



Rep. Ann M. Williams

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10300HB1595ham001

LRB103 06018 BMS 59510 a

1 AMENDMENT TO HOUSE BILL 1595

2 AMENDMENT NO. _____. Amend House Bill 1595 by replacing
3 everything after the enacting clause with the following:

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.

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

5 "Emergency Medical Services personnel" or "EMS personnel"
6 means persons licensed as an Emergency Medical Responder (EMR)
7 (First Responder), Emergency Medical Dispatcher (EMD),
8 Emergency Medical Technician (EMT), Emergency Medical
9 Technician-Intermediate (EMT-I), Advanced Emergency Medical
10 Technician (A-EMT), Paramedic (EMT-P), Emergency
11 Communications Registered Nurse (ECRN), Pre-Hospital
12 Registered Nurse (PHRN), Pre-Hospital Advanced Practice
13 Registered Nurse (PHAPRN), or Pre-Hospital Physician Assistant
14 (PHPA).

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

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

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

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

1 "Medical monitoring" means the performance of medical
2 tests and physical exams to evaluate an individual's ongoing
3 exposure to a factor that could negatively impact that
4 person's health. "Medical monitoring" includes close
5 surveillance or supervision of patients liable to suffer
6 deterioration in physical or mental health and checks of
7 various parameters such as pulse rate, temperature,
8 respiration rate, the condition of the pupils, the level of
9 consciousness and awareness, the degree of appreciation of
10 pain, and blood gas concentrations such as oxygen and carbon
11 dioxide.

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

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

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

1 (210 ILCS 50/3.25)

2 Sec. 3.25. EMS Region Plan; Development.

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

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

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

1 Medical Directors.

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

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

23 (d) "Regional EMS Advisory Committee" means a committee
24 formed within an Emergency Medical Services (EMS) Region to
25 advise the Region's EMS Medical Directors Committee and to
26 select the Region's representative to the State Emergency

1 Medical Services Advisory Council, consisting of at least the
2 members of the Region's EMS Medical Directors Committee, the
3 Chair of the Regional Trauma Committee, the EMS System
4 Coordinators from each Resource Hospital within the Region,
5 one administrative representative from an Associate Hospital
6 within the Region, one administrative representative from a
7 Participating Hospital within the Region, one administrative
8 representative from the vehicle service provider which
9 responds to the highest number of calls for emergency service
10 within the Region, one representative from the vehicle service
11 provider that responds to the highest number of calls for
12 non-emergency services within the Region, one representative
13 from the labor organization recognized as the exclusive
14 representative of employees of the vehicle service provider
15 that responds to the highest number of calls for non-emergency
16 services within the Region, if applicable, one administrative
17 representative of a vehicle service provider from each System
18 within the Region, one representative from a labor
19 organization recognized as the exclusive representative of a
20 vehicle service provider's employees in each System and
21 selected by a statewide organization of such labor
22 organizations, one individual from each level of license
23 provided in Section 3.50 of this Act, one Pre-Hospital
24 Registered Nurse practicing within the Region, and one
25 registered professional nurse currently practicing in an
26 emergency department within the Region. Of the 2

1 administrative representatives of vehicle service providers,
2 at least one shall be an administrative representative of a
3 private vehicle service provider. The Department's Regional
4 EMS Coordinator for each Region shall serve as a non-voting
5 member of that Region's EMS Advisory Committee.

6 Every 2 years, the members of the Region's EMS Medical
7 Directors Committee shall rotate serving as Committee Chair,
8 and select the Associate Hospital, Participating Hospital and
9 vehicle service providers which shall send representatives to
10 the Advisory Committee, and the EMS personnel and nurse who
11 shall serve on the Advisory Committee.

