

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Emergency Medical Services and Trauma Center Code
- 2) Code Citation: 77 Ill. Adm. Code 515
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
515.2090	Amend
515.3000	Amend
- 4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
- 5) A Complete Description of the Subjects and Issues Involved:

The rules in Part 515 set forth requirements for EMS Assistance Fund Grants. The rules are being amended to implement Public Act 96-1469, which amended the Emergency Medical Services (EMS) Systems Act to authorize the Department to use licensing, testing and certification fees within the EMS Assistance Fund for Department administration, oversight and enforcement of activities authorized by the Act. Other changes clarify existing requirements.

The rules in Part 515 set forth requirements for the Department to distribute moneys deposited into the Trauma Center Fund to Illinois designated Trauma Centers. The rules are being amended to implement Public Act 97-209, which amended the Emergency Medical Services (EMS) Systems Act to require that trauma fund money collected in an EMS Region be distributed back to that region.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No

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- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not create or expand a State Mandate.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the *Illinois Register* to:
- Susan Meister  
Division of Legal Services  
Illinois Department of Public Health  
535 W. Jefferson St., 5<sup>th</sup> floor  
Springfield, Illinois 62761
- 217/782-2043  
e-mail: [dph.rules@illinois.gov](mailto:dph.rules@illinois.gov)
- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: All EMS Regions that do not have a trauma designated hospital within the Region will now receive a portion of the trauma fund to be distributed to the hospitals within that Region. The existing trauma designated hospitals will get a smaller amount of Trauma Fund money than previous years.
- B) Reporting, bookkeeping or other procedures required for compliance: All non-trauma center hospitals shall report all patients meeting inclusion criteria for the Head and Spinal Violent Injury Registry (HSVI), per Section 550.120(d) of the Head and Spinal Cord Injury Code, prior to receiving any funds. All hospitals receiving trauma center funds shall demonstrate within the hospital's budget how monies received from the trauma center fund are being used to provide emergency services or trauma services.
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January, 2012

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The full text of the Proposed Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETYPART 515  
EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE

## SUBPART A: GENERAL

Section	
515.100	Definitions
515.125	Incorporated and Referenced Materials
515.150	Waiver Provisions
515.160	Facility, System and Equipment Violations, Hearings and Fines
515.170	Employer Responsibility

## SUBPART B: EMS REGIONS

Section	
515.200	Emergency Medical Services Regions
515.210	EMS Regional Plan Development
515.220	EMS Regional Plan Content
515.230	Resolution of Disputes Concerning the EMS Regional Plan
515.240	Bioterrorism Grants

## SUBPART C: EMS SYSTEMS

Section	
515.300	Approval of New EMS Systems
515.310	Approval and Renewal of EMS Systems
515.315	Bypass Status Review
515.320	Scope of EMS Service
515.330	EMS System Program Plan
515.340	EMS Medical Director's Course
515.350	Data Collection and Submission
515.360	Approval of Additional Drugs and Equipment
515.370	Automated Defibrillation (Repealed)
515.380	Do Not Resuscitate (DNR) Policy
515.390	Minimum Standards for Continuing Operation
515.400	General Communications

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515.410	EMS System Communications
515.420	System Participation Suspensions
515.430	Suspension, Revocation and Denial of Licensure of EMTs
515.440	State Emergency Medical Services Disciplinary Review Board
515.445	Pediatric Care
515.450	Complaints
515.455	Intra- and Inter-system Dispute Resolution
515.460	Fees
515.470	Participation by Veterans Health Administration Facilities

## SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section	
515.500	Emergency Medical Technician-Basic Training
515.510	Emergency Medical Technician-Intermediate Training
515.520	Emergency Medical Technician-Paramedic Training
515.530	EMT Testing
515.540	EMT Licensure
515.550	Scope of Practice – Licensed EMT
515.560	EMT-B Continuing Education
515.570	EMT-I Continuing Education
515.580	EMT-P Continuing Education
515.590	EMT License Renewals
515.600	EMT Inactive Status
515.610	EMT Reciprocity
515.620	Felony Convictions
515.630	Evaluation and Recognition of Military Experience and Education
515.640	Reinstatement

## SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

Section	
515.700	EMS Lead Instructor
515.710	Emergency Medical Dispatcher
515.720	First Responder
515.725	First Responder – AED
515.730	Pre-Hospital Registered Nurse

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- 515.740 Emergency Communications Registered Nurse
- 515.750 Trauma Nurse Specialist
- 515.760 Trauma Nurse Specialist Program Plan

## SUBPART F: VEHICLE SERVICE PROVIDERS

## Section

- 515.800 Vehicle Service Provider Licensure
- 515.810 EMS Vehicle System Participation
- 515.820 Denial, Nonrenewal, Suspension and Revocation of a Vehicle Service Provider License
- 515.825 Alternate Response Vehicle
- 515.830 Ambulance Licensing Requirements
- 515.835 Stretcher Van Provider Licensing Requirements
- 515.840 Stretcher Van Requirements
- 515.845 Operation of Stretcher Vans
- 515.850 Reserve Ambulances
- 515.860 Critical Care Transport

SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY  
MEDICAL SERVICES VEHICLE (SEMSV) PROGRAMS

## Section

- 515.900 Licensure of SEMSV Programs – General
- 515.910 Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure
- 515.920 SEMSV Program Licensure Requirements for All Vehicles
- 515.930 Helicopter and Fixed-Wing Aircraft Requirements
- 515.935 EMS Pilot Specifications
- 515.940 Aeromedical Crew Member Training Requirements
- 515.945 Aircraft Vehicle Specifications and Operation
- 515.950 Aircraft Medical Equipment and Drugs
- 515.955 Vehicle Maintenance for Helicopter and Fixed-wing Aircraft Programs
- 515.960 Aircraft Communications and Dispatch Center
- 515.965 Watercraft Requirements
- 515.970 Watercraft Vehicle Specifications and Operation
- 515.975 Watercraft Medical Equipment and Drugs
- 515.980 Watercraft Communications and Dispatch Center
- 515.985 Off-Road SEMSV Requirements
- 515.990 Off-Road Vehicle Specifications and Operation

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- 515.995 Off-Road Medical Equipment and Drugs  
515.1000 Off-Road Communications and Dispatch Center

## SUBPART H: TRAUMA CENTERS

## Section

- 515.2000 Trauma Center Designation  
515.2010 Denial of Application for Designation or Request for Renewal  
515.2020 Inspection and Revocation of Designation  
515.2030 Level I Trauma Center Designation Criteria  
515.2035 Level I Pediatric Trauma Center  
515.2040 Level II Trauma Center Designation Criteria  
515.2045 Level II Pediatric Trauma Center  
515.2050 Trauma Center Uniform Reporting Requirements  
515.2060 Trauma Patient Evaluation and Transfer  
515.2070 Trauma Center Designation Delegation to Local Health Departments  
515.2080 Trauma Center Confidentiality and Immunity  
515.2090 Trauma Center Fund  
515.2100 Pediatric Care (Renumbered)  
515.2200 Suspension Policy for Trauma Nurse Specialist Certification

## SUBPART I: EMS ASSISTANCE FUND

## Section

- 515.3000 EMS Assistance Fund Administration

## SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

## Section

- 515.3090 Pediatric Recognition of Hospital Emergency Departments and Inpatient Critical Care Services  
515.4000 Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)  
515.4010 Facility Recognition Criteria for the Standby Emergency Department Approved for Pediatrics (SEDP)  
515.4020 Facility Recognition Criteria for the Pediatric Critical Care Center (PCCC)  
515.APPENDIX A A Request for Designation (RFD) Trauma Center  
515.APPENDIX B A Request for Renewal of Trauma Center Designation

