

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 3.5, 3.25, 3.40, 3.45, and 3.55 as follows:

(210 ILCS 50/3.5)

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

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

"Department" means the Illinois Department of Public Health.

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

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

"Emergency Medical Services personnel" or "EMS personnel" means persons licensed as an Emergency Medical Responder (EMR) (First Responder), Emergency Medical Dispatcher (EMD),

Emergency Medical Technician (EMT), Emergency Medical Technician-Intermediate (EMT-I), Advanced Emergency Medical Technician (A-EMT), Paramedic (EMT-P), Emergency Communications Registered Nurse (ECRN), Pre-Hospital Registered Nurse (PHRN), Pre-Hospital Advanced Practice Registered Nurse (PHAPRN), or Pre-Hospital Physician Assistant (PHPA).

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

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

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

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

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

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

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

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

(Source: P.A. 100-1082, eff. 8-24-19; 101-81, eff. 7-12-19.)

(210 ILCS 50/3.25)

Sec. 3.25. EMS Region Plan; Development.

(a) Within 6 months after designation of an EMS Region, an EMS Region Plan addressing at least the information prescribed in Section 3.30 shall be submitted to the Department for approval. The Plan shall be developed by the Region's EMS Medical Directors Committee with advice from the Regional EMS

Advisory Committee; portions of the plan concerning trauma shall be developed jointly with the Region's Trauma Center Medical Directors or Trauma Center Medical Directors Committee, whichever is applicable, with advice from the Regional Trauma Advisory Committee, if such Advisory Committee has been established in the Region. Portions of the Plan concerning stroke shall be developed jointly with the Regional Stroke Advisory Subcommittee.

(1) A Region's EMS Medical Directors Committee shall be comprised of the Region's EMS Medical Directors, along with the medical advisor to a fire department vehicle service provider. For regions which include a municipal fire department serving a population of over 2,000,000 people, that fire department's medical advisor shall serve on the Committee. For other regions, the fire department vehicle service providers shall select which medical advisor to serve on the Committee on an annual basis.

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

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

separate Regional Trauma Advisory Committee is necessary for the Region.

(c) In the event of disputes over content of the Plan between the Region's EMS Medical Directors Committee and the Region's Trauma Center Medical Directors or Trauma Center Medical Directors Committee, whichever is applicable, the Director of the Illinois Department of Public Health shall intervene through a mechanism established by the Department through rules adopted pursuant to this Act. An individual interviewed or investigated by an EMS Medical Director or the Department shall have the right to a union representative and legal counsel of the individual's choosing present at any interview. The union representative must comply with any confidentiality requirements and requirements for the protection of any patient information presented during the proceeding.

(d) "Regional EMS Advisory Committee" means a committee formed within an Emergency Medical Services (EMS) Region to advise the Region's EMS Medical Directors Committee and to select the Region's representative to the State Emergency Medical Services Advisory Council, consisting of at least the members of the Region's EMS Medical Directors Committee, the Chair of the Regional Trauma Committee, the EMS System Coordinators from each Resource Hospital within the Region, one administrative representative from an Associate Hospital within the Region, one administrative representative from a

Participating Hospital within the Region, one administrative representative from the vehicle service provider which responds to the highest number of calls for emergency service within the Region, one representative from the vehicle service provider that responds to the highest number of calls for non-emergency services within the Region, one representative from the labor organization recognized as the exclusive representative of employees of the vehicle service provider that responds to the highest number of calls for non-emergency services within the Region, if applicable, one administrative representative of a vehicle service provider from each System within the Region, one representative from a labor organization recognized as the exclusive representative of a vehicle service provider's employees in each System and selected by a statewide organization of such labor organizations, one individual from each level of license provided in Section 3.50 of this Act, one Pre-Hospital Registered Nurse practicing within the Region, and one registered professional nurse currently practicing in an emergency department within the Region. Of the 2 administrative representatives of vehicle service providers, at least one shall be an administrative representative of a private vehicle service provider. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's EMS Advisory Committee.

Every 2 years, the members of the Region's EMS Medical

Directors Committee shall rotate serving as Committee Chair, and select the Associate Hospital, Participating Hospital and vehicle service providers which shall send representatives to the Advisory Committee, and the EMS personnel and nurse who shall serve on the Advisory Committee.