12 (e) "Regional Trauma Advisory Committee" means a committee
13 formed within an Emergency Medical Services (EMS) Region, to
14 advise the Region's Trauma Center Medical Directors Committee,
15 consisting of at least the Trauma Center Medical Directors and
16 Trauma Coordinators from each Trauma Center within the Region,
17 one EMS Medical Director from a resource hospital within the
18 Region, one EMS System Coordinator from another resource
19 hospital within the Region, one representative each from a
20 public and private vehicle service provider which transports
21 trauma patients within the Region, an administrative
22 representative from each trauma center within the Region, one
23 EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, or PHRN
24 representing the highest level of EMS personnel practicing
25 within the Region, one emergency physician, and one Trauma
26 Nurse Specialist (TNS) currently practicing in a trauma

1 center. The Department's Regional EMS Coordinator for each
2 Region shall serve as a non-voting member of that Region's
3 Trauma Advisory Committee.

4 Every 2 years, the members of the Trauma Center Medical
5 Directors Committee shall rotate serving as Committee Chair,
6 and select the vehicle service providers, EMS personnel,
7 emergency physician, EMS System Coordinator and TNS who shall
8 serve on the Advisory Committee.

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

10 (210 ILCS 50/3.40)

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

13 (a) An EMS Medical Director may, only after seeking and
14 obtaining agreement from the Department, suspend from
15 participation within the System any EMS personnel, EMS Lead
16 Instructor (LI), individual, individual provider or other
17 participant considered not to be meeting the requirements of
18 the Program Plan of that approved EMS System. To obtain
19 agreement from the Department, an EMS Medical Director must
20 submit a suspension order to the Department describing which
21 requirements of the Program Plan were not met and the
22 suspension's duration. The Department shall approve the
23 suspension order, request additional information, or initiate
24 an investigation. If the Department approves the suspension
25 order, the Department shall concur with that suspension order

1 and shall not suspend, revoke, or refuse to issue or renew the
2 license of the individual or entity for any violation of this
3 Act or the Program Plan arising from the same conduct for which
4 the suspension order was issued.

5 (b) After seeking and obtaining agreement from the
6 Department under subsection (a) and prior ~~Prior~~ to suspending
7 any individual or entity, an EMS Medical Director shall
8 provide an opportunity for (i) a hearing before the local
9 System review board in accordance with subsection (f) and the
10 rules promulgated by the Department or (ii) alternative
11 dispute resolution procedures provided under subsection (g).

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

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

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

25 (A) the individual or entity has waived the
26 opportunity for a hearing before the local System

1 review board; ~~or~~

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

6 (C) the order has been affirmed or modified by the
7 local system review board, and the local board's
8 decision has been affirmed or modified by the State
9 Board; or -

10 (D) the order has been affirmed or modified
11 through an alternative or supplemental process based
12 upon the alternative dispute resolution procedures
13 provided under subsection (g).

14 (c) After seeking and obtaining agreement from the
15 Department under subsection (a), an ~~An~~ EMS Medical Director
16 may immediately suspend an EMR, EMD, EMT, EMT-I, A-EMT,
17 Paramedic, ECRN, PHRN, LI, PHPA, PHAPRN, or other individual
18 or entity if he or she finds that the continuation in practice
19 by the individual or entity would constitute an imminent
20 danger to the public. The suspended individual or entity shall
21 be issued an immediate verbal notification followed by a
22 written suspension order by the EMS Medical Director which
23 states the length, terms and basis for the suspension.

24 (1) Within 24 hours following the commencement of the
25 suspension, the EMS Medical Director shall deliver to the
26 Department, by messenger, telefax, or other

1 Department-approved electronic communication, a copy of
2 the suspension order and copies of any written materials
3 which relate to the EMS Medical Director's decision to
4 suspend the individual or entity. All medical and
5 patient-specific information, including Department
6 findings with respect to the quality of care rendered,
7 shall be strictly confidential pursuant to the Medical
8 Studies Act (Part 21 of Article VIII of the Code of Civil
9 Procedure).

