



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB1595

Introduced 1/31/2023, by Rep. Michael J. Kelly

SYNOPSIS AS INTRODUCED:

210 ILCS 50/3.5
210 ILCS 50/3.25
210 ILCS 50/3.40
210 ILCS 50/3.45
210 ILCS 50/3.50
210 ILCS 50/3.55
210 ILCS 50/3.125

Amends the Emergency Medical Services (EMS) Systems Act. Provides that specified Advisory Committees shall include one representative from the labor organization recognized as the exclusive representative of specified entities' employees. Provides that an EMS Medical Director may only suspend any EMS personnel, EMS Lead Instructor, individual, individual provider, or other participant considered not to be meeting the requirements of the Program Plan if the EMS Medical Director obtains agreement from the Department of Public Health. Allows arbitration meeting specified requirements as alternative dispute resolution procedures for EMS System licensing and makes conforming changes throughout the Act. Provides that 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 fire department EMS System that is not the full time employer of that member, for a period not to exceed 12 months, without being required to test into the EMS System of the fire department or fire protection district. Makes other changes.

LRB103 06018 CPF 51045 b

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 Emergency Medical Services (EMS) Systems
5 Act is amended by changing Sections 3.5, 3.25, 3.40, 3.45,
6 3.50, 3.55, and 3.125 as follows:

7 (210 ILCS 50/3.5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 (210 ILCS 50/3.25)

9 Sec. 3.25. EMS Region Plan; Development.

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

23 (1) A Region's EMS Medical Directors Committee shall
24 be comprised of the Region's EMS Medical Directors, along
25 with the medical advisor to a fire department vehicle

1 service provider. For regions which include a municipal
2 fire department or fire protection district serving a
3 population of over 2,000,000 people, that fire
4 department's or fire protection district's medical advisor
5 and one representative from the labor organization
6 recognized as the exclusive representative of that
7 municipal fire department's or fire protection district's
8 employees shall serve on the Committee. For other regions,
9 the fire department vehicle service providers shall select
10 which medical advisor to serve on the Committee on an
11 annual basis and one representative selected by the
12 statewide organization of exclusive representatives of the
13 fire departments' or fire protection districts' employees
14 within the Region shall serve on the Committee.

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

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

26 (c) In the event of disputes over content of the Plan

1 between the Region's EMS Medical Directors Committee and the
2 Region's Trauma Center Medical Directors or Trauma Center
3 Medical Directors Committee, whichever is applicable, the
4 Director of the Illinois Department of Public Health shall
5 intervene through a mechanism established by the Department
6 through rules adopted pursuant to this Act.

7 (d) "Regional EMS Advisory Committee" means a committee
8 formed within an Emergency Medical Services (EMS) Region to
9 advise the Region's EMS Medical Directors Committee and to
10 select the Region's representative to the State Emergency
11 Medical Services Advisory Council, consisting of at least the
12 members of the Region's EMS Medical Directors Committee, the
13 Chair of the Regional Trauma Committee, the EMS System
14 Coordinators from each Resource Hospital within the Region,
15 one administrative representative from an Associate Hospital
16 within the Region, one administrative representative from a
17 Participating Hospital within the Region, one administrative
18 representative from the vehicle service provider which
19 responds to the highest number of calls for emergency service
20 within the Region, one representative from the labor
21 organization recognized as the exclusive representative of
22 that vehicle service provider's employees, if applicable, one
23 administrative representative of a vehicle service provider
24 from each System within the Region, one representative from a
25 labor organization recognized as the exclusive representative
26 of a vehicle service provider's employees in each System and

1 selected by a statewide organization of such labor
2 organizations, one individual from each level of license
3 provided in Section 3.50 of this Act, one Pre-Hospital
4 Registered Nurse practicing within the Region, and one
5 registered professional nurse currently practicing in an
6 emergency department within the Region. Of the 2
7 administrative representatives of vehicle service providers,
8 at least one shall be an administrative representative of a
9 private vehicle service provider. The Department's Regional
10 EMS Coordinator for each Region shall serve as a non-voting
11 member of that Region's EMS Advisory Committee.

