

**99TH GENERAL ASSEMBLY****State of Illinois****2015 and 2016****SB2460**

Introduced 2/9/2016, by Sen. Chapin Rose

**SYNOPSIS AS INTRODUCED:**

See Index

Amends the Emergency Medical Services (EMS) Systems Act. Provides that the Trauma Center Medical Directors or the Trauma Center Medical Directors Committee shall consider Level III Trauma Centers in the types of facilities that can care for certain patients. Provides that Level II and Level III Trauma Centers shall have some essential services available in-house, 24 hours per day and other essential services readily available. Provides that the Department of Public Health shall have the authority to establish and enforce minimum standards for designation and re-designation of 3 levels of trauma centers that meet trauma center national standards. Provides that the Department shall renew trauma center designations every 4 years (instead of every 2 years). Creates provisions concerning Level III Trauma Center and Acute Injury Stabilization Center minimum standards. Authorizes the Department to impose fines on Acute Injury Stabilization Centers. Prohibits facilities from holding themselves out as Acute Injury Stabilization Centers without first obtaining that designation. Requires the Department to appoint an advisory council that shall be charged with making recommendations for pediatric care needs. Removes provisions concerning certain grants from the Department to EMS systems and trauma centers. Requires the Department to designate applicant hospitals that meet the minimum standards established by the Department for pediatric emergency and critical care capabilities. Makes changes to the membership of the State Trauma Advisory Council. Amends the Freedom of Information Act to exempt from disclosure certain information received by the Department. Makes other changes. Effective 270 days after becoming law.

LRB099 18151 RPS 42518 b

FISCAL NOTE ACT  
MAY APPLY**A BILL FOR**

1 AN ACT concerning regulation.

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

4 Section 5. The Freedom of Information Act is amended by  
5 changing Section 7.5 as follows:

6 (5 ILCS 140/7.5)

7 Sec. 7.5. Statutory exemptions. To the extent provided for  
8 by the statutes referenced below, the following shall be exempt  
9 from inspection and copying:

10 (a) All information determined to be confidential  
11 under Section 4002 of the Technology Advancement and  
12 Development Act.

13 (b) Library circulation and order records identifying  
14 library users with specific materials under the Library  
15 Records Confidentiality Act.

16 (c) Applications, related documents, and medical  
17 records received by the Experimental Organ Transplantation  
18 Procedures Board and any and all documents or other records  
19 prepared by the Experimental Organ Transplantation  
20 Procedures Board or its staff relating to applications it  
21 has received.

22 (d) Information and records held by the Department of  
23 Public Health and its authorized representatives relating

1 to known or suspected cases of sexually transmissible  
2 disease or any information the disclosure of which is  
3 restricted under the Illinois Sexually Transmissible  
4 Disease Control Act.

5 (e) Information the disclosure of which is exempted  
6 under Section 30 of the Radon Industry Licensing Act.

7 (f) Firm performance evaluations under Section 55 of  
8 the Architectural, Engineering, and Land Surveying  
9 Qualifications Based Selection Act.

10 (g) Information the disclosure of which is restricted  
11 and exempted under Section 50 of the Illinois Prepaid  
12 Tuition Act.

13 (h) Information the disclosure of which is exempted  
14 under the State Officials and Employees Ethics Act, and  
15 records of any lawfully created State or local inspector  
16 general's office that would be exempt if created or  
17 obtained by an Executive Inspector General's office under  
18 that Act.

19 (i) Information contained in a local emergency energy  
20 plan submitted to a municipality in accordance with a local  
21 emergency energy plan ordinance that is adopted under  
22 Section 11-21.5-5 of the Illinois Municipal Code.

23 (j) Information and data concerning the distribution  
24 of surcharge moneys collected and remitted by wireless  
25 carriers under the Wireless Emergency Telephone Safety  
26 Act.

1           (k) Law enforcement officer identification information  
2           or driver identification information compiled by a law  
3           enforcement agency or the Department of Transportation  
4           under Section 11-212 of the Illinois Vehicle Code.

