

AN ACT concerning regulation.

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

Section 5. The Emergency Medical Services (EMS) Systems Act is amended by changing Sections 3.10, 3.20, 3.50, 3.60, 3.65, 3.70, 3.75, 3.80, 3.85, 3.86, 3.130, 3.160, 3.175, and 3.220 as follows:

(210 ILCS 50/3.10)

Sec. 3.10. Scope of Services.

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

That care shall be initiated as authorized by the EMS Medical Director in a Department approved advanced life support EMS System, under the written or verbal direction of a

physician licensed to practice medicine in all of its branches or under the verbal direction of an Emergency Communications Registered Nurse.

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

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

(c) "Basic Life Support (BLS) Services" means a basic level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, as outlined in the Basic Life Support national curriculum of the United States Department of Transportation and any modifications to that

curriculum specified in rules adopted by the Department pursuant to this Act.

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

(d) "First Response Services" means a preliminary level of pre-hospital emergency care that includes cardiopulmonary resuscitation (CPR), monitoring vital signs and control of bleeding, as outlined in the First Responder curriculum of the United States Department of Transportation and any modifications to that curriculum specified in rules adopted by the Department pursuant to this Act.

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

(f) "Inter-hospital care" means those emergency medical services rendered to emergency patients for analytic, resuscitative, stabilizing, or preventive purposes, during transportation of such patients from one hospital to another hospital.

(f-5) "Critical care transport" means the pre-hospital or inter-hospital transportation of a critically injured or ill patient by a vehicle service provider, including the provision

of medically necessary supplies and services, at a level of service beyond the scope of the EMT-paramedic. When medically indicated for a patient, as determined by a physician licensed to practice medicine in all of its branches, an advanced practice nurse, or a physician's assistant, in compliance with subsections (b) and (c) of Section 3.155 of this Act, critical care transport may be provided by:

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

(2) Hospitals, when utilizing any vehicle service provider or any hospital-owned or operated vehicle service provider. Nothing in this amendatory Act of the 96th General Assembly requires a hospital to use, or to be, a Department-approved critical care transport provider when transporting patients, including those critically injured or ill. Nothing in this Act shall restrict or prohibit a hospital from providing, or arranging for, the medically appropriate transport of any patient, as determined by a physician licensed to practice in all of its branches, an advanced practice nurse, or a physician's assistant.

(g) "Non-emergency medical services" means medical care or monitoring rendered to patients whose conditions do not meet this Act's definition of emergency, before or during transportation of such patients to or from health care

facilities visited for the purpose of obtaining medical or health care services which are not emergency in nature, using a vehicle regulated by this Act.

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

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

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

(Source: P.A. 94-568, eff. 1-1-06.)

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

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

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

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

- (1) Approve BLS, ILS and ALS level EMS Systems which meet minimum standards and criteria established in rules

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

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

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

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

(5) Require each EMS System to adopt written protocols

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

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

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

(B) Be thoroughly knowledgeable of all skills

included in the scope of practices of all levels of EMS personnel within the System;

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

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

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

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

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

(B) Upon the effective date of this amendatory Act

of 1995, all existing EMS System Project Directors shall be considered EMS Administrative Directors.

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

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

(Source: P.A. 95-584, eff. 8-31-07.)

(210 ILCS 50/3.50)

Sec. 3.50. Emergency Medical Technician (EMT) Licensure.

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

System.

(b) "Emergency Medical Technician-Intermediate" or "EMT-I" means a person who has successfully completed a course of instruction in intermediate life support as prescribed by the Department, is currently licensed by the Department in accordance with standards prescribed by this Act and rules adopted by the Department pursuant to this Act, and practices within an Intermediate or Advanced Life Support EMS System.

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

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

(1) Prescribe education and training requirements, which includes training in the use of epinephrine, for all levels of EMT, based on the respective national curricula of the United States Department of Transportation and any modifications to such curricula specified by the Department through rules adopted pursuant to this Act.

(2) Prescribe licensure testing requirements for all levels of EMT, which shall include a requirement that all phases of instruction, training, and field experience be

completed before taking the EMT licensure examination. Candidates may elect to take the National Registry of Emergency Medical Technicians examination in lieu of the Department's examination, but are responsible for making their own arrangements for taking the National Registry examination.

