

**EMS Advisory Council**  
**Meeting Minutes**  
March 10, 2011  
Department of Natural Resources  
Springfield, Illinois

**Call to order, Mike Hansen 11:01 am**

**Roll Call & Approval of Minutes**

Present: Glenn Aldinger, Kevin Bernard, Don Davids, Melissa Dunning, Randy Faxon, Ralph Gaul, Michael Hansen, David Loria, George Madland, Connie Mattera, Mary Ann Miller, Annie Moy, Brad Robinson, Kathleen Schmidt, Leslie Stein-Spencer, Thomas Stecher, Herbert Sutherland, Jack Whitney, Thomas Willis, Bill Wood

Absent: Richard Fantus, excused; Terry Pool, excused

Proxy: Steven Holtsford proxy via Don Davids; Leslie Stein-Spencer for Marc Levison; Jennifer Haner proxy via Brad Robinson; Doug Sears proxy via Michael Hansen

We have a quorum.

Call for the approval of the minutes from the November 18<sup>th</sup> meeting. Motion made by Glen Aldinger and second by Bill Wood. All those in favor-Yes, opposed-none. Minutes stand as approved.

**Division of EMS Report, Jack Fleeharty**  
IDPH Report for EMS Advisory Committee

Jack thanked the council and subcommittees for being very active, taking on a lot of items, being efficient and effective to partners and reaching out, and bringing good representation. These groups demonstrate professionalism and extended our thanks for that and the progress we made in last five months.

**EMS Data Collection:**

The department continues to work with providers in the implementation of collecting the new Nemsis Data, EMS Data Systems recently pushed out a fix that allows third party users to assign the EMS Systems at time of the electronic submission which was an issue that was brought to our attention at the EMS Data subcommittee. We are still working with a couple of major vendors to get their data mapped so we will have complete data. For problems or questions please contact Dan Lee.

**Trauma Surveys,** Fifteen hospitals have been selected and are scheduled for trauma surveys.

Adelisa, Dr. Gaines, and Dr. Enderson will be conducting these surveys beginning in April and will continue thru June.

New hospitals that are requesting designation include:

Cardinal Glennon Hospital, St. Louis (Pediatric level 1 designation)

Childrens Hospital, St. Louis (Pediatric level 1 designation)

Barnes Hospital, St. Louis, (Adult level 1 designation)

St. Mary's Hospital, Evansville, IN, (Adult level II, and Pediatric level II designations)

Aurora Hospital, Kenosha, WI (Adult level II)

Review of the hospital trauma applications have not been completed on the Evansville and Kenosha, WI hospitals.

### **Trauma Hospital Related Issues:**

- **Lack of Trauma Centers on the South Side:** Dr. Gaines, Jack Fleeheart and Sheila Gerber attended a public hearing in Chicago to assist with information gathering concerning the need for additional Trauma Centers in the South Side of Chicago. Kathy Tanouye has distributed an article that sort of summarizes the communities concerns. Other issues that were addressed was the amount of Bypass that occurs on the south side. Proctor hospital has closed its ED to Ambulance patients and downgraded to a Basic ED which is moving approximately 4800 patients annually to other facilities which is also raising concerns by both the surrounding facilities and the community.
- **Bypass Issues:** Bypass continues to occur on a regular basis typically causing a domino effect creating situations where patients are being transported further to other hospitals. IDPH has a goal to try to address some of the issues with bypass and will be increasing our monitoring of these bypass occurrences. There are no simple solutions to this issue and unless hospitals have an incentive to pour more resources towards their Emergency Departments it will be difficult to curb these occurrences. This is probably an area where we will need to assistance of the advisory council to help change the EMS Act or administrative rules to help resolve this issue long term.
- **Trauma Center Funds:** State Representative John Bradley has proposed HB1391 which essentially states that monies collected in one EMS Region cannot be allocated to Trauma Centers within another region and where there are no trauma centers that the funds would be distributed within that region. He is going to call this bill next week. If the State Trauma Council is going to either support or oppose that bill it would be good to have some representation to address that issue before the house committee. The Amount of funding that would be re-distributed from the Trauma Center fund to these downstate hospitals would be approximately three to four hundred thousand dollars. I believe from discussions I had with Representative Bradley he is willing to amend the bill but will not waiver on the monies being given to the downstate hospitals versus being given trauma centers in the northern half of the state. IDPH has concerns that if this bill passes it will create an environment where other hospitals within regions that have few or distant trauma centers will follow suit and make a legislative effort to also obtain funds from the trauma center funds without significant improvement in the overall trauma center development within the state.\