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515.APPENDIX C	Minimum Trauma Field Triage Criteria
515.APPENDIX D	Standing Medical Orders
515.APPENDIX E	Minimum Prescribed Data Elements
515.APPENDIX F	Template for In-House Triage for Trauma Centers
515.APPENDIX G	Credentials of General/Trauma Surgeons Level I and Level II
515.APPENDIX H	Credentials of Emergency Department Physicians Level I and Level II
515.APPENDIX I	Credentials of General/Trauma Surgeons Level I and Level II Pediatric Trauma Centers
515.APPENDIX J	Credentials of Emergency Department Physicians Level I and Level II Pediatric Trauma Centers
515.APPENDIX K	Application for Facility Recognition for Emergency Department with Pediatrics Capabilities
515.APPENDIX L	Pediatric Equipment Recommendations for Emergency Departments
515.APPENDIX M	Inter-facility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline
515.APPENDIX N	Pediatric Critical Care Center (PCCC)/Emergency Department Approved for Pediatrics (EDAP) Recognition Application
515.APPENDIX O	Pediatric Critical Care Center Plan
515.APPENDIX P	Pediatric Critical Care Center (PCCC) Pediatric Equipment/Supplies/Medications Requirements

AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997; amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective September 8, 1998; amended at 24 Ill. Reg. 8585, effective June 10, 2000; amended at 24 Ill. Reg. 9006, effective June 15, 2000; amended at 24 Ill. Reg. 19218, effective December 15, 2000; amended at 25 Ill. Reg. 16386, effective December 20, 2001; amended at 26 Ill. Reg. 18367, effective December 20, 2002; amended at 27 Ill. Reg. 1277, effective January 10, 2003; amended at 27 Ill. Reg. 6352, effective April 15, 2003; amended at 27 Ill. Reg. 7302, effective April 25, 2003; amended at 27 Ill. Reg. 13507, effective July 25, 2003; emergency amendment at 29 Ill. Reg. 12640, effective July 29, 2005, for a maximum of 150 days; emergency expired December 25, 2005; amended at 30 Ill. Reg. 8658, effective April 21, 2006; amended at 32 Ill. Reg. 16255, effective September 18, 2008; amended at 35 Ill. Reg. 6195, effective March 22, 2011; amended at 35 Ill. Reg. 15278, effective August 30, 2011; amended at 35 Ill. Reg. 16697, effective

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September 29, 2011; amended at 35 Ill. Reg. 18331, effective October 21, 2011; amended at 35 Ill. Reg. 20609, effective December 9, 2011; amended at 36 Ill. Reg. 880, effective January 6, 2012; amended at 36 Ill. Reg. 2296, effective January 25, 2012; amended at 36 Ill. Reg. 3208, effective February 15, 2012; amended at 36 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART H: TRAUMA CENTERS

**Section 515.2090 Trauma Center Fund**

- a) *The Department shall distribute 97.5% of 50% of the moneys deposited into the Trauma Center Fund, a special fund in the State Treasury, to Illinois hospitals that are currently designated as trauma centers. ~~No moneys may be distributed to a trauma center located outside of the State.~~ (Section 3.225(a) ~~and (b)(3)~~ of the Act) The distribution to individual hospitals shall be based on the number of trauma cases, including cases where the hospital provides initial trauma care only, and the average length of stay for trauma cases at each hospital, according to data for the most recently completed State fiscal year.*
- b) *The moneys in the fund shall be allocated proportionally to each EMS Region so that the EMS Region receives the moneys collected from within its Region for violations of laws or ordinances regulating the movement of traffic. Under no circumstances shall money collected within one EMS Region be redirected to another EMS region. (Section 3.225(b)(2) of the Act)*
- c) *No moneys may be distributed to a trauma center located outside of the State. (Section 3.225(b)(3) of the Act)*
- d) *If money collected from an EMS region cannot be distributed to any trauma center in that EMS region because the trauma center is located outside of the State, then the Department shall distribute the money to hospitals in the EMS region for the provision of emergency services related to care of injured patients. (Section 3.225(b)(4) of the Act)*
- e) *The total amount of funds per EMS Region will be based on the moneys received from the counties in that Region.*
  - 1) *If a county has more than one EMS Region, the moneys received from that county shall be divided among the Regions based on each Region's share of the county's trauma cases.*

