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 Section 3.85 as follows:

(210 ILCS 50/3.85)

Sec. 3.85. Vehicle Service Providers.

(a) "Vehicle Service Provider" means an entity licensed by the Department to provide emergency or non-emergency medical services in compliance with this Act, the rules promulgated by the Department pursuant to this Act, and an operational plan approved by its EMS System(s), utilizing at least ambulances or specialized emergency medical service vehicles (SEMSV).

(1) "Ambulance" means any publicly or privately owned on-road vehicle that is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated for the emergency transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or the non-emergency medical transportation of persons who require the presence of medical personnel to monitor the individual's condition or medical apparatus being used on such individuals.

(2) "Specialized Emergency Medical Services Vehicle" or "SEMSV" means a vehicle or conveyance, other than those owned or operated by the federal government, that is primarily intended for use in transporting the sick or injured by means of air, water, or ground transportation, that is not an ambulance as defined in this Act. The term includes watercraft, aircraft and special purpose ground transport vehicles or conveyances not intended for use on public roads.

(3) An ambulance or SEMSV may also be designated as a Limited Operation Vehicle or Special-Use Vehicle:

(A) "Limited Operation Vehicle" means a vehicle which is licensed by the Department to provide basic, intermediate or advanced life support emergency or non-emergency medical services that are exclusively limited to specific events or locales.

(B) "Special-Use Vehicle" means any publicly or privately owned vehicle that is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated solely for the emergency or non-emergency transportation of a specific medical class or category of persons who are sick, injured, wounded or otherwise incapacitated or helpless (e.g. high-risk obstetrical patients, neonatal patients).

(C) "Reserve Ambulance" means a vehicle that meets

all criteria set forth in this Section and all Department rules, except for the required inventory of medical supplies and durable medical equipment, which may be rapidly transferred from a fully functional ambulance to a reserve ambulance without the use of tools or special mechanical expertise.

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

(1) Require all Vehicle Service Providers, both publicly and privately owned, to function within an EMS System.

(2) Require a Vehicle Service Provider utilizing ambulances to have a primary affiliation with an EMS System within the EMS Region in which its Primary Service Area is located, which is the geographic areas in which the provider renders the majority of its emergency responses. This requirement shall not apply to Vehicle Service Providers which exclusively utilize Limited Operation Vehicles.

(3) Establish licensing standards and requirements for Vehicle Service Providers, through rules adopted pursuant to this Act, including but not limited to:

(A) Vehicle design, specification, operation and maintenance standards, including standards for the use of reserve ambulances;

(B) Equipment requirements;

(C) Staffing requirements; and

(D) License renewal at intervals determined by the Department, which shall be not less than every 4 years.

The Department's standards and requirements with respect to vehicle staffing for private, nonpublic local government employers must allow for alternative staffing models that include an EMR with a licensed EMT, EMT-I, A-EMT, Paramedic, or PHRN, as appropriate, pursuant to the approval of the EMS System Program Plan developed and approved by the EMS Medical Director for an EMS System. The EMS personnel licensed at the highest level shall provide the initial assessment of the patient to determine the level of care required for transport to the receiving health care facility, and this assessment shall be documented in the patient care report and documented with online medical control. The EMS personnel licensed at or above the level of care required by the specific patient as directed by the EMS Medical Director shall be the primary care provider en route to the destination facility or patient's residence. The Department shall monitor the implementation and performance of alternative staffing models and may issue a notice of termination of an alternative staffing model only upon evidence that an EMS System Program Plan is not being adhered to. Adoption of an alternative staffing model shall not result in a

Vehicle Service Provider being prohibited or limited in the utilization of its staff or equipment from providing any of the services authorized by this Act or as otherwise outlined in the approved EMS System Program Plan, including, without limitation, the deployment of resources to provide out-of-state disaster response. EMS System Program Plans must address a process for out-of-state disaster response deployments that must meet the following:

(A) All deployments to provide out-of-state disaster response must first be approved by the EMS Medical Director and submitted to the Department.

(B) The submission must include the number of units being deployed, vehicle identification numbers, length of deployment, and names of personnel and their licensure level.

(C) Ensure that all necessary in-state requests for services will be covered during the duration of the deployment.

An EMS System Program Plan for a Basic Life Support, advanced life support, and critical care transport utilizing an EMR and an EMT shall include the following:

(A) Alternative staffing models for a Basic Life Support transport utilizing an EMR shall only be utilized for interfacility Basic Life Support transports as specified by the EMS System Program Plan

as determined by the EMS System Medical Director.

(B) Protocols that shall include dispatch procedures to properly screen and assess patients for EMR-staffed transports.

(C) A requirement that a provider and EMS System shall implement a quality assurance plan that shall include for the initial waiver period the review of at least 5% of total interfacility transports utilizing an EMR with mechanisms outlined to audit dispatch screening, reason for transport, patient diagnosis, level of care, and the outcome of transports performed. Quality assurance reports must be submitted and reviewed by the provider and EMS System monthly and made available to the Department upon request. The percentage of transports reviewed under quality assurance plans for renewal periods shall be determined by the EMS Medical Director, however, it shall not be less than 3%.

(D) The EMS System Medical Director shall develop a minimum set of requirements for individuals based on level of licensure that includes education, training, and credentialing for all team members identified to participate in an alternative staffing plan. The EMT, Paramedic, PHRN, PHPA, PHAPRN, and critical care transport staff shall have the minimum experience in performance of pre-hospital and inter-hospital care,

as determined by the EMS Medical Director in accordance with the EMS System Program Plan, but at a minimum of 6 months of prehospital experience or at least 50 documented patient care interventions during transport as the primary care provider and approved by the Department.