### **EMS Administrative Rules:**

As the Council is aware the Department has been working for many months now on EMS administrative rule changes: The council has before them approximately fifteen rules to vote on today. Additionally EMSC and Critical Care Transport rules are with our legal department. The Stroke bill rules reside with the Illinois Hospital Association awaiting the appointments to the State Stroke Advisory Subcommittee.

Introduced Paula Atteberry and acknowledged all her efforts, Susan Meister, Jonathan Gunn and their commitment we wouldn't have gotten these rules this far.

- **Other rules and projects we will be working on in the near future include:**
  1. Adoption of New Education Standards and processes to standardize and streamline the education course and in-service application process.
  2. Helicopter Emergency Services
  3. Ambulance Licensing Standards
- **TNS Course Administrative Rules:** These have been submitted to the Trauma Advisory Council for approval. They have also been submitted to the EMS Advisory Council for Approval. Trauma Advisory Council chose to wait until the Joint meeting June 2, 2011 to vote on these.
- **Online Renewal Process:**

The department continues to work internally with IT to develop an online renewal and information update process. We are also looking at an online fee payment that will accommodate the fee issues around individuals and Ambulance Companies.

### **Emergency Medical Services for Children:**

Evelyn Lyons and Paula Atteberry continue to prepare for the upcoming Facility Recognition surveys for EMS Region 2. I believe correspondence has been provided to those facilities that are due for facility site surveys. Specific survey dates will be confirmed soon.

There is a state-wide pediatric exercise that is being planned for May 21<sup>st</sup>. Evelyn Lyons, Molly Lamb, and Brandy Lane are part of the exercise planning team. This exercise evolved out of the Great Lakes Healthcare Partnership workgroup and has been primarily organized by Chicago Department of Public Health, IDPH's ASPR Hospital Preparedness Program and Metropolitan Chicago Health Care Council. Some of the downstate hospitals may have limited participation due to the fact that this exercise is at the end of the National Level Exercise (NLE) for downstate Illinois.

Several School Nurse Emergency Course (SNEC) courses are being scheduled for this summer in various parts of the state. Please contact Evelyn Lyons for dates and availability of this course.

EMSC and the Pediatric Bioterrorism Committee have recently completed revisions to the SNS ventilator guidelines and copies were distributed to hospitals throughout the state in February.

EMSC has completed an online Pediatric Diabetic Ketoacidosis educational module for emergency care professionals. It provides 3 hours of self-study education and can be accessed thru the EMSC website.

A number of applications for the Ron W. Lee, MD – Excellence in Pediatrics Care Award have been received by the EMSC Office. These will undergo review by the review panel and the awards will be announced in May.

EMSC proposed rule changes are at IDPH legal being reviewed. From there they will go to the Governor's office and back to the EMS Council.

EMS Week is coming up and Paula Atteberry is working on those currently. She needs hero award recommendations, private citizens and people working in EMS. We are also looking for recommendations for educators. She would like to have these April 5 for instructors and educators, the April 15<sup>th</sup> is for the certificates.

**Hospital Radio Narrowbanding:** The Emerging Issues subcommittee has volunteered to provide some of its interested members to work with IDPH on a narrow-banding plan for hospitals. Our representative Billy Carter will be providing guidance on some of the issues surrounding this process. Narrow-banding of the Merci-Radio and Med Channels must be completed by 2013. Hospitals should already be making arrangements to be changing their FCC licenses as needed. The Illinois Terrorism task force is also working with a subcommittee to address local issues as this has to be coordinated on a local level. There is also opportunity for the states to have input on the D-block band allocation and there is hope that the FCC will preserve part or all of the D-Block for public safety communications.