12 Every 2 years, the members of the Region's EMS Medical
13 Directors Committee shall rotate serving as Committee Chair,
14 and select the Associate Hospital, Participating Hospital and
15 vehicle service providers which shall send representatives to
16 the Advisory Committee, and the EMS personnel and nurse who
17 shall serve on the Advisory Committee.

18 (e) "Regional Trauma Advisory Committee" means a committee
19 formed within an Emergency Medical Services (EMS) Region, to
20 advise the Region's Trauma Center Medical Directors Committee,
21 consisting of at least the Trauma Center Medical Directors and
22 Trauma Coordinators from each Trauma Center within the Region,
23 one EMS Medical Director from a resource hospital within the
24 Region, one EMS System Coordinator from another resource
25 hospital within the Region, one representative each from a
26 public and private vehicle service provider which transports

1 trauma patients within the Region, one representative from a
2 labor organization recognized as the exclusive representative
3 of a vehicle service provider's employees in each System and
4 selected by a statewide organization of such labor
5 organizations, an administrative representative from each
6 trauma center within the Region, one EMR, EMD, EMT, EMT-I,
7 A-EMT, Paramedic, ECRN, or PHRN representing the highest level
8 of EMS personnel practicing within the Region, one emergency
9 physician, and one Trauma Nurse Specialist (TNS) currently
10 practicing in a trauma center. The Department's Regional EMS
11 Coordinator for each Region shall serve as a non-voting member
12 of that Region's Trauma Advisory Committee.

13 Every 2 years, the members of the Trauma Center Medical
14 Directors Committee shall rotate serving as Committee Chair,
15 and select the vehicle service providers, EMS personnel,
16 emergency physician, EMS System Coordinator and TNS who shall
17 serve on the Advisory Committee.

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

19 (210 ILCS 50/3.40)

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

22 (a) An EMS Medical Director may, only after seeking and
23 obtaining agreement from the Department, suspend from
24 participation within the System any EMS personnel, EMS Lead
25 Instructor (LI), individual, individual provider or other

1 participant considered not to be meeting the requirements of
2 the Program Plan of that approved EMS System. To obtain
3 agreement from the Department, an EMS Medical Director must
4 submit a suspension order to the Department describing which
5 requirements of the Program Plan were not met and the
6 suspension's duration. The Department shall approve the
7 suspension order, request additional information, or initiate
8 an investigation. If the Department approves the suspension
9 order, the Department shall adopt that suspension order as its
10 own and shall not suspend, revoke, or refuse to issue or renew
11 the license of the individual or entity for any violation of
12 this Act or the Program Plan arising from the same conduct for
13 which the suspension order was issued.

14 (b) After seeking and obtaining agreement from the
15 Department under subsection (a) and prior ~~Prior~~ to suspending
16 any individual or entity, an EMS Medical Director shall
17 provide an opportunity for (i) a hearing before the local
18 System review board in accordance with subsection (f) and the
19 rules promulgated by the Department or (ii) alternative
20 dispute resolution procedures provided under subsection (g).

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

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

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

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

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

15 (C) the order has been affirmed or modified by the
16 local system review board, and the local board's
17 decision has been affirmed or modified by the State
18 Board; or ~~or~~

19 (D) the order has been affirmed or modified
20 through an alternative or supplemental process based
21 upon the alternative dispute resolution procedures
22 provided under subsection (g).

23 (c) After seeking and obtaining agreement from the
24 Department under subsection (a), an ~~An~~ EMS Medical Director
25 may immediately suspend an EMR, EMD, EMT, EMT-I, A-EMT,
26 Paramedic, ECRN, PHRN, LI, PHPA, PHAPRN, or other individual

1 or entity if he or she finds that the continuation in practice
2 by the individual or entity would constitute an imminent
3 danger to the public. The suspended individual or entity shall
4 be issued an immediate verbal notification followed by a
5 written suspension order by the EMS Medical Director which
6 states the length, terms and basis for the suspension.

