



Rep. Ann M. Williams

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LRB103 06018 BMS 61309 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 an EMS Medical Director or the
18 Department shall have the right to a union representative and
19 legal counsel of the individual's choosing present at any
20 interview or investigation. The union representative must
21 comply with any confidentiality requirements and requirements
22 for the protection of any patient information presented during
23 the proceeding.

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

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

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

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

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

1 Nurse Specialist (TNS) currently practicing in a trauma
2 center. The Department's Regional EMS Coordinator for each
3 Region shall serve as a non-voting member of that Region's
4 Trauma Advisory Committee.

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

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

11 (210 ILCS 50/3.40)

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

14 (a) An EMS Medical Director may suspend from participation
15 within the System any EMS personnel, EMS Lead Instructor (LI),
16 individual, individual provider or other participant
17 considered not to be meeting the requirements of the Program
18 Plan of that approved EMS System. An EMS Medical Director must
19 submit a suspension order to the Department describing which
20 requirements of the Program Plan were not met and the
21 suspension's duration. The Department shall review and confirm
22 receipt of the suspension order, request additional
23 information, or initiate an investigation. The Department
24 shall incorporate the duration of that suspension into any
25 further action taken by the Department to suspend, revoke, or

1 refuse to issue or renew the license of the individual or
2 entity for any violation of this Act or the Program Plan
3 arising from the same conduct for which the suspension order
4 was issued if the suspended party has neither requested a
5 Department hearing on the suspension nor worked as a provider
6 in any other System during the term of the suspension.

7 (b) Prior to suspending any individual or entity, an EMS
8 Medical Director shall provide an opportunity for a hearing
9 before the local System review board in accordance with
10 subsection (f) and the rules promulgated by the Department.

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

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

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

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

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

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

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

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

25 (1) Within 24 hours following the commencement of the
26 suspension, the EMS Medical Director shall deliver to the

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

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

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

1 this Act, or whether the suspension should continue during
2 the course of that hearing or review. The Director or the
3 Director's designee shall issue this determination to the
4 EMS Medical Director, who shall immediately notify the
5 suspended individual or entity. The suspension shall
6 remain in effect during this period of review by the
7 Director or the Director's designee.

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

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

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

26 (3) The suspended individual or entity may elect to

1 bypass the local System review board and seek direct
2 review of the EMS Medical Director's suspension order by
3 the State EMS Disciplinary Review Board.

4 (f) ~~(e)~~ The Resource Hospital shall designate a local
5 System review board in accordance with the rules of the
6 Department, for the purpose of providing a hearing to any
7 individual or entity participating within the System who is
8 suspended from participation by the EMS Medical Director. The
9 EMS Medical Director shall arrange for a certified shorthand
10 reporter to make a stenographic record of that hearing and
11 thereafter prepare a transcript of the proceedings. The EMS
12 Medical Director shall inform the individual of the
13 individual's right to have a union representative and legal
14 counsel of the individual's choosing present at any interview.
15 The union representative must comply with any confidentiality
16 requirements and requirements for the protection of any
17 patient information presented during the proceeding. The
18 transcript, all documents or materials received as evidence
19 during the hearing and the local System review board's written
20 decision shall be retained in the custody of the EMS system.
21 The System shall implement a decision of the local System
22 review board unless that decision has been appealed to the
23 State Emergency Medical Services Disciplinary Review Board in
24 accordance with this Act and the rules of the Department.

25 (g) ~~(f)~~ The Resource Hospital shall implement a decision
26 of the State Emergency Medical Services Disciplinary Review

1 Board which has been rendered in accordance with this Act and
2 the rules of the Department.

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

4 (210 ILCS 50/3.45)

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

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

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

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

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

7 (d) Any individual or entity, who received an immediate
8 suspension from an EMS Medical Director may request the Board
9 to reverse or modify the suspension order. If the suspension
10 had been affirmed or modified by a local System review board,
11 the suspended individual or entity may request the Board to
12 reverse or modify the local board's decision.

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

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

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

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

23 (i) At its regularly scheduled meetings, the Board shall
24 review requests which have been received by the Department at
25 least 10 working days prior to the Board's meeting date.
26 Requests for review which are received less than 10 working

1 days prior to a scheduled meeting shall be considered at the
2 Board's next scheduled meeting, except that requests for
3 direct review of an immediate suspension order may be
4 scheduled up to 3 working days prior to the Board's meeting
5 date.

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

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

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

26 (m) At the conclusion of its review, the Board shall issue

1 its decision and the basis for its decision on a form provided
2 by the Department, and shall submit to the Department its
3 written decision together with the record of the local System
4 review board. The Department shall promptly issue a copy of
5 the Board's decision to all affected parties. The Board's
6 decision shall be binding on all parties.

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

8 (210 ILCS 50/3.55)

9 Sec. 3.55. Scope of practice.

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

21 (a-5) EMS personnel who have successfully completed a
22 Department approved course in automated defibrillator
23 operation and who are functioning within a Department approved
24 EMS System may utilize such automated defibrillator according
25 to the standards of performance and conduct prescribed by the

1 Department in rules adopted pursuant to this Act and the
2 requirements of the EMS System in which they practice, as
3 contained in the approved Program Plan for that System.

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

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

1 protocols of the EMS Systems, and shall operate only with the
2 approval and under the direction of the EMS Medical Director.

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

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

19 (d) A student enrolled in a Department approved EMS
20 personnel program, while fulfilling the clinical training and
21 in-field supervised experience requirements mandated for
22 licensure or approval by the System and the Department, may
23 perform prescribed procedures under the direct supervision of
24 a physician licensed to practice medicine in all of its
25 branches, a qualified registered professional nurse, or
26 qualified EMS personnel, only when authorized by the EMS

1 Medical Director.

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

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

18 (g) A member of a fire department's or fire protection
19 district's collective bargaining unit shall be eligible to
20 work under a silver spanner program for another EMS System's
21 fire department or fire protection district that is not the
22 full-time employer of that member, for a period not to exceed 2
23 weeks, if the member: (1) is under the direct supervision of
24 another licensed individual operating at the same or higher
25 licensure level as the member; (2) made a written request to
26 the EMS System's Medical Director for approval to work under

1 the silver spanner program, which shall be approved or denied
2 within 24 hours after the EMS System's Medical Director
3 received the request; and (3) tests into the EMS System based
4 upon appropriate standards as outlined in the EMS System
5 Program Plan. The EMS System within which the member is
6 seeking to join must make all required testing available to
7 the member within 2 weeks of the written request. Failure to do
8 so by the EMS System shall allow the member to continue working
9 under a silver spanner program until all required testing
10 becomes available.

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