  
4 members.

5           (g) The Council shall act pursuant to bylaws which it  
6 adopts, which shall include the annual election of a Chair and  
7 Vice-Chair.

8           (h) The Director or his designee shall be present at all  
9 Council meetings.

10          (i) Nothing in this Section shall preclude the Council from  
11 reviewing and commenting on proposed rules which fall under the  
12 purview of the State EMS Advisory Council.

13          (Source: P.A. 90-655, eff. 7-30-98; 91-743, eff. 6-2-00.)

14          (210 ILCS 50/3.60 rep.)

15          Section 10. The Emergency Medical Services (EMS) Systems  
16 Act is amended by repealing Section 3.60.

17          Section 99. Effective date. This Act takes effect January  
18 1, 2013.

1	INDEX
2	Statutes amended in order of appearance
3	210 ILCS 50/3.5
4	210 ILCS 50/3.10
5	210 ILCS 50/3.15
6	210 ILCS 50/3.20
7	210 ILCS 50/3.25
8	210 ILCS 50/3.30
9	210 ILCS 50/3.35
10	210 ILCS 50/3.40
11	210 ILCS 50/3.45
12	210 ILCS 50/3.50
13	210 ILCS 50/3.55
14	210 ILCS 50/3.65
15	210 ILCS 50/3.70
16	210 ILCS 50/3.75
17	210 ILCS 50/3.80
18	210 ILCS 50/3.90
19	210 ILCS 50/3.105
20	210 ILCS 50/3.125
21	210 ILCS 50/3.140
22	210 ILCS 50/3.165
23	210 ILCS 50/3.170
24	210 ILCS 50/3.175
25	210 ILCS 50/3.180

- 1 210 ILCS 50/3.200
- 2 210 ILCS 50/3.205
- 3 210 ILCS 50/3.60 rep.