7 (1) Within 24 hours following the commencement of the
8 suspension, the EMS Medical Director shall deliver to the
9 Department, by messenger, telefax, or other
10 Department-approved electronic communication, a copy of
11 the suspension order and copies of any written materials
12 which relate to the EMS Medical Director's decision to
13 suspend the individual or entity. All medical and
14 patient-specific information, including Department
15 findings with respect to the quality of care rendered,
16 shall be strictly confidential pursuant to the Medical
17 Studies Act (Part 21 of Article VIII of the Code of Civil
18 Procedure).

19 (2) Within 24 hours following the commencement of the
20 suspension, the suspended individual or entity may deliver
21 to the Department, by messenger, telefax, or other
22 Department-approved electronic communication, a written
23 response to the suspension order and copies of any written
24 materials which the individual or entity feels are
25 appropriate. All medical and patient-specific information,
26 including Department findings with respect to the quality

1 of care rendered, shall be strictly confidential pursuant
2 to the Medical Studies Act.

3 (3) Within 24 hours following receipt of the EMS
4 Medical Director's suspension order or the individual or
5 entity's written response, whichever is later, the
6 Director or the Director's designee shall determine
7 whether the suspension should be stayed pending an
8 opportunity for a hearing or review in accordance with
9 this Act, unless the individual elects to use the
10 alternative dispute resolution procedures provided under
11 subsection (g), or whether the suspension should continue
12 during the course of that hearing or review. The Director
13 or the Director's designee shall issue this determination
14 to the EMS Medical Director, who shall immediately notify
15 the suspended individual or entity. The suspension shall
16 remain in effect during this period of review by the
17 Director or the Director's designee.

18 (d) After seeking and obtaining agreement from the
19 Department under subsection (a) and prior to suspending any
20 individual or entity ~~Upon issuance of a suspension order~~ for
21 reasons directly related to medical care, the EMS Medical
22 Director shall also provide the individual or entity with the
23 opportunity for a hearing before the local System review
24 board, in accordance with subsection (f) and the rules
25 promulgated by the Department or, if the individual or entity
26 chooses, arbitration according to the alternative dispute

1 resolution procedures provided under subsection (g).

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

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

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

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

1 and the local System review board's written decision shall be
2 retained in the custody of the EMS system. The System shall
3 implement a decision of the local System review board unless
4 that decision has been appealed to the State Emergency Medical
5 Services Disciplinary Review Board in accordance with this Act
6 and the rules of the Department.

7 (f) The Resource Hospital shall implement a decision of
8 the State Emergency Medical Services Disciplinary Review Board
9 which has been rendered in accordance with this Act and the
10 rules of the Department or the decision that results from the
11 alternative dispute resolution procedures provided under
12 subsection (g).

13 (g) An individual or entity may choose to appeal a
14 suspension through an alternative dispute resolution procedure
15 according to the following:

16 (1) The alternative dispute resolution procedure shall
17 consist of a hearing before an independent arbitrator
18 selected from the Illinois Labor Relations Board
19 Arbitrator Roster.

20 (2) Selection of an arbitrator under paragraph (1)
21 shall be made according to a rotation through the roster
22 of available arbitrators.

23 (3) Parties to the arbitration shall be the Department
24 or the Department's designee, the individual or entity
25 appealing the suspension, the individual's or entity's
26 chosen legal counsel, and the individual's or entity's

1 exclusive bargaining representative, if any.

2 (4) The cost of the arbitration shall be divided
3 equally between the Department and the individual or
4 entity.

5 (5) A request for arbitration shall be submitted in
6 writing to the Chief of the Department's Division of
7 Emergency Medical Services and Highway Safety within 10
8 business days after receiving the suspension order. A copy
9 of the suspension order shall be enclosed with the
10 request.

11 (6) The arbitration shall be scheduled within 60 days
12 after submission of the request for arbitration under
13 paragraph (5).

14 (7) The arbitrator shall issue his or her decision
15 regarding the applicable factors listed under paragraph
16 (8) of subsection (d) of Section 3.50 within 30 days after
17 the last day of the arbitration hearing conducted under
18 this subsection.