(E) The licensed EMR must complete a defensive driving course prior to participation in the Department's alternative staffing model.

(F) The length of the EMS System Program Plan for a Basic Life Support transport utilizing an EMR shall be for one year, and must be renewed annually if proof of the criteria being met is submitted, validated, and approved by the EMS Medical Director for the EMS System and the Department.

(G) Beginning July 1, 2023, the utilization of EMRs for advanced life support transports and Tier III Critical Care Transports shall be allowed for periods not to exceed 3 years under a pilot program. The pilot program shall not be implemented before Department approval. Agencies requesting to utilize this staffing model for the time period of the pilot program must complete the following:

(i) Submit a waiver request to the Department requesting to participate in the pilot program with specific details of how quality assurance and

improvement will be gathered, measured, reported to the Department, and reviewed and utilized internally by the participating agency.

(ii) Submit a signed approval letter from the EMS System Medical Director approving participation in the pilot program.

(iii) Submit updated EMS System plans, additional education, and training of the EMR and protocols related to the pilot program.

(iv) Submit agency policies and procedures related to the pilot program.

(v) Submit the number of individuals currently participating and committed to participating in education programs to achieve a higher level of licensure at the time of submission.

(vi) Submit an explanation of how the provider will support individuals obtaining a higher level of licensure and encourage a higher level of licensure during the year of the alternative staffing plan and specific examples of recruitment and retention activities or initiatives.

Upon submission of a renewal application and recruitment and retention plan, the provider shall include additional data regarding current employment numbers, attrition rates over the year, and activities and initiatives over the previous year to address

recruitment and retention.

The information required under this subparagraph (G) shall be provided to and retained by the EMS System upon initial application and renewal and shall be provided to the Department upon request.

The Department must allow for an alternative rural staffing model for those vehicle service providers that serve a rural or semi-rural population of 10,000 or fewer inhabitants and exclusively uses volunteers, paid-on-call, or part-time employees, or a combination thereof. The changes made by this amendatory Act of the 104th General Assembly do not apply to employees covered by a collective bargaining agreement.

(4) License all Vehicle Service Providers that have met the Department's requirements for licensure, unless such Provider is owned or licensed by the federal government. All Provider licenses issued by the Department shall specify the level and type of each vehicle covered by the license (BLS, ILS, ALS, ambulance, critical care transport, SEMSV, limited operation vehicle, special use vehicle, reserve ambulance).

(5) Annually inspect all licensed vehicles operated by Vehicle Service Providers.

(6) Suspend, revoke, refuse to issue or refuse to renew the license of any Vehicle Service Provider, or that portion of a license pertaining to a specific vehicle

operated by the Provider, after an opportunity for a hearing, when findings show that the Provider or one or more of its vehicles has failed to comply with the standards and requirements of this Act or rules adopted by the Department pursuant to this Act.

(7) Issue an Emergency Suspension Order for any Provider or vehicle licensed under this Act, when the Director or his designee has determined that an immediate and serious danger to the public health, safety and welfare exists. Suspension or revocation proceedings which offer an opportunity for hearing shall be promptly initiated after the Emergency Suspension Order has been issued.

(8) Exempt any licensed vehicle from subsequent vehicle design standards or specifications required by the Department, as long as said vehicle is continuously in compliance with the vehicle design standards and specifications originally applicable to that vehicle, or until said vehicle's title of ownership is transferred.

(9) Exempt any vehicle (except an SEMSV) which was being used as an ambulance on or before December 15, 1980, from vehicle design standards and specifications required by the Department, until said vehicle's title of ownership is transferred. Such vehicles shall not be exempt from all other licensing standards and requirements prescribed by the Department.

(10) Prohibit any Vehicle Service Provider from advertising, identifying its vehicles, or disseminating information in a false or misleading manner concerning the Provider's type and level of vehicles, location, primary service area, response times, level of personnel, licensure status or System participation.

(10.5) Prohibit any Vehicle Service Provider, whether municipal, private, or hospital-owned, from advertising itself as a critical care transport provider unless it participates in a Department-approved EMS System critical care transport plan.

(11) Charge each Vehicle Service Provider a fee per transport vehicle, due annually at time of inspection. The fee per transport vehicle shall be set by administrative rule by the Department and shall not exceed 100 vehicles per provider.

(12) Beginning July 1, 2023, as part of a pilot program that shall not exceed a term of 3 years, an ambulance may be upgraded to a higher level of care for interfacility transports by an ambulance assistance vehicle with appropriate equipment and licensed personnel to intercept with the licensed ambulance at the sending facility before departure. The pilot program shall not be implemented before Department approval. To participate in the pilot program, an agency must:

(A) Submit a waiver request to the Department with

intercept vehicle vehicle identification numbers, calls signs, equipment detail, and a robust quality assurance plan that shall list, at minimum, detailed reasons each intercept had to be completed, barriers to initial dispatch of advanced life support services, and how this benefited the patient.

(B) Report to the Department quarterly additional data deemed meaningful by the providing agency along with the data required under subparagraph (A) of this paragraph (12).

(C) Obtain a signed letter of approval from the EMS Medical Director allowing for participation in the pilot program.

(D) Update EMS System plans and protocols from the pilot program.

(E) Update policies and procedures from the agencies participating in the pilot program.

(Source: P.A. 102-623, eff. 8-27-21; 103-547, eff. 8-11-23.)

Section 99. Effective date. This Act takes effect upon becoming law.