(2.5) Review applications for EMT licensure from honorably discharged members of the armed forces of the United States with military emergency medical training. Applications shall be filed with the Department within one year after military discharge and shall contain: (i) proof of successful completion of military emergency medical training; (ii) a detailed description of the emergency medical curriculum completed; and (iii) a detailed description of the applicant's clinical experience. The Department may request additional and clarifying information. The Department shall evaluate the application, including the applicant's training and experience, consistent with the standards set forth under subsections (a), (b), (c), and (d) of Section 3.10. If the application clearly demonstrates that the training and experience meets such standards, the Department shall offer the applicant the opportunity to successfully complete a Department-approved EMT examination for which the applicant is qualified. Upon passage of an examination, the Department shall issue a license, which shall be

subject to all provisions of this Act that are otherwise applicable to the class of EMT license issued.

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

(4) Prescribe annual continuing education and relicensure requirements for all levels of EMT.

(5) Relicense individuals as an EMT-B, EMT-I, or EMT-P every 4 years, based on their compliance with continuing education and relicensure requirements.

(6) Grant inactive status to any EMT who qualifies, based on standards and procedures established by the Department in rules adopted pursuant to this Act.

(7) Charge a fee for EMT examination, licensure, and license renewal ~~each candidate for EMT a fee to be submitted with an application for a licensure examination.~~

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

(A) The licensee ~~EMT~~ has not met continuing education or relicensure requirements as prescribed by the Department;

(B) The licensee ~~EMT~~ has failed to maintain

proficiency in the level of skills for which he or she is licensed;

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

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

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

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

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

(H) The licensee has been convicted (or entered a plea of guilty or nolo-contendere) by a court of

competent jurisdiction of a Class X, Class 1, or Class 2 felony in this State or an out-of-state equivalent offense.

(9) An EMT who exclusively serves as a volunteer for units of local government with a population base of less than 5,000 may submit an application to the Department for a waiver of these fees on a form prescribed by the Department.

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

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

(Source: P.A. 96-540, eff. 8-17-09.)

(210 ILCS 50/3.60)

Sec. 3.60. First Responder.

(a) "First Responder" means a person who has successfully completed a course of instruction in emergency first response as prescribed by the Department, who provides first response services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established in the emergency first response course. A First Responder who provides such services as part of an EMS System response plan which utilizes First Responders as the personnel dispatched to the scene of an emergency to provide initial emergency medical care shall comply with the applicable sections of the Program Plan of that EMS System.

Persons who have already completed a course of instruction in emergency first response based on or equivalent to the national curriculum of the United States Department of Transportation, or as otherwise previously recognized by the Department, shall be considered First Responders on the effective date of this amendatory Act of 1995.

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

(1) Prescribe education requirements for the First Responder, which meet or exceed the national curriculum of the United States Department of Transportation, through rules adopted pursuant to this Act.

(2) Prescribe a standard set of equipment for use during first response services. An individual First Responder shall not be required to maintain his or her own set of such equipment, provided he or she has access to such equipment during a first response call.

(3) Require the First Responder to notify the Department of any EMS System in which he or she participates as dispatched personnel as described in subsection (a).

(4) Require the First Responder to comply with the applicable sections of the Program Plans for those Systems.

(5) Require the First Responder to keep the Department currently informed as to who employs him or her and who supervises his or her activities as a First Responder.

(6) Establish a mechanism for phasing in the First Responder requirements over a 5-year period.

(7) Charge each First Responder applicant a fee for testing, initial licensure, and license renewal. A First Responder who exclusively serves as a volunteer for units of local government or a not-for-profit organization that serves a service area with a population base of less than 5,000 may submit an application to the Department for a waiver of these fees on a form prescribed by the Department.

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

(210 ILCS 50/3.65)

Sec. 3.65. EMS Lead Instructor.

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

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

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

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

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

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

(5) Require that all education, training and continuing education courses for EMT-B, EMT-I, EMT-P,

Pre-Hospital RN, ECRN, First Responder and Emergency Medical Dispatcher be coordinated by at least one approved EMS Lead Instructor. A program which includes education, training or continuing education for more than one type of personnel may use one EMS Lead Instructor to coordinate the program, and a single EMS Lead Instructor may simultaneously coordinate more than one program or course.

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

(7) Suspend or revoke the approval of an EMS Lead Instructor, after an opportunity for a hearing, when findings show one or more of the following:

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

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

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

(210 ILCS 50/3.70)

Sec. 3.70. Emergency Medical Dispatcher.