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

20 (210 ILCS 50/3.45)

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

23 (a) The Governor shall appoint a State Emergency Medical
24 Services Disciplinary Review Board, composed of an EMS Medical
25 Director, an EMS System Coordinator, a Paramedic, an Emergency

1 Medical Technician (EMT), and the following members, who shall
2 only review cases in which a party is from the same
3 professional category: a Pre-Hospital Registered Nurse, a
4 Pre-Hospital Advanced Practice Registered Nurse, a
5 Pre-Hospital Physician Assistant, an ECRN, a Trauma Nurse
6 Specialist, an Emergency Medical Technician-Intermediate
7 (EMT-I), an Advanced Emergency Medical Technician (A-EMT), a
8 representative from a private vehicle service provider, a
9 representative from a public vehicle service provider, and an
10 emergency physician who monitors telecommunications from and
11 gives voice orders to EMS personnel. The Governor shall also
12 appoint one alternate for each member of the Board, from the
13 same professional category as the member of the Board.

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

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

23 (d) Any individual or entity, who received an immediate
24 suspension from an EMS Medical Director may request the Board
25 to reverse or modify the suspension order. If the suspension
26 had been affirmed or modified by a local System review board or

1 under the alternative dispute resolution procedures provided
2 under subsection (g) of Section 3.40, the suspended individual
3 or entity may request the Board to reverse or modify the local
4 board's decision.

5 (e) Any individual or entity who received a non-immediate
6 suspension order from an EMS Medical Director which was
7 affirmed or modified by a local System review board or by an
8 arbitrator under the alternative dispute resolution procedures
9 provided under subsection (g) of Section 3.40 may request the
10 Board to reverse or modify the local board's or arbitrator's
11 decision.

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

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

1 the Board.

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

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

17 (j) A quorum shall be required for the Board to meet, which
18 shall consist of 3 members or alternates, including the EMS
19 Medical Director or alternate and the member or alternate from
20 the same professional category as the subject of the
21 suspension order. At each meeting of the Board, the members or
22 alternates present shall select a Chairperson to conduct the
23 meeting.

24 (k) Deliberations for decisions of the State EMS
25 Disciplinary Review Board shall be conducted in closed
26 session. Department staff may attend for the purpose of

1 providing clerical assistance, but no other persons may be in
2 attendance except for the parties to the dispute being
3 reviewed by the Board and their attorneys, unless by request
4 of the Board.

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

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

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

20 (210 ILCS 50/3.50)

21 Sec. 3.50. Emergency Medical Services personnel licensure
22 levels.

23 (a) "Emergency Medical Technician" or "EMT" means a person
24 who has successfully completed a course in basic life support
25 as approved by the Department, is currently licensed by the

1 Department in accordance with standards prescribed by this Act
2 and rules adopted by the Department pursuant to this Act, and
3 practices within an EMS System. A valid Emergency Medical
4 Technician-Basic (EMT-B) license issued under this Act shall
5 continue to be valid and shall be recognized as an Emergency
6 Medical Technician (EMT) license until the Emergency Medical
7 Technician-Basic (EMT-B) license expires.

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

15 (b-5) "Advanced Emergency Medical Technician" or "A-EMT"
16 means a person who has successfully completed a course in
17 basic and limited advanced emergency medical care as approved
18 by the Department, is currently licensed by the Department in
19 accordance with standards prescribed by this Act and rules
20 adopted by the Department pursuant to this Act, and practices
21 within an Intermediate or Advanced Life Support EMS System.

22 (c) "Paramedic (EMT-P)" means a person who has
23 successfully completed a course in advanced life support care
24 as approved by the Department, is licensed by the Department
25 in accordance with standards prescribed by this Act and rules
26 adopted by the Department pursuant to this Act, and practices

1 within an Advanced Life Support EMS System. A valid Emergency
2 Medical Technician-Paramedic (EMT-P) license issued under this
3 Act shall continue to be valid and shall be recognized as a
4 Paramedic license until the Emergency Medical
5 Technician-Paramedic (EMT-P) license expires.