5           (l) Records and information provided to a residential  
6           health care facility resident sexual assault and death  
7           review team or the Executive Council under the Abuse  
8           Prevention Review Team Act.

9           (m) Information provided to the predatory lending  
10          database created pursuant to Article 3 of the Residential  
11          Real Property Disclosure Act, except to the extent  
12          authorized under that Article.

13          (n) Defense budgets and petitions for certification of  
14          compensation and expenses for court appointed trial  
15          counsel as provided under Sections 10 and 15 of the Capital  
16          Crimes Litigation Act. This subsection (n) shall apply  
17          until the conclusion of the trial of the case, even if the  
18          prosecution chooses not to pursue the death penalty prior  
19          to trial or sentencing.

20          (o) Information that is prohibited from being  
21          disclosed under Section 4 of the Illinois Health and  
22          Hazardous Substances Registry Act.

23          (p) Security portions of system safety program plans,  
24          investigation reports, surveys, schedules, lists, data, or  
25          information compiled, collected, or prepared by or for the  
26          Regional Transportation Authority under Section 2.11 of

1 the Regional Transportation Authority Act or the St. Clair  
2 County Transit District under the Bi-State Transit Safety  
3 Act.

4 (q) Information prohibited from being disclosed by the  
5 Personnel Records Review Act.

6 (r) Information prohibited from being disclosed by the  
7 Illinois School Student Records Act.

8 (s) Information the disclosure of which is restricted  
9 under Section 5-108 of the Public Utilities Act.

10 (t) All identified or deidentified health information  
11 in the form of health data or medical records contained in,  
12 stored in, submitted to, transferred by, or released from  
13 the Illinois Health Information Exchange, and identified  
14 or deidentified health information in the form of health  
15 data and medical records of the Illinois Health Information  
16 Exchange in the possession of the Illinois Health  
17 Information Exchange Authority due to its administration  
18 of the Illinois Health Information Exchange. The terms  
19 "identified" and "deidentified" shall be given the same  
20 meaning as in the Health Insurance Portability and  
21 Accountability and Portability Act of 1996, Public Law  
22 104-191, or any subsequent amendments thereto, and any  
23 regulations promulgated thereunder.

24 (u) Records and information provided to an independent  
25 team of experts under Brian's Law.

26 (v) Names and information of people who have applied

1 for or received Firearm Owner's Identification Cards under  
2 the Firearm Owners Identification Card Act or applied for  
3 or received a concealed carry license under the Firearm  
4 Concealed Carry Act, unless otherwise authorized by the  
5 Firearm Concealed Carry Act; and databases under the  
6 Firearm Concealed Carry Act, records of the Concealed Carry  
7 Licensing Review Board under the Firearm Concealed Carry  
8 Act, and law enforcement agency objections under the  
9 Firearm Concealed Carry Act.

10 (w) Personally identifiable information which is  
11 exempted from disclosure under subsection (g) of Section  
12 19.1 of the Toll Highway Act.

13 (x) Information which is exempted from disclosure  
14 under Section 5-1014.3 of the Counties Code or Section  
15 8-11-21 of the Illinois Municipal Code.

16 (y) Confidential information under the Adult  
17 Protective Services Act and its predecessor enabling  
18 statute, the Elder Abuse and Neglect Act, including  
19 information about the identity and administrative finding  
20 against any caregiver of a verified and substantiated  
21 decision of abuse, neglect, or financial exploitation of an  
22 eligible adult maintained in the Registry established  
23 under Section 7.5 of the Adult Protective Services Act.

24 (z) Records and information provided to a fatality  
25 review team or the Illinois Fatality Review Team Advisory  
26 Council under Section 15 of the Adult Protective Services

1 Act.

2 (aa) Information which is exempted from disclosure  
3 under Section 2.37 of the Wildlife Code.

4 (bb) Information which is or was prohibited from  
5 disclosure by the Juvenile Court Act of 1987.