**Special Programs:** The Department has awarded 213 Automatic External Defibrillator Grants for this fiscal year. The Department has also pushed out the EMS Assistance Grants to EMS Systems for this fiscal year. \$90,000 to \$100,00/year and our goal is to protect this funding and keep it in place.

## **COMMITTEE REPORTS – EMS**

### **Legislative & Planning – Mike Hansen**

Two meetings were held in January and February 2011. They had some rules from IDPH and they approved them. The committee provided input/feedback and there were addressed at their February meeting and are before the Council today.

### **EMS Rules & Regulations – Mike Hansen**

Discussion later in meeting.

### **State EMS Protocols – Annie Moy**

Made changes to rules 515.330 and appendix D is at the Governor's Office. Bill Wood was advised that people can weigh in on that later.

**EMS Data – Mike Hansen**

No report.

**EMS Education – Connie Mattera, RN**

87 people attended NAEMSE classes in Bloomington, the next meeting is confirmed in Carbondale, August 5-7; Level I class in Elmhurst, September 30-October 2. Connie had queried the state about where they want Level 2 class in Illinois this year – votes were for Chicago metro area, but a large volume asked for mid-state. She is talking with people in Joliet to conduct a class in south side Chicago.

A meeting was held January 31 - They renewed committee charter, looked at strategic plan, and federal issues ie support national registry; reviewed committee plan to transition at the new levels of scope of practice. Currently, they are having meetings with Continental Testing. Three subcommittees are working on CE issues, more learning and sharing documents. Hopes to have three subcommittee meeting minutes for the next meeting.

Kathy and Donna are chairing one. Connie will e-mail advisory council whose chairing the subcommittees. Linda Angarola is helping on one of them.

Jack mentioned that the Epilepsy Foundation has online training modules that were released this month. There is a handout at this meeting for participants.

**EMS Recruitment and Retention**

No report – Mike added agenda items toward end to discuss this issue.

**Tactical EMS - Patti Lindemann**

No report.

**Emerging Issues - Mary Ann Miller**

Two sets of minutes were distributed prior to meeting. They just met 2/28 and the next meeting is the 4<sup>th</sup> Monday of April. Will try to coordinate with Connie's meeting since they're the same date. The working relations between committees and state are good; the Critical Care Plan as we know it in legalese to match the criteria exactly (the three-tiered plan). Other states have asked for copies of the plan we have worked on. Jack acknowledged that our legal team has been outstanding and met with us multiple times.

Stretcher Van rules came from this committee also and are before this Council today.

They are following Stroke along with STEMI care. 14 positions have been nominated; the paperwork is done for the State Stroke Committee. There are five applications that haven't done their paperwork. They also need Region 1, Region 6 and Region 9 nominations. Two positions still need EMS Medical Directors; Rural Fire Chief still needed nomination as well. IHA, Bridget

McCarte has the last draft of the rules that were finished last May and IHA is holding that document to turn over to this State Stroke Subcommittee.

Stroke Survivor empowering each other; Region 11 was thanked for their plan.

This committee is watching STEMI issues in Region 8 along with George Madland. George said the Emerging Issues committee wants to share their plan but need approval first.

Mike noted that the committee can look at the NFPA as long as it is only the State Standard. We still reference 1822 standards; Paula has changed Administrative Rules to meet that standard until we know which way we are going.

They are still looking at the Strategic Plan to waive vehicle markings until a new standard is adopted, especially STEMI. Mike looking at revision of Strategic Plan was approved in September 2010. Jack has taken the Strategic Plan and broke it down into processes, each one is set up in format to share with his staff and assign. We will then identify partners and reach the goals/objectives. He has not had time recently because of legislation, but should in the very near future.

### **Old Business**

None.

### **New Business – EMS**

- Proposed rules

- **515.470 - VA Hospitals**

The suspension of the provider, transporting to facilities – noted in the very last section – IDPH needs to retain their own authority to stop transports into that facility. This is a federal facility.

Concerns/Comments:

Leslie Stein-Spencer had questions about stopping transports to VA facilities.