6 (c-5) "Emergency Medical Responder" or "EMR (First
7 Responder)" means a person who has successfully completed a
8 course in emergency medical response as approved by the
9 Department and provides emergency medical response services in
10 accordance with the level of care established by the National
11 EMS Educational Standards Emergency Medical Responder course
12 as modified by the Department, or who provides services as
13 part of an EMS System response plan, as approved by the
14 Department, of that EMS System. The Department shall have the
15 authority to adopt rules governing the curriculum, practice,
16 and necessary equipment applicable to Emergency Medical
17 Responders.

18 On August 15, 2014 (the effective date of Public Act
19 98-973), a person who is licensed by the Department as a First
20 Responder and has completed a Department-approved course in
21 first responder defibrillator training based on, or equivalent
22 to, the National EMS Educational Standards or other standards
23 previously recognized by the Department shall be eligible for
24 licensure as an Emergency Medical Responder upon meeting the
25 licensure requirements and submitting an application to the
26 Department. A valid First Responder license issued under this

1 Act shall continue to be valid and shall be recognized as an
2 Emergency Medical Responder license until the First Responder
3 license expires.

4 (c-10) All EMS Systems and licensees shall be fully
5 compliant with the National EMS Education Standards, as
6 modified by the Department in administrative rules, within 24
7 months after the adoption of the administrative rules.

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

10 (1) Prescribe education and training requirements,
11 which includes training in the use of epinephrine, for all
12 levels of EMS personnel except for EMRs, based on the
13 National EMS Educational Standards and any modifications
14 to those curricula specified by the Department through
15 rules adopted pursuant to this Act.

16 (2) Prescribe licensure testing requirements for all
17 levels of EMS personnel, which shall include a requirement
18 that all phases of instruction, training, and field
19 experience be completed before taking the appropriate
20 licensure examination. Candidates may elect to take the
21 appropriate National Registry examination in lieu of the
22 Department's examination, but are responsible for making
23 their own arrangements for taking the National Registry
24 examination. In prescribing licensure testing requirements
25 for honorably discharged members of the armed forces of
26 the United States under this paragraph (2), the Department

1 shall ensure that a candidate's military emergency medical
2 training, emergency medical curriculum completed, and
3 clinical experience, as described in paragraph (2.5), are
4 recognized.

5 (2.5) Review applications for EMS personnel licensure
6 from honorably discharged members of the armed forces of
7 the United States with military emergency medical
8 training. Applications shall be filed with the Department
9 within one year after military discharge and shall
10 contain: (i) proof of successful completion of military
11 emergency medical training; (ii) a detailed description of
12 the emergency medical curriculum completed; and (iii) a
13 detailed description of the applicant's clinical
14 experience. The Department may request additional and
15 clarifying information. The Department shall evaluate the
16 application, including the applicant's training and
17 experience, consistent with the standards set forth under
18 subsections (a), (b), (c), and (d) of Section 3.10. If the
19 application clearly demonstrates that the training and
20 experience meet such standards, the Department shall offer
21 the applicant the opportunity to successfully complete a
22 Department-approved EMS personnel examination for the
23 level of license for which the applicant is qualified.
24 Upon passage of an examination, the Department shall issue
25 a license, which shall be subject to all provisions of
26 this Act that are otherwise applicable to the level of EMS

1 personnel license issued.

2 (3) License individuals as an EMR, EMT, EMT-I, A-EMT,
3 or Paramedic who have met the Department's education,
4 training and examination requirements.

5 (4) Prescribe annual continuing education and
6 relicensure requirements for all EMS personnel licensure
7 levels.

8 (5) Relicense individuals as an EMD, EMR, EMT, EMT-I,
9 A-EMT, PHRN, PHAPRN, PHPA, or Paramedic every 4 years,
10 based on their compliance with continuing education and
11 relicensure requirements as required by the Department
12 pursuant to this Act. Every 4 years, a Paramedic shall
13 have 100 hours of approved continuing education, an EMT-I
14 and an advanced EMT shall have 80 hours of approved
15 continuing education, and an EMT shall have 60 hours of
16 approved continuing education. An Illinois licensed EMR,
17 EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHPA, PHAPRN, or
18 PHRN whose license has been expired for less than 36
19 months may apply for reinstatement by the Department.
20 Reinstatement shall require that the applicant (i) submit
21 satisfactory proof of completion of continuing medical
22 education and clinical requirements to be prescribed by
23 the Department in an administrative rule; (ii) submit a
24 positive recommendation from an Illinois EMS Medical
25 Director attesting to the applicant's qualifications for
26 retesting; and (iii) pass a Department approved test for

1 the level of EMS personnel license sought to be
2 reinstated.