6 (cc) ~~(bb)~~ Recordings made under the Law Enforcement  
7 Officer-Worn Body Camera Act, except to the extent  
8 authorized under that Act.

9 (dd) Information that is exempted from disclosure  
10 under Section 3.90 of the Emergency Medical Services (EMS)  
11 Systems Act.

12 (Source: P.A. 98-49, eff. 7-1-13; 98-63, eff. 7-9-13; 98-756,  
13 eff. 7-16-14; 98-1039, eff. 8-25-14; 98-1045, eff. 8-25-14;  
14 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352, eff. 1-1-16;  
15 revised 10-14-15.)

16 Section 10. The Emergency Medical Services (EMS) Systems  
17 Act is amended by changing Sections 3.30, 3.90, 3.95, 3.100,  
18 3.105, 3.110, 3.115, 3.140, and 3.205 and by adding Sections  
19 3.101, 3.102, and 3.107 as follows:

20 (210 ILCS 50/3.30)

21 Sec. 3.30. EMS Region Plan; Content.

22 (a) The EMS Medical Directors Committee shall address at  
23 least the following:

24 (1) Protocols for inter-System/inter-Region patient

1 transports, including identifying the conditions of  
2 emergency patients which may not be transported to the  
3 different levels of emergency department, based on their  
4 Department classifications and relevant Regional  
5 considerations (e.g. transport times and distances);

6 (2) Regional standing medical orders;

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

14 (4) Protocols for resolving Regional or Inter-System  
15 conflict;

16 (5) An EMS disaster preparedness plan which includes  
17 the actions and responsibilities of all EMS participants  
18 within the Region. ~~An Within 90 days of the effective date~~  
19 ~~of this amendatory Act of 1996,~~ an EMS System shall submit  
20 to the Department for review an internal disaster plan. At  
21 a minimum, the plan shall include contingency plans for the  
22 transfer of patients to other facilities if an evacuation  
23 of the hospital becomes necessary due to a catastrophe,  
24 including but not limited to, a power failure;

25 (6) Regional standardization of continuing education  
26 requirements;



1           (7) Regional standardization of Do Not Resuscitate  
2           (DNR)/POLST policies, and protocols for power of attorney  
3           for health care;

4           (8) Protocols for disbursement of Department grants;

5           (9) Protocols for the triage, treatment, and transport  
6           of possible acute stroke patients; and

7           (10) Regional standing medical orders for the  
8           administration of opioid antagonists.

9           (b) The Trauma Center Medical Directors or Trauma Center  
10          Medical Directors Committee shall address at least the  
11          following:

12           (1) The identification of Regional Trauma Centers;

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

19           (3) Regional trauma standing medical orders;

20           (4) Trauma patient transfer patterns, including  
21          criteria for determining whether a patient needs the  
22          specialized services of a trauma center, along with  
23          protocols for the bypassing of or diversion to any  
24          hospital, trauma center or regional trauma center which are  
25          consistent with individual System bypass or diversion  
26          protocols and protocols for patient choice or refusal;

1           (5) The identification of which types of patients can  
2 be cared for by Level I Trauma Centers, ~~and~~ Level II Trauma  
3 Centers, and Level III Trauma Centers;

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

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

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

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

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

24           (c) The Region's EMS Medical Directors and Trauma Center  
25 Medical Directors Committees shall appoint any subcommittees  
26 which they deem necessary to address specific issues concerning

1 Region activities.

2 (Source: P.A. 99-480, eff. 9-9-15.)

3 (210 ILCS 50/3.90)

4 Sec. 3.90. Trauma Center Designations.

5 (a) "Trauma Center" means a hospital which: (1) within  
6 designated capabilities provides optimal care to trauma  
7 patients; (2) participates in an approved EMS System; and (3)  
8 is duly designated pursuant to the provisions of this Act.  
9 Level I Trauma Centers shall provide all essential services  
10 in-house, 24 hours per day, in accordance with rules adopted by  
11 the Department pursuant to this Act. Level II and Level III  
12 Trauma Centers shall have some essential services available  
13 in-house, 24 hours per day, and other essential services  
14 readily available, 24 hours per day, in accordance with rules  
15 adopted by the Department pursuant to this Act.