(a) "Emergency Medical Dispatcher" means a person who has successfully completed a training course in emergency medical dispatching meeting or exceeding the national curriculum of the United States Department of Transportation in accordance with rules adopted by the Department pursuant to this Act, who accepts calls from the public for emergency medical services and dispatches designated emergency medical services personnel and vehicles. The Emergency Medical Dispatcher must use the Department-approved emergency medical dispatch priority reference system (EMDPRS) protocol selected for use by its agency and approved by its EMS medical director. This protocol must be used by an emergency medical dispatcher in an emergency medical dispatch agency to dispatch aid to medical emergencies which includes systematized caller interrogation questions; systematized prearrival support instructions; and systematized coding protocols that match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode and vehicle response configuration and includes an appropriate training curriculum and testing process consistent with the specific EMDPRS protocol used by the emergency medical dispatch agency. Prearrival support instructions shall be provided in a non-discriminatory manner and shall be provided in accordance with the EMDPRS established by the EMS medical director of the EMS system in which the EMD operates. If the dispatcher operates under the authority of an Emergency Telephone System Board established under the Emergency Telephone System Act, the

protocols shall be established by such Board in consultation with the EMS Medical Director. Persons who have already completed a course of instruction in emergency medical dispatch based on, equivalent to or exceeding the national curriculum of the United States Department of Transportation, or as otherwise approved by the Department, shall be considered Emergency Medical Dispatchers on the effective date of this amendatory Act.

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

(1) Require certification and recertification of a person who meets the training and other requirements as an emergency medical dispatcher pursuant to this Act.

(2) Require certification and recertification of a person, organization, or government agency that operates an emergency medical dispatch agency that meets the minimum standards prescribed by the Department for an emergency medical dispatch agency pursuant to this Act.

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

(4) Require each EMS Medical Director to report to the Department whenever an action has taken place that may require the revocation or suspension of a certificate

issued by the Department.

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

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

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

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

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

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

program.

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

(12) Require that a person, organization, or government agency not represent itself as an emergency medical dispatch agency unless the person, organization, or government agency is certified by the Department as an emergency medical dispatch agency.

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

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

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

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

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

(iv) have demonstrated experience as an EMS instructor.

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

(16) Charge each Emergency Medical Dispatcher applicant a fee for licensure and license renewal.

(Source: P.A. 92-506, eff. 1-1-02.)

(210 ILCS 50/3.75)

Sec. 3.75. Trauma Nurse Specialist (TNS) Certification.

(a) "Trauma Nurse Specialist" or "TNS" means a registered professional nurse who has successfully completed education and testing requirements as prescribed by the Department, and is certified by the Department in accordance with rules adopted by the Department pursuant to this Act.

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

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

(2) Prescribe education and testing requirements for TNS candidates, which shall include an opportunity for certification based on examination only, through rules

adopted pursuant to this Act;

(3) Charge each candidate for TNS certification a fee to be submitted with an application for a certification examination, an application for certification, and an application for recertification;

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

(5) Prescribe recertification requirements through rules adopted to this Act;

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

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

(8) Suspend, revoke or deny renewal of the certification of a TNS, after an opportunity for hearing by the Department, if findings show that the TNS has failed to maintain proficiency in the level of skills for which the TNS is certified or has failed to comply with recertification requirements.

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

(210 ILCS 50/3.80)

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

(a) Emergency Communications Registered Nurse or "ECRN"

means a registered professional nurse licensed under the Nurse Practice Act who has successfully completed supplemental education in accordance with rules adopted by the Department, and who is approved by an EMS Medical Director to monitor telecommunications from and give voice orders to EMS System personnel, under the authority of the EMS Medical Director and in accordance with System protocols.

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

(b) "Pre-Hospital Registered Nurse" or "Pre-Hospital RN" means a registered professional nurse licensed under the Nurse Practice Act who has successfully completed supplemental education in accordance with rules adopted by the Department pursuant to this Act, and who is approved by an EMS Medical Director to practice within an EMS System as emergency medical services personnel for pre-hospital and inter-hospital emergency care and non-emergency medical transports.