3 (6) Grant inactive status to any EMR, EMD, EMT, EMT-I,
4 A-EMT, Paramedic, ECRN, PHAPRN, PHPA, or PHRN who
5 qualifies, based on standards and procedures established
6 by the Department in rules adopted pursuant to this Act.

7 (7) Charge a fee for EMS personnel examination,
8 licensure, and license renewal.

9 (8) Suspend, revoke, or refuse to issue or renew the
10 license of any licensee, after an opportunity for an
11 impartial hearing before a neutral administrative law
12 judge appointed by the Director or under the alternative
13 dispute resolution procedures provided under subsection
14 (g) of Section 3.40, where the preponderance of the
15 evidence shows one or more of the following:

16 (A) The licensee has not met continuing education
17 or relicensure requirements as prescribed by the
18 Department;

19 (B) The licensee has failed to maintain
20 proficiency in the level of skills for which he or she
21 is licensed;

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

26 (D) The licensee has failed to maintain or has

1 violated standards of performance and conduct as
2 prescribed by the Department in rules adopted pursuant
3 to this Act or his or her EMS System's Program Plan;

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

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

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

17 (H) The licensee has been convicted (or entered a
18 plea of guilty or nolo contendere) by a court of
19 competent jurisdiction of a Class X, Class 1, or Class
20 2 felony in this State or an out-of-state equivalent
21 offense.

22 (9) Prescribe education and training requirements in
23 the administration and use of opioid antagonists for all
24 levels of EMS personnel based on the National EMS
25 Educational Standards and any modifications to those
26 curricula specified by the Department through rules

1 adopted pursuant to this Act.

2 (d-5) An EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN,
3 PHAPRN, PHPA, or PHRN who is a member of the Illinois National
4 Guard or an Illinois State Trooper or who exclusively serves
5 as a volunteer for units of local government with a population
6 base of less than 5,000 or as a volunteer for a not-for-profit
7 organization that serves a service area with a population base
8 of less than 5,000 may submit an application to the Department
9 for a waiver of the fees described under paragraph (7) of
10 subsection (d) of this Section on a form prescribed by the
11 Department.

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

23 (e) In the event that any rule of the Department or an EMS
24 Medical Director that requires testing for drug use as a
25 condition of the applicable EMS personnel license conflicts
26 with or duplicates a provision of a collective bargaining

1 agreement that requires testing for drug use, that rule shall
2 not apply to any person covered by the collective bargaining
3 agreement.

4 (f) At the time of applying for or renewing his or her
5 license, an applicant for a license or license renewal may
6 submit an email address to the Department. The Department
7 shall keep the email address on file as a form of contact for
8 the individual. The Department shall send license renewal
9 notices electronically and by mail to a licensee who provides
10 the Department with his or her email address. The notices
11 shall be sent at least 60 days prior to the expiration date of
12 the license.

13 (Source: P.A. 101-81, eff. 7-12-19; 101-153, eff. 1-1-20;
14 102-558, eff. 8-20-21; 102-623, eff. 8-27-21.)

15 (210 ILCS 50/3.55)

16 Sec. 3.55. Scope of practice.

17 (a) Any person currently licensed as an EMR, EMT, EMT-I,
18 A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may perform emergency
19 and non-emergency medical services as defined in this Act, in
20 accordance with his or her level of education, training and
21 licensure, the standards of performance and conduct prescribed
22 by the Department in rules adopted pursuant to this Act, and
23 the requirements of the EMS System in which he or she
24 practices, as contained in the approved Program Plan for that
25 System. The Director may, by written order, temporarily modify

1 individual scopes of practice in response to public health
2 emergencies for periods not exceeding 180 days.

