

AN ACT concerning regulation.

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

Section 5. The Emergency Medical Services (EMS) Systems Act is amended by changing Sections 3.5, 3.35, 3.40, 3.45, and 3.50 as follows:

(210 ILCS 50/3.5)

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

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

"Department" means the Illinois Department of Public Health.

"Digital license" means a secure electronic record of a license issued by the Department to EMS personnel that is accessible to EMS personnel through a Department-maintained or Department-approved electronic platform, website, or electronic application and is readily verifiable by Resource Hospitals and vehicle service providers.

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

"Emergency" means a medical condition of recent onset and

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

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

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

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

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

"Just Culture" means a system approach to safety that promotes accountability through fair and consistent evaluation of conduct, distinguishing human error from at-risk and

reckless behavior, and emphasizes learning, quality improvement, and system improvement over punitive action when appropriate.

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

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

"NREMT" means the National Registry of Emergency Medical Technicians.

"Physical license" means the paper copy of the license issued by the Department to EMS personnel who have met the Department's education, training, and examination requirements.

"Silver spanner program" means a program in which a member under a fire department's or fire protection district's collective bargaining agreement works on or at the EMS System under another fire department's or fire protection district's

collective bargaining agreement and (i) the other fire department or fire protection district is not the member's full-time employer and (ii) any EMS services not included under the original fire department's or fire protection district's collective bargaining agreement are included in the other fire department's or fire protection district's collective bargaining agreement.

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

(Source: P.A. 103-521, eff. 1-1-24; 103-689, eff. 1-1-25; 104-362, eff. 8-15-25.)

(210 ILCS 50/3.35)

Sec. 3.35. Emergency Medical Services (EMS) Resource Hospital; Functions. The Resource Hospital of an EMS System shall:

(a) Prepare a Program Plan in accordance with the provisions of this Act and minimum standards and criteria established in rules adopted by the Department pursuant to this Act, and submit such Program Plan to the Department for approval. The Department shall require each EMS System to have a Department-approved policy regarding Just Culture for evaluating and responding to human error, at-risk, reckless behavior, or failures to perform emergency and nonemergency medical services in accordance with the defined scope of practice of the EMS personnel,

EMS System Program Plan, and rules established by the Department. The Just Culture policy shall be used by the EMS Medical Director when issuing EMS System discipline or EMS System participation suspension.

(b) Appoint an EMS Medical Director, who will continually monitor and supervise the System and who will have the responsibility and authority for total management of the System as delegated by the EMS Resource Hospital.

The Program Plan shall require the EMS Medical Director to appoint an alternate EMS Medical Director and establish a written protocol addressing the functions to be carried out in his or her absence.

(c) Appoint an EMS System Coordinator and EMS Administrative Director in consultation with the EMS Medical Director and in accordance with rules adopted by the Department pursuant to this Act.

(d) Identify potential EMS System participants and obtain commitments from them for the provision of services.

(e) Educate or coordinate the education of EMS personnel and all other license holders in accordance with the requirements of this Act, rules adopted by the Department pursuant to this Act, and the EMS System Program Plan. An EMS System may coordinate education outside of the region of which it is located with valid justification and Department approval. The didactic

portion of education may be conducted through an online platform with EMS System and Department approval. An education plan within a Resource Hospital may include classes performed outside of the region in which the Resource Hospital is located. When considering whether to approve or deny an education plan for classes performed outside of the region in which a Resource Hospital is located, the Department shall give deference to the EMS Medical Director's education plan request and shall not unreasonably withhold approval.

(f) Notify the Department of EMS personnel who have successfully completed the requirements as provided by law for initial licensure, license renewal, and license reinstatement by the Department.

(g) Educate or coordinate the education of Emergency Medical Dispatcher candidates, in accordance with the requirements of this Act, rules adopted by the Department pursuant to this Act, and the EMS System Program Plan.

(h) Establish or approve protocols for prearrival medical instructions to callers by System Emergency Medical Dispatchers who provide such instructions.

(i) Educate or coordinate the education of Pre-Hospital Registered Nurse, Pre-Hospital Advanced Practice Registered Nurse, Pre-Hospital Physician Assistant, and ECRN candidates, in accordance with the requirements of this Act, rules adopted by the Department

pursuant to this Act, and the EMS System Program Plan.

(j) Approve Pre-Hospital Registered Nurse, Pre-Hospital Advanced Practice Registered Nurse, Pre-Hospital Physician Assistant, and ECRN candidates to practice within the System, and reapprove Pre-Hospital Registered Nurses, Pre-Hospital Advanced Practice Registered Nurses, Pre-Hospital Physician Assistants, and ECRNs every 4 years in accordance with the requirements of the Department and the System Program Plan.

(k) Establish protocols for the use of Pre-Hospital Registered Nurses, Pre-Hospital Advanced Practice Registered Nurses, and Pre-Hospital Physician Assistants within the System.