Mary Ann Miller has concern about the term “facility” and its definition; should be ED.

Jack noted that everyone has the right to due process. Because it’s a Federal facility we can’t suspend its ED.

Leslie states that the language needs to be consistent with the Systems Act.

IDPH can only regulate the provider (Ambulance Company). George Madland does not feel that this language makes sense, the VA is in their system, but the provider can’t go to the facility regardless of the letter of participation – no its puts responsibility of the Medical Director. Jack stated to keep in mind these are emergency suspension orders and the State has that authority. George wants to know how IDPH finds out which ambulances go there and what system they’re part of? IDPH’s authority lies with these providers (ambulance companies). Bill Wood

suggested to make them a participating in hospital only, can't give out medical direction?. Jack said the problem is not if they participate or not, if we don't have the language it puts the onus on every facility that the provider functions in. Our mission is to protect the public of this state, and this is a a Federal facility. This is our only avenue to stop transporting to a federal facility.

Interested party (Greg) - What happens to liability of the Medical Director if not taking action on someone in their system? Jack said that is a question for an attorney - Where's the liability for a medical director?

Motion by Bill Wood to table this issue and request legal staff clarify issues/concerns, seconded by Annie Moy.

Mike Hansen - All in favor of tabling this issue until 6/2, all Ayes, none opposed, none abstentions. Motion to table this discussion until 6/2/11 passed.

○ **515.640 – Reinstatement of License**

Jack addressed an error in rule: the 3<sup>rd</sup> page still says "515.620"; copy to JCAR will be corrected. Mike – This rule looks at EMT paramedic licenses; it's a bill from last session and was written for one specific person initially to get license back. The bill will provide 36 consecutive months for someone to reinstate.

Motion to approve by Bill Wood, seconded by Jack Whitney.

Concerns/Comments

Point number 2-EMS medical director; what if EMT is not part of an EMS system? Jack stated that they need to be a part of an EMS system and each EMS system can develop their own policy once this rule is passed. Interested party (Greg) said that his EMS system won't take them unless they're affiliated with a department and this rule might be hurting someone that wants to come back into the EMT field if an EMS system won't take them in. Jack said yes, it does put a burden on an EMT to find a system to let them in. Connie Matters has people that got out of the EMT field and now want back in; this rule intended to facilitate them coming back; not asking medical directors to do anything. You can get them into an entry level licensing status and then they can go on; Connie is one system that will help these people. She is not taking them in; only getting them ready to take the test (just a student like any other she has).

Comment - If an EMT goes inactive right now, they don't have to take the exam now to be reinstated? Jack noted that an inactive person has to be current at time they go inactive. This bill impacts people that chose not to renew, two different circumstances.

George Madland stated that limitations are noted in the bill. When an EMT renews, sign for license and function at that level in his system. Need reason for the relationship why the person is in his system. Certify and license EMT providers – Jack because it is specified in the law. If you want to expand, you'll need to change the Act. People three years out now have a way back into the EMT field.

Motion by Connie Mattera to approve, seconded  
Mike Hansen - All in favor-yes, none opposed, no abstentions. Motion to approve passed.

- **515.850 – Reserve Ambulance**

Motion to approve by Mike Hansen, seconded by Mary Ann Miller.  
Mike Hansen – All in favor-yes, none opposed, no abstentions.  
Motion passed to approve.

- **515.160 – Facility, System and Equipment Violation**

Motion to approve by Bill Wood, seconded by Randy Faxon.  
Mike Hansen – All in Favor-yes, none opposed, no abstentions.  
Motion to approve passed.

- **515.100.100 – Stretcher Van (definition)**

- **515.835 – Stretcher Van**

- **515.840 – Stretcher Van Requirement**

- **515.845 – Stretcher Van Operations**

Motion to approve all Stretcher Van Rules by Mary Ann Miller, seconded by Kevin Bernard.  
Mike Hansen - All in favor-yes, none opposed, no abstentions.

- **515.455 – Intra and Inter System Dispute Resolution**

Motion to approve by Connie Matera, seconded by Bill Wood.