(e) "Regional Trauma Advisory Committee" means a committee formed within an Emergency Medical Services (EMS) Region, to advise the Region's Trauma Center Medical Directors Committee, consisting of at least the Trauma Center Medical Directors and Trauma Coordinators from each Trauma Center within the Region, one EMS Medical Director from a resource hospital within the Region, one EMS System Coordinator from another resource hospital within the Region, one representative each from a public and private vehicle service provider which transports trauma patients within the Region, an administrative representative from each trauma center within the Region, one EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, or PHRN representing the highest level of EMS personnel practicing within the Region, one emergency physician, and one Trauma Nurse Specialist (TNS) currently practicing in a trauma center. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's Trauma Advisory Committee.

Every 2 years, the members of the Trauma Center Medical Directors Committee shall rotate serving as Committee Chair, and select the vehicle service providers, EMS personnel,

emergency physician, EMS System Coordinator and TNS who shall serve on the Advisory Committee.

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

(210 ILCS 50/3.40)

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

(a) An EMS Medical Director may suspend from participation within the System any EMS personnel, EMS Lead Instructor (LI), individual, individual provider or other participant considered not to be meeting the requirements of the Program Plan of that approved EMS System. An EMS Medical Director must submit a suspension order to the Department describing which requirements of the Program Plan were not met and the suspension's duration. The Department shall review and confirm receipt of the suspension order, request additional information, or initiate an investigation. The Department shall incorporate the duration of that suspension into any further action taken by the Department to suspend, revoke, or refuse to issue or renew the license of the individual or entity for any violation of this Act or the Program Plan arising from the same conduct for which the suspension order was issued if the suspended party has neither requested a Department hearing on the suspension nor worked as a provider in any other System during the term of the suspension.

(b) Prior to suspending any individual or entity, an EMS



Medical Director shall provide an opportunity for a hearing before the local System review board in accordance with subsection (f) and the rules promulgated by the Department.

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

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

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

(A) the individual or entity has waived the opportunity for a hearing before the local System review board; ~~or~~

(B) the order has been affirmed or modified by the local system review board and the individual or entity has waived the opportunity for review by the State Board; or

(C) the order has been affirmed or modified by the local system review board, and the local board's decision has been affirmed or modified by the State

Board.

(c) An individual interviewed or investigated by the local system review board or the Department shall have the right to a union representative and legal counsel of the individual's choosing present at any interview. The union representative must comply with any confidentiality requirements and requirements for the protection of any patient information presented during the proceeding.

(d) ~~(e)~~ An EMS Medical Director may immediately suspend an EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHRN, LI, PHPA, PHAPRN, or other individual or entity if he or she finds that the continuation in practice by the individual or entity would constitute an imminent danger to the public. The suspended individual or entity shall be issued an immediate verbal notification followed by a written suspension order by the EMS Medical Director which states the length, terms and basis for the suspension.

(1) Within 24 hours following the commencement of the suspension, the EMS Medical Director shall deliver to the Department, by messenger, telefax, or other Department-approved electronic communication, a copy of the suspension order and copies of any written materials which relate to the EMS Medical Director's decision to suspend the individual or entity. All medical and patient-specific information, including Department findings with respect to the quality of care rendered,

shall be strictly confidential pursuant to the Medical Studies Act (Part 21 of Article VIII of the Code of Civil Procedure).

(2) Within 24 hours following the commencement of the suspension, the suspended individual or entity may deliver to the Department, by messenger, telefax, or other Department-approved electronic communication, a written response to the suspension order and copies of any written materials which the individual or entity feels are appropriate. All medical and patient-specific information, including Department findings with respect to the quality of care rendered, shall be strictly confidential pursuant to the Medical Studies Act.

(3) Within 24 hours following receipt of the EMS Medical Director's suspension order or the individual or entity's written response, whichever is later, the Director or the Director's designee shall determine whether the suspension should be stayed pending an opportunity for a hearing or review in accordance with this Act, or whether the suspension should continue during the course of that hearing or review. The Director or the Director's designee shall issue this determination to the EMS Medical Director, who shall immediately notify the suspended individual or entity. The suspension shall remain in effect during this period of review by the Director or the Director's designee.