16 (a-5) An Acute Injury Stabilization Center shall have a  
17 basic or comprehensive emergency department capable of initial  
18 management and transfer of the acutely injured in accordance  
19 with rules adopted by the Department pursuant to this Act.

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

22 (1) Establish and enforce minimum standards for  
23 designation and re-designation of 3 levels of trauma  
24 centers that meet trauma center national standards, as  
25 modified by the Department in administrative rules ~~as a~~

1 ~~Level I or Level II Trauma Center, consistent with Sections~~  
2 ~~22 and 23 of this Act, through rules adopted pursuant to~~  
3 ~~this Act;~~

4 (2) Require hospitals applying for trauma center  
5 designation to submit a plan for designation in a manner  
6 and form prescribed by the Department through rules adopted  
7 pursuant to this Act;

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

19 (4) Designate applicant hospitals as Level I, ~~or~~ Level  
20 II, or Level III Trauma Centers which meet the minimum  
21 standards established by this Act and the Department. The  
22 ~~Beginning September 1, 1997~~ the Department shall designate  
23 a new trauma center only when a local or regional need for  
24 such trauma center has been identified. The Department  
25 shall request an assessment of local or regional need from  
26 the applicable EMS Region's Trauma Center Medical

1 Directors Committee, with advice from the Regional Trauma  
2 Advisory Committee. This shall not be construed as a needs  
3 assessment for health planning or other purposes outside of  
4 this Act;

5 (5) Attempt to designate trauma centers in all areas of  
6 the State. There shall be at least one Level I Trauma  
7 Center serving each EMS Region, unless waived by the  
8 Department. This subsection shall not be construed to  
9 require a Level I Trauma Center to be located in each EMS  
10 Region. Level I Trauma Centers shall serve as resources for  
11 the Level II and Level III Trauma Centers and Acute Injury  
12 Stabilization Centers in the EMS Regions. The extent of  
13 such relationships shall be defined in the EMS Region Plan;

14 (6) Inspect designated trauma centers to assure  
15 compliance with the provisions of this Act and the rules  
16 adopted pursuant to this Act. Information received by the  
17 Department through filed reports, inspection, or as  
18 otherwise authorized under this Act shall not be disclosed  
19 publicly or through a request under the Freedom of  
20 Information Act in such a manner as to identify individuals  
21 or hospitals, except in proceedings involving the denial,  
22 suspension or revocation of a trauma center designation or  
23 imposition of a fine on a trauma center;

24 (7) Renew trauma center designations every 4 ~~2~~ years,  
25 after an on-site inspection, based on compliance with  
26 renewal requirements and standards for continuing

1 operation, as prescribed by the Department through rules  
2 adopted pursuant to this Act;

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

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

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

19 (A) If the Director determines that the violation  
20 presents a substantial probability that death or  
21 serious physical harm will result and if the trauma  
22 center fails to eliminate the violation immediately or  
23 within a fixed period of time, not exceeding 10 days,  
24 as determined by the Director, the Director may  
25 immediately revoke the trauma center designation. The  
26 trauma center may appeal the revocation within 15 days

1 after receiving the Director's revocation order, by  
2 requesting a hearing as provided by Section 29 of this  
3 Act. The Director shall notify the chair of the  
4 Region's Trauma Center Medical Directors Committee and  
5 EMS Medical Directors for appropriate EMS Systems of  
6 such trauma center designation revocation;