(l) Establish protocols for utilizing ECRNs and physicians licensed to practice medicine in all of its branches to monitor telecommunications from, and give voice orders to, EMS personnel, under the authority of the EMS Medical Director.

(m) Monitor emergency and non-emergency medical transports within the System, in accordance with rules adopted by the Department pursuant to this Act.

(n) Utilize levels of personnel required by the Department to provide emergency care to the sick and injured at the scene of an emergency, during transport to a hospital or during inter-hospital transport and within the hospital emergency department until the responsibility

for the care of the patient is assumed by the medical personnel of a hospital emergency department or other facility within the hospital to which the patient is first delivered by System personnel.

(o) Utilize levels of personnel required by the Department to provide non-emergency medical services during transport to a health care facility and within the health care facility until the responsibility for the care of the patient is assumed by the medical personnel of the health care facility to which the patient is delivered by System personnel.

(p) Establish and implement a program for System participant information and education, in accordance with rules adopted by the Department pursuant to this Act.

(q) Establish and implement a program for public information and education, in accordance with rules adopted by the Department pursuant to this Act.

(r) Operate in compliance with the EMS Region Plan.

(Source: P.A. 103-689, eff. 1-1-25.)

(210 ILCS 50/3.40)

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

(a) An EMS Medical Director may suspend from participation within the System any EMS personnel, EMS Lead Instructor (LI), individual, individual provider, or other participant

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

(b) Prior to suspending any individual or entity, an EMS Medical Director shall provide an opportunity for a hearing before the local System review board in accordance with subsection (f) and the rules promulgated by the Department. The local System review board shall have the authority to affirm, reduce, reverse, or modify, but not increase, the EMS Medical Director's suspension order. The local System review board shall consist of 3 members. One member shall be an emergency department physician with knowledge of EMS, and 2 members shall be of the same professional category as the individual, individual provider, or other participant

requesting the hearing. The EMS Medical Director shall establish, maintain, and post in a 24-hour accessible location a roster of pre-identified System review board members. The roster shall include multiple individuals representing each professional category operating within the EMS System, no less than 5 members. The roster shall be structured to ensure representation across the range of license types within the EMS System and support the selection of impartial and appropriately matched peers for each proceeding.

The selection of the System review board members for a hearing shall be conducted by the EMS Medical Director or the EMS Medical Director's designee from the roster. Prior to finalizing the selection, the individual provider or participant requesting the hearing shall be provided the opportunity to review and approve the proposed review board members and provide any objections based on conflicts of interest or demonstrated bias. If the EMS Medical Director or the EMS Medical Director's designee and the EMS System participant or participating entity are unable to come to an agreement, the final decision shall be made by the Department.

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

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

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

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

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

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

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

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

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

(2) Within 24 hours following the commencement of the suspension, the suspended individual or entity may deliver to the Department, by messenger, telefax, or other Department-approved electronic communication, a written response to the suspension order and copies of any written

materials which the individual or entity feels are appropriate. All medical and patient-specific information, including Department findings with respect to the quality of care rendered, shall be strictly confidential pursuant to the Medical Studies Act.

(3) Within 24 hours following receipt of the EMS Medical Director's suspension order or the individual or entity's written response, whichever is later, the Director or the Director's designee shall determine whether the suspension should be stayed pending an opportunity for a hearing or review in accordance with this Act, or whether the suspension should continue during the course of that hearing or review. When an immediate suspension order is not stayed, the Director or the Director's designee within the Department shall identify if that suspension shall immediately apply to statewide participation only in situations when a licensee has been charged with a crime while performing the licensee's official duties as an EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, TNS, PHRN, LI, PHPA, or PHAPRN and the licensee's continuation to practice poses the possibility of imminent harm to the public based upon factual evidence provided to the Department. The determination to issue an immediate statewide suspension shall not deny the right to due process to a licensee. The Director or the Director's designee shall issue this determination to the EMS Medical

Director, who shall immediately notify the suspended individual or entity. The suspension shall remain in effect during this period of review by the Director or the Director's designee.

(e) Upon issuance of a suspension order for reasons directly related to medical care, the EMS Medical Director shall also provide the individual or entity with the opportunity for a hearing before the local System review board, in accordance with subsection (f) and the rules promulgated by the Department. The local System review board shall have the authority to affirm, reduce, reverse, or modify, but not increase, the EMS Medical Director's suspension order.

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

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

(3) The suspended individual or entity may elect to

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

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

(g) The Resource Hospital shall implement a decision of the State Emergency Medical Services Disciplinary Review Board

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

(Source: P.A. 103-521, eff. 1-1-24; 103-779, eff. 8-2-24; 104-417, eff. 8-15-25.)

(210 ILCS 50/3.45)

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

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

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

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

(c) The function of the Board is to review and affirm, reduce, reverse, or modify, but not increase, disciplinary orders.

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

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

comply with all confidentiality requirements and requirements for the protection of any patient information presented during the proceeding.