Mike Hansen - Changes to original document are underlined , we added C.  
All in favor - yes, none opposed, no abstention.  
Motion to approve passed.

- **515.630 – Military Experience**

Motion to approve by Thomas Willis, seconded Randy Faxon.  
One portion of this came before the Legislative Committee asking about active reservists; consulted with legal and wasn't part of original Act. We can go ahead with this and Rep. Moffit will include in a new bill this session. Jack said he thought the shell bill is already in for this session and includes all military services

Mike Hansen - All in favor – yes, none opposed, no abstention.  
Motion to approve passed.

- **515.620 - Felony Convictions**

This was approved at the last council meeting and through to JCAR per Jack. Jonathan Gunn has a set of draft rules to be consistent in reviewing felony cases, by the next council meeting these will be before the Council.

- **515.460 – Fees**

Motion to approve by Bill Wood, seconded Kevin Bernard.



Connie Mattera stated there is dilemma of fees proposed as this will be the death of the TNS program; she cannot support this fee structure because of her constituents. Connie will have to vote No.

Bill Wood stated that hospitals will pay more for ACLS, CPR classes, this averages out to \$5/year for relicensure, don't use as a threat disappointing. An interested party person stated that not every hospital pays those fees.

George Madland agreed with Connie regarding justification; hospitals are not voluntary activity, they choose if they are a resource hospital or associate hospital. Communities are voluntary activities and know what's involved.

Leslie Stein-Spencer questioned if fees would be implemented once credit cards are taken for payment. Jack stated the goal is to have an automated system, not foreseeable though.

Annie Moy noted that fees are necessary, but questioned how testing fees have been weighted.

Interested party person questioned that if there is only one ECRN available, per Connie's information, there will be no radio answering. Also, in Section D (b) – why are volunteer paramedic and edits excluded? Bridget McCarter, IHA, stated that Rep. Moffit amended HB 3255 so that paramedics will be included in this fee schedule.

Interested party (Greg) questioned if there was any consideration of multiple licenses/certifications, etc.? Jack stated that yes it was; however, tracking is undoable because IDPH does not track by licenses; different licenses expire at different times

Mike Hansen read the current House amendment stating that EMT exclusively serve. Jack stated that this is 80% of an average cost as we looked at all the fees and surrounding states. Annie Moy regarding the House amendment motioned to table this until the council members can look at the amendments made yesterday and wait until the next Council meeting on June 2 - Motion to table this discussion, seconded by Connie Mattera.

Jack noted the Motion to table, but tabling will cost us \$100,000. The Director will have to make this decision to go forward. This is a fiscal impact and does cost IDPH and we highly wish for EMS Advisory boards' approval. Jack was not convinced that TNSs will drop their licensure because of this rule; provided a cost analysis of a paramedic versus a TNS. It is a choice to get these additional certificates. Jack asked council member to please vote your conscious.

Mike Hansen - Motion on the floor to table by Annie Moy and seconded by Connie Mattera. All in favor to table – 5 Ayes, rest of council opposed to table. Motion to table this rule failed.

All those in favor of approving this rule - Ayes have it and passed via raise of hands, one opposed, no abstentions.

Motion to approve passed.

- **515.750 - TNS**

Motion on floor to table discuss by Bill Wood, seconded by Ralph Graul.

Mike Hansen – all those in favor of tabling this issue – Ayes, none opposed, none abstentions.

Motion to table approved.

- **515.330 and 515.Appendix D - BLS**

Motion to approve by Glen Aldinger, seconded by Randy Faxon.

This will be a minimum standard.

Concern/Comment

Leslie Stein-Spencer – the last sentence “Shall not be transported other than nearest hospital” (section M), what about the patient’s request. Jack said we will go back in the Act and check the language. This was only a cleanup of language, typographical errors. Mike Hansen - at a request of Council and Legislative and Planning.

Bill Wood asked that people withdraw Motion and seconded to send this back to Legislative subcommittee. Annie ask that this be stricken. Jack stated that the language in Section M is not changed, we only cleaned up a typographical error. George Madland stated that it doesn’t cover what we’re talking about here. Jack said we don’t disagree with development of STEMI and Stroke, our legal did not propose stuff, they just took out typographical error.