7 (B) If the Director determines that the violation  
8 does not present a substantial probability that death  
9 or serious physical harm will result, the Director  
10 shall issue a notice of violation and request a plan of  
11 correction which shall be subject to the Department's  
12 approval. The trauma center shall have 10 days after  
13 receipt of the notice of violation in which to submit a  
14 plan of correction. The Department may extend this  
15 period for up to 30 days. The plan shall include a  
16 fixed time period not in excess of 90 days within which  
17 violations are to be corrected. The plan of correction  
18 and the status of its implementation by the trauma  
19 center shall be provided, as appropriate, to the EMS  
20 Medical Directors for appropriate EMS Systems. If the  
21 Department rejects a plan of correction, it shall send  
22 notice of the rejection and the reason for the  
23 rejection to the trauma center. The trauma center shall  
24 have 10 days after receipt of the notice of rejection  
25 in which to submit a modified plan. If the modified  
26 plan is not timely submitted, or if the modified plan

1 is rejected, the trauma center shall follow an approved  
2 plan of correction imposed by the Department. If, after  
3 notice and opportunity for hearing, the Director  
4 determines that a trauma center has failed to comply  
5 with an approved plan of correction, the Director may  
6 suspend or revoke the trauma center designation. The  
7 trauma center shall have 15 days after receiving the  
8 Director's notice in which to request a hearing. Such  
9 hearing shall conform to the provisions of Section  
10 3.135 ~~30~~ of this Act;

11 (11) The Department may delegate authority to local  
12 health departments in jurisdictions which include a  
13 substantial number of trauma centers. The delegated  
14 authority to those local health departments shall include,  
15 but is not limited to, the authority to designate trauma  
16 centers with final approval by the Department, maintain a  
17 regional data base with concomitant reporting of trauma  
18 registry data, and monitor, inspect and investigate trauma  
19 centers within their jurisdiction, in accordance with the  
20 requirements of this Act and the rules promulgated by the  
21 Department;

22 (A) The Department shall monitor the performance  
23 of local health departments with authority delegated  
24 pursuant to this Section, based upon performance  
25 criteria established in rules promulgated by the  
26 Department;



1 (B) Delegated authority may be revoked for  
2 ~~substantial~~ non-compliance with this Act or the  
3 Department's rules. Notice of an intent to revoke shall  
4 be served upon the local health department by certified  
5 mail, stating the reasons for revocation and offering  
6 an opportunity for an administrative hearing to  
7 contest the proposed revocation. The request for a  
8 hearing must be in writing and received by the  
9 Department within 10 working days of the local health  
10 department's receipt of notification;

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

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

15 (210 ILCS 50/3.95)

16 Sec. 3.95. Level I Trauma Center Minimum Standards. The  
17 Department shall establish, through rules adopted pursuant to  
18 this Act, standards for Level I Trauma Centers which shall  
19 include, but need not be limited to:

20 (a) The designation by the trauma center of a Trauma Center  
21 Medical Director and specification of his qualifications;

22 (b) The types of surgical services the trauma center must  
23 have available for trauma patients, including but not limited  
24 to a twenty-four hour in-house surgeon with operating  
25 privileges and ancillary staff necessary for immediate

1 surgical intervention;

2 (c) The types of nonsurgical services the trauma center  
3 must have available for trauma patients;

4 (d) The numbers and qualifications of emergency medical  
5 personnel;

6 (e) The types of equipment that must be available to trauma  
7 patients;

8 (f) Requiring the trauma center to be affiliated with an  
9 EMS System;

10 (g) Requiring the trauma center to have a communications  
11 system that is fully integrated with all Level II Trauma  
12 Centers, Level III Trauma Centers, Acute Injury Stabilization  
13 Centers, and EMS Systems with which it is affiliated;

14 (h) The types of data the trauma center must collect and  
15 submit to the Department relating to the trauma services it  
16 provides. Such data may include information on post-trauma care  
17 directly related to the initial traumatic injury provided to  
18 trauma patients until their discharge from the facility and  
19 information on discharge plans;

20 (i) Requiring the trauma center to have helicopter landing  
21 capabilities approved by appropriate State and federal  
22 authorities, if the trauma center is located within a  
23 municipality having a population of less than two million  
24 people; and

25 (j) Requiring written agreements with Level II Trauma  
26 Centers, Level III Trauma Centers, and Acute Injury

1 Stabilization Centers in the EMS Regions it serves, executed  
2 within a reasonable time designated by the Department.