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

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

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

(i) At its regularly scheduled meetings, the Board shall

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

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

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

(l) The Board shall review the transcript, evidence, and written decision of the local review board, or the written decision and supporting documentation of the EMS Medical Director, whichever is applicable, along with any additional

written or verbal testimony or argument offered by the parties to the dispute.

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

(Source: P.A. 103-521, eff. 1-1-24.)

(210 ILCS 50/3.50)

Sec. 3.50. Emergency Medical Services personnel licensure levels.

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

(b) "Emergency Medical Technician-Intermediate" or "EMT-I" means a person who has successfully completed a course in

intermediate life support as approved by the Department, is currently licensed by the Department in accordance with standards prescribed by this Act and rules adopted by the Department pursuant to this Act, and practices within an Intermediate or Advanced Life Support EMS System.

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

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

(c-5) "Emergency Medical Responder" or "EMR (First Responder)" means a person who has successfully completed a course in emergency medical response as approved by the Department and provides emergency medical response services in

accordance with the level of care established by the National EMS Educational Standards Emergency Medical Responder course as modified by the Department, or who provides services as part of an EMS System response plan, as approved by the Department, of that EMS System. The Department shall have the authority to adopt rules governing the curriculum, practice, and necessary equipment applicable to Emergency Medical Responders.

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

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

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

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

(A) A failure rate per course of 30% or greater at the first attempt on the licensure examination shall require the EMS System to submit a quality improvement plan to the Department. The EMS System shall share failure rates with the EMS Lead Instructor quarterly. Neither the EMS System nor the Department may take licensure action against an EMS Lead Instructor based solely on first-attempt pass rates.

(B) Candidates shall complete the licensure examination within the timeline required by the NREMT.

(C) An accredited Paramedic program shall be conducted only by an EMS System or an academic institution whose curriculum has been approved by the EMS System. An EMS System associate hospital may allow students from an EMS System-approved and Department-approved Paramedic course to complete clinical rotations as approved by the EMS System Medical Director. The approval by the EMS System Medical Director may not be unreasonably denied.

(2) Prescribe licensure testing requirements for all

levels of EMS personnel, which shall include a requirement that all phases of instruction, training, and field experience be completed before taking the appropriate licensure examination. Candidates shall take the appropriate National Registry examination. In prescribing licensure testing requirements for honorably discharged members of the armed forces of the United States under this paragraph (2), the Department shall ensure that a candidate's military emergency medical training, emergency medical curriculum completed, and clinical experience, as described in paragraph (2.5), are recognized.

(2.5) Review applications for EMS personnel licensure from honorably discharged members of the armed forces of the United States with military emergency medical training. Applications shall be filed with the Department within one year after military discharge and shall contain: (i) proof of successful completion of military emergency medical training; (ii) a detailed description of the emergency medical curriculum completed; and (iii) a detailed description of the applicant's clinical experience. The Department may request additional and clarifying information. The Department shall evaluate the application, including the applicant's training and experience, consistent with the standards set forth under subsections (a), (b), (c), and (d) of Section 3.10. If the application clearly demonstrates that the training and

experience meet such standards, the Department shall offer the applicant the opportunity to successfully complete a Department-approved EMS personnel examination for the level of license for which the applicant is qualified. Upon passage of an examination, the Department shall issue a license, which shall be subject to all provisions of this Act that are otherwise applicable to the level of EMS personnel license issued.

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

(A) The Department shall issue to EMS personnel a physical license or digital license.

(B) A licensee shall not be required to possess a copy of a physical license or a digital license on the licensee's person while on duty.

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

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

continuing education, and an EMT shall have 60 hours of approved continuing education. An Illinois licensed EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHPA, PHAPRN, or PHRN whose license has been expired for less than 36 months may apply for reinstatement by the Department. Reinstatement shall require that the applicant (i) submit satisfactory proof of completion of continuing medical education and clinical requirements to be prescribed by the Department in an administrative rule; (ii) submit a positive recommendation from an Illinois EMS Medical Director attesting to the applicant's qualifications for retesting; and (iii) pass a Department approved test for the level of EMS personnel license sought to be reinstated.

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

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

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

(A) The licensee has not met continuing education

or relicensure requirements as prescribed by the Department;

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

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

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

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

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

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

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

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

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

(d-10) A person who is not an EMS personnel may operate an EMS vehicle pursuant to this Act if the following requirements are met: (i) the person meets the requirements of Section 11-1421 of the Illinois Vehicle Code; (ii) 2 Department-licensed EMS personnel are present and have met

educational requirements prescribed by the Department; and (iii) the clinical condition of the patient necessitates the involvement of additional licensed personnel to ensure appropriate assessment, treatment, and patient safety. If a waiver is issued by the Department, the person who is not an EMS personnel may operate the EMS vehicle if only one EMS personnel is present. Upon request, the Department may issue a retroactive waiver when appropriate.

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

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

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

(Source: P.A. 104-362, eff. 8-15-25.)