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

20 (3) Within 24 hours following receipt of the EMS
21 Medical Director's suspension order or the individual or
22 entity's written response, whichever is later, the
23 Director or the Director's designee shall determine
24 whether the suspension should be stayed pending an
25 opportunity for a hearing or review in accordance with
26 this Act, unless the individual, if covered by an

1 applicable collective bargaining agreement, elects to use
2 the alternative dispute resolution procedures provided
3 under subsection (g), or whether the suspension should
4 continue during the course of that hearing or review. The
5 Director or the Director's designee shall issue this
6 determination to the EMS Medical Director, who shall
7 immediately notify the suspended individual or entity. The
8 suspension shall remain in effect during this period of
9 review by the Director or the Director's designee. The
10 determination as to whether the suspension should be
11 stayed pending an opportunity for a hearing or whether the
12 suspension should continue during the course of that
13 hearing or review may be appealed to an arbitrator as
14 provided for under subsection (g), if covered by an
15 applicable collective bargaining agreement. The hearing
16 before the arbitrator shall be de novo and shall commence
17 within 15 calendar days after the determination of the
18 Director or the Director's designee.

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

1 arbitration according to the alternative dispute resolution
2 procedures provided under subsection (g), if covered by an
3 applicable collective bargaining agreement.

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

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

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

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

1 prepare a transcript of the proceedings. The transcript, all
2 documents or materials received as evidence during the hearing
3 and the local System review board's written decision shall be
4 retained in the custody of the EMS system. The System shall
5 implement a decision of the local System review board unless
6 that decision has been appealed to the State Emergency Medical
7 Services Disciplinary Review Board in accordance with this Act
8 and the rules of the Department.

9 (f) The Resource Hospital shall implement a decision of
10 the State Emergency Medical Services Disciplinary Review Board
11 which has been rendered in accordance with this Act and the
12 rules of the Department or the decision that results from the
13 alternative dispute resolution procedures provided under
14 subsection (g), if covered by a collective bargaining
15 agreement with their employer.

16 (g) An individual may choose to appeal a suspension
17 through an alternative dispute resolution procedure according
18 to the following:

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

23 (2) Selection of an arbitrator under paragraph (1)
24 shall be made according to a rotation through the roster
25 of available arbitrators.

26 (3) Parties to the arbitration shall be the Department

1 or the Department's designee, the individual appealing the
2 suspension, the individual's chosen legal counsel, and the
3 individual's exclusive bargaining representative, if any.

4 (4) The cost of the arbitration shall be divided
5 equally between the Department and the individual.

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

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

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

20 (8) The request for arbitration shall only be allowed
21 for individuals covered by a collective bargaining
22 agreement with their employer.

23 (h) An individual interviewed or investigated by the local
24 System review board or Department shall have the right to a
25 union representative or legal counsel of the individual's
26 choosing present at any interview or investigation. The union

1 representative must comply with the confidentiality and
2 protection of patient information presented during the
3 proceeding.

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

5 (210 ILCS 50/3.45)

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

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

24 (b) The members shall be appointed for a term of 3 years.
25 All appointees shall serve until their successors are

1 appointed. The alternate members shall be appointed and serve
2 in the same fashion as the members of the Board. If a member
3 resigns his or her appointment, the corresponding alternate
4 shall serve the remainder of that member's term until a
5 subsequent member is appointed by the Governor.

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

8 (d) Any individual or entity, who received an immediate
9 suspension from an EMS Medical Director may request the Board
10 to reverse or modify the suspension order. If the suspension
11 had been affirmed or modified by a local System review board or
12 under the alternative dispute resolution procedures provided
13 under subsection (g), if applicable, of Section 3.40, the
14 suspended individual or entity may request the Board to
15 reverse or modify the local board's decision.

16 (e) Any individual or entity who received a non-immediate
17 suspension order from an EMS Medical Director which was
18 affirmed or modified by a local System review board or by an
19 arbitrator under the alternative dispute resolution procedures
20 provided under subsection (g) of Section 3.40 may request the
21 Board to reverse or modify the local board's or arbitrator's
22 decision.

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

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

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

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

1 date.