(e) ~~(d)~~ Upon issuance of a suspension order for reasons directly related to medical care, the EMS Medical Director shall also provide the individual or entity with the opportunity for a hearing before the local System review board, in accordance with subsection (f) and the rules promulgated by the Department.

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

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

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

(f) ~~(e)~~ The Resource Hospital shall designate a local System review board in accordance with the rules of the Department, for the purpose of providing a hearing to any individual or entity participating within the System who is

suspended from participation by the EMS Medical Director. The EMS Medical Director shall arrange for a certified shorthand reporter to make a stenographic record of that hearing and thereafter prepare a transcript of the proceedings. The EMS Medical Director shall inform the individual of the individual's right to have a union representative and legal counsel of the individual's choosing present at any interview. The union representative must comply with any confidentiality requirements and requirements for the protection of any patient information presented during the proceeding. The transcript, all documents or materials received as evidence during the hearing and the local System review board's written decision shall be retained in the custody of the EMS system. The System shall implement a decision of the local System review board unless that decision has been appealed to the State Emergency Medical Services Disciplinary Review Board in accordance with this Act and the rules of the Department.

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

(Source: P.A. 100-201, eff. 8-18-17; 100-1082, eff. 8-24-19.)

(210 ILCS 50/3.45)

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

(a) The Governor shall appoint a State Emergency Medical Services Disciplinary Review Board, composed of an EMS Medical Director, an EMS System Coordinator, a Paramedic, an Emergency Medical Technician (EMT), and the following members, who shall only review cases in which a party is from the same professional category: a Pre-Hospital Registered Nurse, a Pre-Hospital Advanced Practice Registered Nurse, a Pre-Hospital Physician Assistant, an ECRN, a Trauma Nurse Specialist, an Emergency Medical Technician-Intermediate (EMT-I), an Advanced Emergency Medical Technician (A-EMT), a representative from a private vehicle service provider, a representative from a public vehicle service provider, and an emergency physician who monitors telecommunications from and gives voice orders to EMS personnel. The Governor shall also appoint one alternate for each member of the Board, from the same professional category as the member of the Board.

(b) The members shall be appointed for a term of 3 years. All appointees shall serve until their successors are appointed. The alternate members shall be appointed and serve in the same fashion as the members of the Board. If a member resigns his or her appointment, the corresponding alternate shall serve the remainder of that member's term until a subsequent member is appointed by the Governor.

(c) The function of the Board is to review and affirm, reverse or modify disciplinary orders.

(d) Any individual or entity, who received an immediate

suspension from an EMS Medical Director may request the Board to reverse or modify the suspension order. If the suspension had been affirmed or modified by a local System review board, the suspended individual or entity may request the Board to reverse or modify the local board's decision.

(e) Any individual or entity who received a non-immediate suspension order from an EMS Medical Director which was affirmed or modified by a local System review board may request the Board to reverse or modify the local board's decision. The individual shall be informed of the individual's right to have one representative from the labor organization recognized as the exclusive representative of that individual's bargaining unit present and a legal representative present during the State Emergency Medical Services Disciplinary Review Board proceedings during open session. The labor organization's representative must also comply with all confidentiality requirements and requirements for the protection of any patient information presented during the proceeding.

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

(g) The Board shall meet on the first Tuesday of every month, unless no requests for review have been submitted. Additional meetings of the Board shall be scheduled to ensure

that a request for direct review of an immediate suspension order is scheduled within 14 days after the Department receives the request for review or as soon thereafter as a quorum is available. The Board shall meet in Springfield or Chicago, whichever location is closer to the majority of the members or alternates attending the meeting. The Department shall reimburse the members and alternates of the Board for reasonable travel expenses incurred in attending meetings of the Board.

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

(i) At its regularly scheduled meetings, the Board shall review requests which have been received by the Department at least 10 working days prior to the Board's meeting date. Requests for review which are received less than 10 working days prior to a scheduled meeting shall be considered at the Board's next scheduled meeting, except that requests for direct review of an immediate suspension order may be scheduled up to 3 working days prior to the Board's meeting date.

(j) A quorum shall be required for the Board to meet, which shall consist of 3 members or alternates, including the EMS



Medical Director or alternate and the member or alternate from the same professional category as the subject of the suspension order. At each meeting of the Board, the members or alternates present shall select a Chairperson to conduct the meeting.