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

11 (a-7) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or
12 Paramedic who has successfully completed a Department approved
13 course in the administration of epinephrine shall be required
14 to carry epinephrine with him or her as part of the EMS
15 personnel medical supplies whenever he or she is performing
16 official duties as determined by the EMS System. The
17 epinephrine may be administered from a glass vial,
18 auto-injector, ampule, or pre-filled syringe.

19 (b) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or
20 Paramedic may practice as an EMR, EMT, EMT-I, A-EMT, or
21 Paramedic or utilize his or her EMR, EMT, EMT-I, A-EMT, PHRN,
22 PHAPRN, PHPA, or Paramedic license in pre-hospital or
23 inter-hospital emergency care settings or non-emergency
24 medical transport situations, under the written or verbal
25 direction of the EMS Medical Director. For purposes of this
26 Section, a "pre-hospital emergency care setting" may include a

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

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

21 (c) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic
22 may honor Do Not Resuscitate (DNR) orders and powers of
23 attorney for health care only in accordance with rules adopted
24 by the Department pursuant to this Act and protocols of the EMS
25 System in which he or she practices.

26 (d) A student enrolled in a Department approved EMS

1 personnel program, while fulfilling the clinical training and
2 in-field supervised experience requirements mandated for
3 licensure or approval by the System and the Department, may
4 perform prescribed procedures under the direct supervision of
5 a physician licensed to practice medicine in all of its
6 branches, a qualified registered professional nurse, or
7 qualified EMS personnel, only when authorized by the EMS
8 Medical Director.

9 (e) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or
10 Paramedic may transport a police dog injured in the line of
11 duty to a veterinary clinic or similar facility if there are no
12 persons requiring medical attention or transport at that time.
13 For the purposes of this subsection, "police dog" means a dog
14 owned or used by a law enforcement department or agency in the
15 course of the department or agency's work, including a search
16 and rescue dog, service dog, accelerant detection canine, or
17 other dog that is in use by a county, municipal, or State law
18 enforcement agency.

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

25 (g) A member of a fire department's or fire protection
26 district's collective bargaining unit shall be eligible to

1 work under a silver spanner program for another EMS System's
2 fire department or fire protection district that is not the
3 full-time employer of that member, for a period not to exceed
4 12 months, without being required to test into the other EMS
5 System's fire department or fire protection district.

6 In this subsection, "silver spanner program" means a
7 program in which a member under a fire department's or fire
8 protection district's collective bargaining agreement works on
9 or at the EMS program under another fire department's or fire
10 protection district's collective bargaining agreement and (i)
11 the other fire department or fire protection district is not
12 the member's full-time employer and (ii) any EMS services not
13 included under the original fire department's or fire
14 protection district's collective bargaining agreement are
15 included in the other fire department's or fire protection
16 district's collective bargaining agreement.

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

18 (210 ILCS 50/3.125)

19 Sec. 3.125. Complaint Investigations.

20 (a) The Department shall promptly investigate complaints
21 which it receives concerning any person or entity which the
22 Department licenses, certifies, approves, permits or
23 designates pursuant to this Act.

24 (b) The Department shall notify an EMS Medical Director of
25 any complaints it receives involving System personnel or

1 participants.

2 (c) The Department shall conduct any inspections,
3 interviews and reviews of records which it deems necessary in
4 order to investigate complaints. An EMS Medical Director shall
5 not suspend an individual's or entity's participation in a
6 System for matters, conduct, or incidents investigated by the
7 Department.

8 (d) All persons and entities which are licensed,
9 certified, approved, permitted or designated pursuant to this
10 Act shall fully cooperate with any Department complaint
11 investigation, including providing patient medical records
12 requested by the Department. Any patient medical record
13 received or reviewed by the Department shall not be disclosed
14 publicly in such a manner as to identify individual patients,
15 without the consent of such patient or his or her legally
16 authorized representative. Patient medical records may be
17 disclosed to a party in administrative proceedings brought by
18 the Department pursuant to this Act, but such patient's
19 identity shall be masked before disclosure of such record
20 during any public hearing unless otherwise authorized by the
21 patient or his or her legally authorized representative.

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