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

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

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

23 (m) At the conclusion of its review, the Board shall issue
24 its decision and the basis for its decision on a form provided
25 by the Department, and shall submit to the Department its
26 written decision together with the record of the local System

1 review board. The Department shall promptly issue a copy of
2 the Board's decision to all affected parties. The Board's
3 decision shall be binding on all parties.

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

5 (210 ILCS 50/3.50)

6 Sec. 3.50. Emergency Medical Services personnel licensure
7 levels.

8 (a) "Emergency Medical Technician" or "EMT" means a person
9 who has successfully completed a course in basic life support
10 as approved by the Department, is currently licensed by the
11 Department in accordance with standards prescribed by this Act
12 and rules adopted by the Department pursuant to this Act, and
13 practices within an EMS System. A valid Emergency Medical
14 Technician-Basic (EMT-B) license issued under this Act shall
15 continue to be valid and shall be recognized as an Emergency
16 Medical Technician (EMT) license until the Emergency Medical
17 Technician-Basic (EMT-B) license expires.

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

25 (b-5) "Advanced Emergency Medical Technician" or "A-EMT"

1 means a person who has successfully completed a course in
2 basic and limited advanced emergency medical care as approved
3 by the Department, is currently licensed by the Department in
4 accordance with standards prescribed by this Act and rules
5 adopted by the Department pursuant to this Act, and practices
6 within an Intermediate or Advanced Life Support EMS System.

7 (c) "Paramedic (EMT-P)" means a person who has
8 successfully completed a course in advanced life support care
9 as approved by the Department, is licensed by the Department
10 in accordance with standards prescribed by this Act and rules
11 adopted by the Department pursuant to this Act, and practices
12 within an Advanced Life Support EMS System. A valid Emergency
13 Medical Technician-Paramedic (EMT-P) license issued under this
14 Act shall continue to be valid and shall be recognized as a
15 Paramedic license until the Emergency Medical
16 Technician-Paramedic (EMT-P) license expires.

17 (c-5) "Emergency Medical Responder" or "EMR (First
18 Responder)" means a person who has successfully completed a
19 course in emergency medical response as approved by the
20 Department and provides emergency medical response services in
21 accordance with the level of care established by the National
22 EMS Educational Standards Emergency Medical Responder course
23 as modified by the Department, or who provides services as
24 part of an EMS System response plan, as approved by the
25 Department, of that EMS System. The Department shall have the
26 authority to adopt rules governing the curriculum, practice,

1 and necessary equipment applicable to Emergency Medical
2 Responders.

3 On August 15, 2014 (the effective date of Public Act
4 98-973), a person who is licensed by the Department as a First
5 Responder and has completed a Department-approved course in
6 first responder defibrillator training based on, or equivalent
7 to, the National EMS Educational Standards or other standards
8 previously recognized by the Department shall be eligible for
9 licensure as an Emergency Medical Responder upon meeting the
10 licensure requirements and submitting an application to the
11 Department. A valid First Responder license issued under this
12 Act shall continue to be valid and shall be recognized as an
13 Emergency Medical Responder license until the First Responder
14 license expires.

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

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

21 (1) Prescribe education and training requirements,
22 which includes training in the use of epinephrine, for all
23 levels of EMS personnel except for EMRs, based on the
24 National EMS Educational Standards and any modifications
25 to those curricula specified by the Department through
26 rules adopted pursuant to this Act.

1 (2) Prescribe licensure testing requirements for all
2 levels of EMS personnel, which shall include a requirement
3 that all phases of instruction, training, and field
4 experience be completed before taking the appropriate
5 licensure examination. Candidates may elect to take the
6 appropriate National Registry examination in lieu of the
7 Department's examination, but are responsible for making
8 their own arrangements for taking the National Registry
9 examination. In prescribing licensure testing requirements
10 for honorably discharged members of the armed forces of
11 the United States under this paragraph (2), the Department
12 shall ensure that a candidate's military emergency medical
13 training, emergency medical curriculum completed, and
14 clinical experience, as described in paragraph (2.5), are
15 recognized.