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

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

(m) At the conclusion of its review, the Board shall issue its decision and the basis for its decision on a form provided by the Department, and shall submit to the Department its written decision together with the record of the local System review board. The Department shall promptly issue a copy of the Board's decision to all affected parties. The Board's decision shall be binding on all parties.

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

(210 ILCS 50/3.55)

Sec. 3.55. Scope of practice.

(a) Any person currently licensed as an EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may perform emergency and non-emergency medical services as defined in this Act, in accordance with his or her level of education, training and licensure, the standards of performance and conduct prescribed by the Department in rules adopted pursuant to this Act, and the requirements of the EMS System in which he or she practices, as contained in the approved Program Plan for that System. The Director may, by written order, temporarily modify individual scopes of practice in response to public health emergencies for periods not exceeding 180 days.

(a-5) EMS personnel who have successfully completed a Department approved course in automated defibrillator operation and who are functioning within a Department approved EMS System may utilize such automated defibrillator according to the standards of performance and conduct prescribed by the Department in rules adopted pursuant to this Act and the requirements of the EMS System in which they practice, as contained in the approved Program Plan for that System.

(a-7) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic who has successfully completed a Department approved course in the administration of epinephrine shall be required to carry epinephrine with him or her as part of the EMS

personnel medical supplies whenever he or she is performing official duties as determined by the EMS System. The epinephrine may be administered from a glass vial, auto-injector, ampule, or pre-filled syringe.

(b) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may practice as an EMR, EMT, EMT-I, A-EMT, or Paramedic or utilize his or her EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic license in pre-hospital or inter-hospital emergency care settings or non-emergency medical transport situations, under the written or verbal direction of the EMS Medical Director. For purposes of this Section, a "pre-hospital emergency care setting" may include a location, that is not a health care facility, which utilizes EMS personnel to render pre-hospital emergency care prior to the arrival of a transport vehicle. The location shall include communication equipment and all of the portable equipment and drugs appropriate for the EMR, EMT, EMT-I, A-EMT, or Paramedic's level of care, as required by this Act, rules adopted by the Department pursuant to this Act, and the protocols of the EMS Systems, and shall operate only with the approval and under the direction of the EMS Medical Director.

This Section shall not prohibit an EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic from practicing within an emergency department or other health care setting for the purpose of receiving continuing education or training approved by the EMS Medical Director. This Section shall also not

prohibit an EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic from seeking credentials other than his or her EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic license and utilizing such credentials to work in emergency departments or other health care settings under the jurisdiction of that employer.

(c) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may 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.

(d) A student enrolled in a Department approved EMS personnel program, while fulfilling the clinical training and in-field supervised experience requirements mandated for licensure or approval by the System and the Department, 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 qualified EMS personnel, only when authorized by the EMS Medical Director.

(e) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may transport a police dog injured in the line of duty to a veterinary clinic or similar facility if there are no persons requiring medical attention or transport at that time. For the purposes of this subsection, "police dog" means a dog owned or used by a law enforcement department or agency in the

course of the department or agency's work, including a search and rescue dog, service dog, accelerant detection canine, or other dog that is in use by a county, municipal, or State law enforcement agency.

(f) Nothing in this Act shall be construed to prohibit an EMT, EMT-I, A-EMT, Paramedic, or PHRN from completing an initial Occupational Safety and Health Administration Respirator Medical Evaluation Questionnaire on behalf of fire service personnel, as permitted by his or her EMS System Medical Director.

(g) A member of a fire department's or fire protection district's collective bargaining unit shall be eligible to work under a silver spanner program for another EMS System's fire department or fire protection district that is not the full-time employer of that member, for a period not to exceed 2 weeks, if the member: (1) is under the direct supervision of another licensed individual operating at the same or higher licensure level as the member; (2) made a written request to the EMS System's Medical Director for approval to work under the silver spanner program, which shall be approved or denied within 24 hours after the EMS System's Medical Director received the request; and (3) tests into the EMS System based upon appropriate standards as outlined in the EMS System Program Plan. The EMS System within which the member is seeking to join must make all required testing available to the member within 2 weeks of the written request. Failure to do

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so by the EMS System shall allow the member to continue working under a silver spanner program until all required testing becomes available.

(Source: P.A. 102-79, eff. 1-1-22.)