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

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

(1) Prescribe education and continuing education requirements for Pre-Hospital RN and ECRN candidates through rules adopted pursuant to this Act:

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

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

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

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

(2) Require EMS Medical Directors to reapprove Pre-Hospital RNs and ECRNs every 4 years, based on compliance with continuing education requirements prescribed by the Department through rules adopted

pursuant to this Act;

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

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

(5) Charge each Pre-Hospital RN applicant and ECRN applicant a fee for certification and recertification.

(Source: P.A. 95-639, eff. 10-5-07.)

(210 ILCS 50/3.85)

Sec. 3.85. Vehicle Service Providers.

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

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

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

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

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

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

(B) "Special-Use Vehicle" means any publicly or privately owned vehicle that is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated solely for the emergency or non-emergency transportation of a

specific medical class or category of persons who are sick, injured, wounded or otherwise incapacitated or helpless (e.g. high-risk obstetrical patients, neonatal patients).

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

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

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

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

(3) Establish licensing standards and requirements for Vehicle Service Providers, through rules adopted pursuant

to this Act, including but not limited to:

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

(B) Equipment requirements;

(C) Staffing requirements; and

(D) Annual license renewal.

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

(5) Annually inspect all licensed Vehicle Service Providers, and relicense such Providers that have met the Department's requirements for license renewal;

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

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

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

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

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

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

(11) Charge each Vehicle Service Provider a fee per transport vehicle, to be submitted with each application for licensure and license renewal. The fee per transport vehicle shall be set by administrative rule by the Department and shall not exceed 100 vehicles per provider ~~which shall not exceed \$25.00 per vehicle, up to \$500.00 per Provider.~~

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

(210 ILCS 50/3.86)

Sec. 3.86. Stretcher van providers.

(a) In this Section, "stretcher van provider" means an entity licensed by the Department to provide non-emergency transportation of passengers on a stretcher in compliance with this Act or the rules adopted by the Department pursuant to this Act, utilizing stretcher vans.

(b) The Department has the authority and responsibility to do the following:

(1) Require all stretcher van providers, both publicly and privately owned, to be licensed by the Department.

(2) Establish licensing and safety standards and

requirements for stretcher van providers, through rules adopted pursuant to this Act, including but not limited to:

(A) Vehicle design, specification, operation, and maintenance standards.

(B) Safety equipment requirements and standards.

(C) Staffing requirements.

(D) Annual license renewal.

(3) License all stretcher van providers that have met the Department's requirements for licensure.

(4) Annually inspect all licensed stretcher van providers, and relicense providers that have met the Department's requirements for license renewal.

(5) Suspend, revoke, refuse to issue, or refuse to renew the license of any stretcher van provider, or that portion of a license pertaining to a specific vehicle operated by a provider, after an opportunity for a hearing, when findings show that the provider or one or more of its vehicles has failed to comply with the standards and requirements of this Act or the rules adopted by the Department pursuant to this Act.

(6) Issue an emergency suspension order for any provider or vehicle licensed under this Act when the Director or his or her designee has determined that an immediate or serious danger to the public health, safety, and welfare exists. Suspension or revocation proceedings that offer an opportunity for a hearing shall be promptly

initiated after the emergency suspension order has been issued.

(7) Prohibit any stretcher van provider from advertising, identifying its vehicles, or disseminating information in a false or misleading manner concerning the provider's type and level of vehicles, location, response times, level of personnel, licensure status, or EMS System participation.

(8) Charge each stretcher van provider a fee, to be submitted with each application for licensure and license renewal, ~~which shall not exceed \$25 per vehicle, up to \$500 per provider.~~

(c) A stretcher van provider may provide transport of a passenger on a stretcher, provided the passenger meets all of the following requirements:

(1) He or she needs no medical equipment, except self-administered medications.

(2) He or she needs no medical monitoring or medical observation.

(3) He or she needs routine transportation to or from a medical appointment or service if the passenger is convalescent or otherwise bed-confined and does not require medical monitoring, aid, care, or treatment during transport.

(d) A stretcher van provider may not transport a passenger who meets any of the following conditions:

(1) He or she is currently admitted to a hospital or is being transported to a hospital for admission or emergency treatment.

(2) He or she is acutely ill, wounded, or medically unstable as determined by a licensed physician.

(3) He or she is experiencing an emergency medical condition, an acute medical condition, an exacerbation of a chronic medical condition, or a sudden illness or injury.

(4) He or she was administered a medication that might prevent the passenger from caring for himself or herself.