16 (2.5) Review applications for EMS personnel licensure
17 from honorably discharged members of the armed forces of
18 the United States with military emergency medical
19 training. Applications shall be filed with the Department
20 within one year after military discharge and shall
21 contain: (i) proof of successful completion of military
22 emergency medical training; (ii) a detailed description of
23 the emergency medical curriculum completed; and (iii) a
24 detailed description of the applicant's clinical
25 experience. The Department may request additional and
26 clarifying information. The Department shall evaluate the

1 application, including the applicant's training and
2 experience, consistent with the standards set forth under
3 subsections (a), (b), (c), and (d) of Section 3.10. If the
4 application clearly demonstrates that the training and
5 experience meet such standards, the Department shall offer
6 the applicant the opportunity to successfully complete a
7 Department-approved EMS personnel examination for the
8 level of license for which the applicant is qualified.
9 Upon passage of an examination, the Department shall issue
10 a license, which shall be subject to all provisions of
11 this Act that are otherwise applicable to the level of EMS
12 personnel license issued.

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

16 (4) Prescribe annual continuing education and
17 relicensure requirements for all EMS personnel licensure
18 levels.

19 (5) Relicense individuals as an EMD, EMR, EMT, EMT-I,
20 A-EMT, PHRN, PHAPRN, PHPA, or Paramedic every 4 years,
21 based on their compliance with continuing education and
22 relicensure requirements as required by the Department
23 pursuant to this Act. Every 4 years, a Paramedic shall
24 have 100 hours of approved continuing education, an EMT-I
25 and an advanced EMT shall have 80 hours of approved
26 continuing education, and an EMT shall have 60 hours of

1 approved continuing education. An Illinois licensed EMR,
2 EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHPA, PHAPRN, or
3 PHRN whose license has been expired for less than 36
4 months may apply for reinstatement by the Department.
5 Reinstatement shall require that the applicant (i) submit
6 satisfactory proof of completion of continuing medical
7 education and clinical requirements to be prescribed by
8 the Department in an administrative rule; (ii) submit a
9 positive recommendation from an Illinois EMS Medical
10 Director attesting to the applicant's qualifications for
11 retesting; and (iii) pass a Department approved test for
12 the level of EMS personnel license sought to be
13 reinstated.

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

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

20 (8) Suspend, revoke, or refuse to issue or renew the
21 license of any licensee, after an opportunity for an
22 impartial hearing before a neutral administrative law
23 judge appointed by the Director or under the alternative
24 dispute resolution procedures provided under subsection
25 (g) of Section 3.40, where the preponderance of the
26 evidence shows one or more of the following:

1 (A) The licensee has not met continuing education
2 or relicensure requirements as prescribed by the
3 Department;

4 (B) The licensee has failed to maintain
5 proficiency in the level of skills for which he or she
6 is licensed;

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

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

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

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

26 (G) The licensee has violated this Act or any rule

1 adopted by the Department pursuant to this Act; or

2 (H) The licensee has been convicted (or entered a
3 plea of guilty or nolo contendere) by a court of
4 competent jurisdiction of a Class X, Class 1, or Class
5 2 felony in this State or an out-of-state equivalent
6 offense.

7 (9) Prescribe education and training requirements in
8 the administration and use of opioid antagonists for all
9 levels of EMS personnel based on the National EMS
10 Educational Standards and any modifications to those
11 curricula specified by the Department through rules
12 adopted pursuant to this Act.

13 (d-5) An EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN,
14 PHAPRN, PHPA, or PHRN who is a member of the Illinois National
15 Guard or an Illinois State Trooper or who exclusively serves
16 as a volunteer for units of local government with a population
17 base of less than 5,000 or as a volunteer for a not-for-profit
18 organization that serves a service area with a population base
19 of less than 5,000 may submit an application to the Department
20 for a waiver of the fees described under paragraph (7) of
21 subsection (d) of this Section on a form prescribed by the
22 Department.