Mike Hansen motioned to pass, seconded

All those in favor – yes, Bill Wood – opposed, no abstentions.

Motion to approve passed.

- **515.800 - Vehicle Service Providers**

Motion to approve by George Madland, seconded by Don Davids.

Mike Hansen – all those in favor – Aye, none opposed, no abstentions.

Motion to approve passed.

- Current Legislation

- **HB 1307 – DUI Blood Draw**

This just passed out of committee yesterday. ISP wants to change the EMS Act. Discussion that this is being done throughout the state – do we know of any? No. Police say this is being done right now – but we are not aware. Peoria EMS says they are doing it, a couple anyway.

EMS Act under scope of practice states that EMT are allowed to do things of medical necessity only, blood draws are not and doing so violates the EMS Act, The EMT will lose all immunity of protection under the EMS Act. That’s why we are removing them from drawing blood.

May need some support at the testimony (maybe Medical Directors), if passes the House and goes to the Senate side. ISP is making effort and, if this is stricken from IL vehicle Code, it would be impossible to get that language back in that Code. May need support from our legislators.

Mary Ann Miller stated that we need to let the public know.

Mike Hansen– the position from Council is to support paramedics from this; he will submit slips of support on behalf of the Council.

- **HB 1217 – Autism**

Council reached agreement with sponsor; she said she wasn't calling the bill. Rep. Dan Brady is co-sponsorship from Bloomington area.

Council recommends we oppose this legislation; not autism group, but there was legislation last year and we voted for opposition; our perspective is this week it's autism and then it'll be the disease of the week. This is already done through special training.

Senator Mathias had legislation last year; we agreed with the State Fire Marshall to do training packets on autism, the training program provides CEUs through IDPH, but all voluntary. Bill didn't go anywhere last year and this is the same bill

Jack met with Rep. Chapa LaVia about this bill and thought it was to be tabled; Mike agreed.

- **HB 1391 – Trauma Fund**

Regions in state that don't have any Level I or II are Regions 4 & 5. This bill would keep trauma funds in that area, but they would go to other hospitals.

Trauma Advisory Council was not supportive of this; nobody testified from Trauma Advisory.

This bill is out of Committee, but there is an amendment by the Illinois Hospital Association to reword healthcare facilities to "Resource Hospitals," but this amendment was not voted on.

The EMS Advisory Council will stand as Neutral.

- **HB 3294 – Epi Pen**

Schools issues, responders should know what's going on.

- **HB 3348 – Medicaid-Ambulance Service Rates**

Mary Ann Miller stated that those serving these type of patients have not had rate increase in 11 years, instead it has decreased by 6% with another decrease coming.

The bill would put Medicaid patients on the same card as the Medicare card. Dan Wright introduced this bill; failed last year due to appropriation.

Motion to support from Mary Ann Miller, seconded by Connie Mattera.

Bill Wood has mixed emotions about this council to push this bill. Mike Hansen – agency generating revenue, Medicaid standpoint not seeing a positive rate of return on your money.

Glenn Aldinger stated that if we support increased rates for ambulance provides, we should do that for everyone.

Motion and second to support – all in favor, no opposed, abstentions by Bill Wood  
The Council approval to support passed.

○ **HB 3255 – ISP Fee Waiver**

No major impact, but will put forth the Council’s opposition because others will do the same.  
Any EMS personnel were submitted to Moffitt.

Mike Hansen – Council will support the amendment including 1st Responder, but not with getting out of the fee. Need to watch this one goes.

○ **SB 2231 – FR Age 16**

This bill establishes a minimum age limit of 16.

Connie Mattera noted that the definition of FR is going away. There are high school programs already being conducted. Jack has concerns about a provider running with one EMT-B on a waiver, if we allow a minimum age of 16, IDPH would not be supportive; need to be minimum of 18 years of age. These people are 1<sup>st</sup> on the scene, very dangerous situations; at 16 they are too young. Jack’s 2<sup>nd</sup> concern is there are a lot of volunteer ambulance services that could possibly have the 16 year old behind the wheel.