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

4 (210 ILCS 50/3.100)

5 Sec. 3.100. Level II Trauma Center Minimum Standards. The  
6 Department shall establish, through rules adopted pursuant to  
7 this Act, standards for Level II Trauma Centers which shall  
8 include, but need not be limited to:

9 (a) The designation by the trauma center of a Trauma Center  
10 Medical Director and specification of his qualifications;

11 (b) The types of surgical services the trauma center must  
12 have available for trauma patients. The Department shall not  
13 require the availability of all surgical services required of  
14 Level I Trauma Centers;

15 (c) The types of nonsurgical services the trauma center  
16 must have available for trauma patients;

17 (d) The numbers and qualifications of emergency medical  
18 personnel, taking into consideration the more limited trauma  
19 services available in a Level II Trauma Center;

20 (e) The types of equipment that must be available for  
21 trauma patients;

22 (f) Requiring the trauma center to have a written agreement  
23 with ~~a~~ Level I Trauma Centers, Level III Trauma Centers, and  
24 Acute Injury Stabilization Centers ~~Center~~ serving the EMS  
25 Region outlining their respective responsibilities in

1 providing trauma services, executed within a reasonable time  
2 designated by the Department, unless the requirement for a  
3 Level I Trauma Center to serve that EMS Region has been waived  
4 by the Department;

5 (g) Requiring the trauma center to be affiliated with an  
6 EMS System;

7 (h) Requiring the trauma center to have a communications  
8 system that is fully integrated with the Level I Trauma  
9 Centers, Level III Trauma Centers, Acute Injury Stabilization  
10 Centers, and the EMS Systems with which it is affiliated;

11 (i) The types of data the trauma center must collect and  
12 submit to the Department relating to the trauma services it  
13 provides. Such data may include information on post-trauma care  
14 directly related to the initial traumatic injury provided to  
15 trauma patients until their discharge from the facility and  
16 information on discharge plans;

17 (j) Requiring the trauma center to have helicopter landing  
18 capabilities approved by appropriate State and federal  
19 authorities, if the trauma center is located within a  
20 municipality having a population of less than two million  
21 people.

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

23 (210 ILCS 50/3.101 new)

24 Sec. 3.101. Level III Trauma Center minimum standards. The  
25 Department shall establish, through rules adopted pursuant to

1 this Act, standards for Level III Trauma Centers which shall  
2 include, but need not be limited to:

3 (1) the designation by the trauma center of a Trauma  
4 Center Medical Director and specification of his or her  
5 qualifications;

6 (2) the types of surgical services the trauma center  
7 must have available for trauma patients; the Department  
8 shall not require the availability of all surgical services  
9 required of Level I or Level II Trauma Centers;

10 (3) the types of nonsurgical services the trauma center  
11 must have available for trauma patients;

12 (4) the numbers and qualifications of emergency  
13 medical personnel, taking into consideration the more  
14 limited trauma services available in a Level III Trauma  
15 Center;

16 (5) the types of equipment that must be available for  
17 trauma patients;

18 (6) requiring the trauma center to have a written  
19 agreement with Level I Trauma Centers, Level II Trauma  
20 Centers, and Acute Injury Stabilization Centers serving  
21 the EMS Region outlining their respective responsibilities  
22 in providing trauma services, executed within a reasonable  
23 time designated by the Department, unless the requirement  
24 for a Level I Trauma Center to serve that EMS Region has  
25 been waived by the Department;

26 (7) requiring the trauma center to be affiliated with

1 an EMS System;