23 The education requirements prescribed by the Department
24 under this Section must allow for the suspension of those
25 requirements in the case of a member of the armed services or
26 reserve forces of the United States or a member of the Illinois

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

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

15 (f) At the time of applying for or renewing his or her
16 license, an applicant for a license or license renewal may
17 submit an email address to the Department. The Department
18 shall keep the email address on file as a form of contact for
19 the individual. The Department shall send license renewal
20 notices electronically and by mail to a licensee who provides
21 the Department with his or her email address. The notices
22 shall be sent at least 60 days prior to the expiration date of
23 the license.

24 (Source: P.A. 101-81, eff. 7-12-19; 101-153, eff. 1-1-20;
25 102-558, eff. 8-20-21; 102-623, eff. 8-27-21.)

1 (210 ILCS 50/3.55)

2 Sec. 3.55. Scope of practice.

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

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

22 (a-7) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or
23 Paramedic who has successfully completed a Department approved
24 course in the administration of epinephrine shall be required
25 to carry epinephrine with him or her as part of the EMS
26 personnel medical supplies whenever he or she is performing

1 official duties as determined by the EMS System. The
2 epinephrine may be administered from a glass vial,
3 auto-injector, ampule, or pre-filled syringe.

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

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

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

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

11 (d) A student enrolled in a Department approved EMS
12 personnel program, while fulfilling the clinical training and
13 in-field supervised experience requirements mandated for
14 licensure or approval by the System and the Department, may
15 perform prescribed procedures under the direct supervision of
16 a physician licensed to practice medicine in all of its
17 branches, a qualified registered professional nurse, or
18 qualified EMS personnel, only when authorized by the EMS
19 Medical Director.

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

1 and rescue dog, service dog, accelerant detection canine, or
2 other dog that is in use by a county, municipal, or State law
3 enforcement agency.

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

10 (g) A member of a fire department's or fire protection
11 district's collective bargaining unit shall be eligible to
12 work under a silver spanner program for another EMS System's
13 fire department or fire protection district that is not the
14 full-time employer of that member, for a period not to exceed
15 12 months, without being required to test into the other EMS
16 System's fire department or fire protection district, if the
17 member:

18 (1) provides a letter of good standing in the member's
19 current EMS System;

20 (2) identifies the temporary department in which the
21 silver spanner program will be in effect;

22 (3) identifies the start and stop dates of the
23 member's participation in the new EMS System in which the
24 silver spanner program is in effect;

25 (4) completes a refresher program that identifies the
26 differences between the member's current EMS System and

1 the temporary system;

2 (5) practices only alongside members already in good
3 standing in the EMS System in which the silver spanner
4 program is in effect; and

5 (6) practices only to the level of training provided
6 by the system in which they are in good standing.

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

8 (210 ILCS 50/3.125)

9 Sec. 3.125. Complaint Investigations.

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

14 (b) The Department shall notify an EMS Medical Director of
15 any complaints it receives involving System personnel or
16 participants.

17 (c) The Department shall conduct any inspections,
18 interviews and reviews of records which it deems necessary in
19 order to investigate complaints. An EMS Medical Director shall
20 not suspend an individual's or entity's participation in a
21 System for matters, conduct, or incidents investigated by the
22 Department.

23 (d) All persons and entities which are licensed,
24 certified, approved, permitted or designated pursuant to this
25 Act shall fully cooperate with any Department complaint

1 investigation, including providing patient medical records
2 requested by the Department. Any patient medical record
3 received or reviewed by the Department shall not be disclosed
4 publicly in such a manner as to identify individual patients,
5 without the consent of such patient or his or her legally
6 authorized representative. Patient medical records may be
7 disclosed to a party in administrative proceedings brought by
8 the Department pursuant to this Act, but such patient's
9 identity shall be masked before disclosure of such record
10 during any public hearing unless otherwise authorized by the
11 patient or his or her legally authorized representative.

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