(5) He or she was moved from one environment where 24-hour medical monitoring or medical observation will take place by certified or licensed nursing personnel to another such environment. Such environments shall include, but not be limited to, hospitals licensed under the Hospital Licensing Act or operated under the University of Illinois Hospital Act, and nursing facilities licensed under the Nursing Home Care Act.

(e) The Stretcher Van Licensure Fund is created as a special fund within the State treasury. All fees received by the Department in connection with the licensure of stretcher van providers under this Section shall be deposited into the fund. Moneys in the fund shall be subject to appropriation to the Department for use in implementing this Section.

(Source: P.A. 96-702, eff. 8-25-09.)

(210 ILCS 50/3.130)

Sec. 3.130. Facility, system, and equipment violations
~~Violations;~~ Plans of Correction. Except for emergency suspension orders, or actions initiated pursuant to Sections 3.117(a), 3.117(b), and 3.90(b)(10) of this Act, prior to initiating an action for suspension, revocation, denial, nonrenewal, or imposition of a fine pursuant to this Act, the Department shall:

(a) Issue a Notice of Violation which specifies the Department's allegations of noncompliance and requests a plan of correction to be submitted within 10 days after receipt of the Notice of Violation;

(b) Review and approve or reject the plan of correction. If the Department rejects the plan of correction, it shall send notice of the rejection and the reason for the rejection. The party shall have 10 days after receipt of the notice of rejection in which to submit a modified plan;

(c) Impose a plan of correction if a modified plan is not submitted in a timely manner or if the modified plan is rejected by the Department;

(d) Issue a Notice of Intent to fine, suspend, revoke, nonrenew or deny if the party has failed to comply with the imposed plan of correction, and provide the party with an opportunity to request an administrative hearing. The Notice of Intent shall be effected by certified mail or by personal service, shall set forth the particular reasons for the

proposed action, and shall provide the party with 15 days in which to request a hearing.

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

(210 ILCS 50/3.160)

Sec. 3.160. Employer Responsibility.

(a) (Blank) ~~No employer shall employ or permit any employee to perform any services for which a license, certificate or other authorization is required by this Act, or by rules adopted pursuant to this Act, unless and until the person so employed possesses all licenses, certificates or authorizations that are so required.~~

(a-5) No employer shall permit any employee to perform any services for which a license, certificate, or other authorization is required under this Act, unless the employer first makes a good faith attempt to verify that the employee possesses all necessary and valid licenses, certificates, and authorizations required under this Act.

(b) Any person or entity that employs or supervises a person's activities as a First Responder or Emergency Medical Dispatcher shall cooperate with the Department's efforts to monitor and enforce compliance by those individuals with the requirements of this Act.

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

(210 ILCS 50/3.175)

Sec. 3.175. Criminal Penalties. Any person who violates Sections 3.155(d) or (f), 3.160, 3.165 or 3.170 of this Act or any rule promulgated thereto, is guilty of a Class B € misdemeanor.

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

(210 ILCS 50/3.220)

Sec. 3.220. EMS Assistance Fund.

(a) There is hereby created an "EMS Assistance Fund" within the State treasury, for the purpose of receiving fines and fees collected by the Illinois Department of Health pursuant to this Act.

(b) ~~(Blank) EMT licensure examination fees collected shall be distributed by the Department to the Resource Hospital of the EMS System in which the EMT candidate was educated, to be used for educational and related expenses incurred by the System's hospitals, as identified in the EMS System Program Plan.~~

(b-5) All licensing, testing, and certification fees authorized by this Act, excluding ambulance licensure fees, within this fund shall be used by the Department for administration, oversight, and enforcement of activities authorized under this Act.

(c) All other moneys within this fund shall be distributed by the Department to the EMS Regions for disbursement in accordance with protocols established in the EMS Region Plans,

for the purposes of organization, development and improvement of Emergency Medical Services Systems, including but not limited to training of personnel and acquisition, modification and maintenance of necessary supplies, equipment and vehicles.

(d) All fees and fines collected pursuant to this Act shall be deposited into the EMS Assistance Fund, except that all fees collected under Section 3.86 in connection with the licensure of stretcher van providers shall be deposited into the Stretcher Van Licensure Fund.

(Source: P.A. 96-702, eff. 8-25-09.)

Section 99. Effective date. This Act takes effect January 1, 2011.