2 (8) requiring the trauma center to have a  
3 communications system that is fully integrated with the  
4 Level I Trauma Centers, Level II Trauma Centers, Acute  
5 Injury Stabilization Centers, and the EMS Systems with  
6 which it is affiliated;

7 (9) the types of data the trauma center must collect  
8 and submit to the Department relating to the trauma  
9 services it provides; such data may include information on  
10 post-trauma care directly related to the initial traumatic  
11 injury provided to trauma patients until their discharge  
12 from the facility and information on discharge plans; and

13 (10) requiring the trauma center to have helicopter  
14 landing capabilities approved by appropriate State and  
15 federal authorities, if the trauma center is located within  
16 a municipality having a population of less than 2,000,000  
17 people.

18 (210 ILCS 50/3.102 new)

19 Sec. 3.102. Acute Injury Stabilization Center minimum  
20 standards. The Department shall establish, through rules  
21 adopted pursuant to this Act, standards for Acute Injury  
22 Stabilization Centers which shall include, but need not be  
23 limited to, Comprehensive or Basic Emergency Department  
24 services pursuant to the Hospital Licensing Act.

1 (210 ILCS 50/3.105)

2 Sec. 3.105. Trauma Center Misrepresentation. ~~No After the~~  
3 ~~effective date of this amendatory Act of 1995, no~~ facility  
4 shall use the phrase "trauma center" or words of similar  
5 meaning in relation to itself or hold itself out as a trauma  
6 center without first obtaining designation pursuant to this  
7 Act.

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

9 (210 ILCS 50/3.107 new)

10 Sec. 3.107. Acute injury Stabilization Center  
11 Misrepresentation. No facility shall use the phrase "acute  
12 injury stabilization center" or words of similar meaning in  
13 relation to itself or hold itself out as an Acute Injury  
14 Stabilization Center without first obtaining designation  
15 pursuant to this Act.

16 (210 ILCS 50/3.110)

17 Sec. 3.110. EMS system and trauma center confidentiality  
18 and immunity.

19 (a) All information contained in or relating to any medical  
20 audit performed of a trauma center's trauma services or an  
21 Acute Injury Stabilization Center pursuant to this Act or by an  
22 EMS Medical Director or his designee of medical care rendered  
23 by System personnel, shall be afforded the same status as is  
24 provided information concerning medical studies in Article

1 VIII, Part 21 of the Code of Civil Procedure. Disclosure of  
2 such information to the Department pursuant to this Act shall  
3 not be considered a violation of Article VIII, Part 21 of the  
4 Code of Civil Procedure.

5 (b) Hospitals, trauma centers and individuals that perform  
6 or participate in medical audits pursuant to this Act shall be  
7 immune from civil liability to the same extent as provided in  
8 Section 10.2 of the Hospital Licensing Act.

9 (c) All information relating to the State Emergency Medical  
10 Services Disciplinary Review Board or a local review board,  
11 except final decisions, shall be afforded the same status as is  
12 provided information concerning medical studies in Article  
13 VIII, Part 21 of the Code of Civil Procedure. Disclosure of  
14 such information to the Department pursuant to this Act shall  
15 not be considered a violation of Article VIII, Part 21 of the  
16 Code of Civil Procedure.

17 (Source: P.A. 92-651, eff. 7-11-02.)

18 (210 ILCS 50/3.115)

19 Sec. 3.115. Pediatric Care; Emergency Medical Services for  
20 Children (EMSC) Trauma. The ~~Upon the availability of federal~~  
21 ~~funds for pediatric care demonstration projects, the~~  
22 Department shall:

23 (a) Appoint an advisory council, with membership composed  
24 of individuals or entities chosen by the Director, that shall  
25 ~~Convene a work group which will be charged with~~ making



1 recommendations for conducting a needs assessment of pediatric  
2 trauma care needs and with developing strategies to address  
3 correct areas of need, as defined by rules adopted by the  
4 Department;

5 (b) (Blank); ~~Contract with the University of Illinois~~  
6 ~~School of Public Health to develop a secondary prevention~~  
7 ~~program for parents;~~