Mike Hansen – 17 year olds; what about putting in driving limits on the age of a driver, don’t want the school programs to go away

Mary Ann Miler stated that at 16 you’re not old enough to take care of your own medical decisions unless you’re pregnant.

Motion for the Council to oppose by Glenn Aldinger, seconded by Don Davids.  
Council will oppose this legislation.

**Legal – Jonathan Gunn here**

Mike Hansen – the same person that motioned to table has to make motion to untable to discuss.  
Bill Wood motioned to untable 515.470-VA Hospitals to hold discussion, seconded by Randy Faxon. All those in favor - Ayes, none opposed, none abstentions – Rule removed from Table for discussion.

Mary Ann Miller requested clarification, to use Emergency Department. Jonathan Gunn said that it could be changed from facility to “shall transport patients to the Emergency Department.”  
Leslie Stein-Spencer said that the hospital could have issues because of due process, what if there is a letter of participation? Jonathan responded that we are not suspending the providers’ license., Immediate and serious danger to public only because of the nature of the VA hospitals being Federal; The EMS Act states that it is the systems’ authority and treat under the system plan.

Provision if system director determines immediate health issues, that person has that authority now. System Medical Director may admit them into their system under special circumstances George Madland believes that this is taking away the system's ability but punishing the provider.

Jonathan Gunn restated that the state has zero ability to regulate the VA, the state can say they no longer meet the criteria if they change their staff, but state cannot regulate federal government. George commented that the way it is written it says the State will redirect the provider. Jonathan emphasized that the state is not suspending a providers' license. Jack - if a worst case shows up, go back to EMS data systems, notify every EMS System that they are taking patients as of this date, IDPH requests do not transport to this VA hospitals' ED.

Leslie stated that the rule says that the system has the responsibility, take action on the provider without the system. Discussion that Council may have an old version of the rule - their version is dated 11-30-10 and IDPH fixed that already – IDPH is NOT suspending the providers' license.

Motion by Bill wood to accept this rule as printed today on the Illinois General Assembly's website Wood and accept the change of Facility to Emergency Department, seconded by Mary Ann Miller. Mike Hansen - All in those in favor - Aye, opposed-Herb Sutherland, abstention-Leslie Stein-Spencer

Motion to accept this Rule as discussed with changes approved.

Concurrence of the EMS Advisory Council to appoint Greg Scott and Bill Wood to chair Recruitment and Retention committee.

Mike Hansen - All those in favor-yes, none opposed.

### **Future Meeting Dates**

Discussion held regarding the joint meeting standpoint with Trauma on June 2 in Springfield. There is a lot of EMS legislation and Trauma members would have to endure, not just what affects Trauma members. Looking at the EMS Advisory board, there does not appear to be time for a joint meeting. Trauma is willing to come to Springfield and have their meeting early and EMS can meet after that, not concurrent meetings. If it is not a joint meeting Trauma would want to do teleconference sites. Mike Hansen said that we cannot do business with half of the meeting. The joint meeting was to avoid the vacuum. Glenn Aldinger said the meetings would be sequential and Trauma members are anticipating coming to Springfield on June 2. They can all be in the same room, but let Trauma do their thing.

Mike Hansen will schedule a meeting with Dr. Aldinger and Dr. Fantus to discuss this meeting.

June 2

September 15

November 15

### **Call for Public Comment**

Sharon White, ISP discussed HB 3255. In their defense, it is mandatory for ISP officers to be FRDs, but no local police officers; ISP provides FRD service to public in the field. This fee waiver affects 1800-2000 police officers at \$5/year. Mike Hansen noted that this bill doesn't address FRDs. ISP did not ask for this bill; Rep. Moffit did this bill for FRDs and it needs to be clarified to be EMTs. Mike thanked Sharon and said that he needs to work with Rep. Moffit and take a look at this bill.

Motion to adjourn by Mike Hansen, seconded by Glenn Aldinger and Don Davids.  
Meeting was adjourned at 2:28 p.m.