8 (c) Develop or promote recommendations for ~~Contract with an~~  
9 ~~Illinois medical school to develop training and continuing~~  
10 ~~medical education, treatment guidelines, and other~~ programs  
11 for health care practitioners and organizations involved  
12 ~~physicians and nurses in treatment of pediatric care trauma;~~

13 (d) (Blank); ~~Contract with an Illinois medical school to~~  
14 ~~develop and test triage and field scoring for pediatric trauma~~  
15 ~~if the needs assessment by the work group indicates that~~  
16 ~~current scoring is inadequate;~~

17 (e) Support existing pediatric care trauma programs and  
18 assist in establishing new pediatric care initiatives ~~trauma~~  
19 ~~programs~~ throughout the State;

20 (f) (Blank); ~~Provide grants to EMS systems for special~~  
21 ~~pediatric equipment for prehospital care based on needs~~  
22 ~~identified by the work group; and~~

23 (g) (Blank); and ~~Provide grants to EMS systems and trauma~~  
24 ~~centers for specialized training in pediatric trauma based on~~  
25 ~~needs identified by the work group.~~

26 (h) Designate applicant hospitals that meet the minimum

1 standards established by the Department for pediatric  
2 emergency and critical care capabilities.

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

4 (210 ILCS 50/3.140)

5 Sec. 3.140. Violations; Fines.

6 (a) The Department shall have the authority to impose fines  
7 on any licensed vehicle service provider, stretcher van  
8 provider, designated trauma center, Acute Injury Stabilization  
9 Center, resource hospital, associate hospital, or  
10 participating hospital.

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

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

18 (2) Each ~~A~~ fine not exceeding \$5,000 for a violation  
19 which creates or created a condition or occurrence which  
20 threatens the health, safety or welfare of an individual.

21 (c) A Notice of Intent to Impose Fine may be issued in  
22 conjunction with or in lieu of a Notice of Intent to Suspend,  
23 Revoke, Nonrenew or Deny, and shall conform to the requirements  
24 specified in Section 3.130(d) of this Act. All Hearings  
25 conducted pursuant to a Notice of Intent to Impose Fine shall

1 conform to the requirements specified in Section 3.135 of this  
2 Act.

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

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

6 (210 ILCS 50/3.205)

7 Sec. 3.205. State Trauma Advisory Council.

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

12 (b) Membership of the Council shall include one  
13 representative from each Regional Trauma Advisory Committee,  
14 to be appointed by each Committee. The Governor may appoint a  
15 neurosurgeon to the Council. The Governor shall appoint the  
16 following additional members:

17 (1) An EMS Medical Director,

18 (2) A trauma center medical director,

19 (3) A trauma surgeon,

20 (4) A trauma nurse coordinator,

21 (5) A representative from a private vehicle service  
22 provider,

23 (6) A representative from a public vehicle service  
24 provider,

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

1           (8) (Blank), and ~~A neurosurgeon.~~

2           (9) A burn care medical representative.

3           (c) Members shall be appointed for a term of 3 years. All  
4 appointees shall serve until their successors are appointed and  
5 qualified.

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

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

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

26           (g) The Council shall act pursuant to bylaws which it

1 adopts, which shall include the annual election of a Chair and  
2 Vice-Chair.

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

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

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

9 Section 99. Effective date. This Act takes effect 270 days  
10 after becoming law.

1 INDEX

2 Statutes amended in order of appearance

3 5 ILCS 140/7.5

4 210 ILCS 50/3.30

5 210 ILCS 50/3.90

6 210 ILCS 50/3.95

7 210 ILCS 50/3.100

8 210 ILCS 50/3.101 new

9 210 ILCS 50/3.102 new

10 210 ILCS 50/3.105

11 210 ILCS 50/3.107 new

12 210 ILCS 50/3.110

13 210 ILCS 50/3.115

14 210 ILCS 50/3.140

15 210 ILCS 50/3.205