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- 2) EMS Regions that have developed joint EMS Region Plans to enable them to function as one Region shall be treated as one Region in the calculation.
- f) At the beginning of each State fiscal year, the Department shall calculate a per trauma case allocation for each Region, which shall be used to determine each trauma center's share of the funds collected during the previous State fiscal year.
- 1) ~~The total amount of funds per EMS Region will be based on the moneys received from the counties in that Region.~~
- A) ~~If a county has more than one EMS Region, the moneys received from that county shall be divided among the Regions based on each Region's share of the county's trauma cases.~~
- B) ~~EMS Regions that have developed joint EMS Region Plans to enable them to function as one Region shall be treated as one Region in the calculation.~~
- 2) ~~At the beginning of each State fiscal year, the Department shall calculate a per trauma case allocation for each Region, which shall be used to determine each trauma center's share of the funds collected during the previous State fiscal year.~~
- g)e) To determine the percent of the Trauma Center Fund to be received by each hospital, divide the Hospital Distribution Factor for each trauma center by the Region Distribution Factor.
- 1) To determine the Region Distribution Factor, add all of the Hospital Distribution Factors for the trauma centers in the Region.
- 2) To determine the Hospital Distribution Factor, add the hospital's total admission score to the total case value score for the initial trauma care patients treated at the hospital.
- A) To determine the hospital's Total Admission Score, multiply the total case value score for admissions by the average length of stay.
- i) To determine the total case value score for admissions,

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assign case values for each patient (one patient may have more than one value, i.e., a person who has an ICU stay after an OR procedure) admitted to the hospital according to the following:

Admission	2
Intensive Care Unit Stay	2
Operating Room Procedure	2
Mechanical Ventilation	3
Discharged to a <a href="#">Rehabilitation Facility</a>	1

The sum of all of the values is the total case value score for the patients admitted to the hospital.

- ii) To determine the average length of stay, divide the total length of stay for all patients admitted to the hospital by the total number of patients admitted to the hospital.
- B) To determine the total case value score for the initial trauma care patients, assign the case values for each initial trauma care patient treated by the hospital according to the following:

Assigned observation status and had length of stay > 12 hours from time of arrival in ED	2
Dead on arrival	0
Dying in emergency (DIE) with a trauma surgeon evaluation (TSE)	1.25
DIE without a TSE	.25
Against medical advice (AMA) with a TSE	1.25
AMA without TSE	.25
Transfer with TSE	1.25
Transfer without TSE	.25

The sum of all of the values is the total case value score for the

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initial trauma care patients treated by the hospital.

- h) In Regions where there are no designated trauma centers within the State boundaries, the monies collected within the Region will be equally distributed to Illinois hospitals providing emergency services. All non-trauma center hospitals receiving equal distribution of trauma center funds shall report all patients meeting inclusion criteria for the Head and Spinal Violent Injury (HSVI) Registry, per 77 Ill. Adm. Code 550.120(d) (Head and Spinal Cord Injury Code), prior to receiving any funds. Hospitals not reporting all such patients shall be precluded from receiving any funds.
- i) Hospitals receiving trauma center funds shall demonstrate within the hospital's budget how monies received from the Trauma Center Fund are being used to provide emergency services related to care of injured patients.
- j) The Department may request and the hospital shall supply hospital financial records to substantiate that funds are used appropriately for emergency services related to care of injured patients.
- k) The hospital shall allocate funds for expenditure within 12 months after funds are received.
- l) All funds remaining at the end of the period of time in which trauma center funds are available for expenditure (June 30 of the fiscal year in which the funds were awarded) shall be returned to the State within 45 days.
- m) The Department will distribute funds from the Trauma Center Fund within 90 days after July 1 of each year.

(Source: Amended at 36 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART I: EMS ASSISTANCE FUND

**Section 515.3000 EMS Assistance Fund Administration**

- a) All licensing, testing and certification fees authorized by the Act, excluding ambulance licensure fees, within the EMS Assistance Fund shall be used by the Department for administration, oversight, and enforcement of activities authorized under the Act. EMT licensure examination fees collected shall be

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~~*distributed by the Department to the Resource Hospital of the EMS System in which the EMT candidate was educated, to be used for educational and related expenses incurred by the System's hospitals, as identified in the EMS System Program Plan.*~~ (Section 3.220(b-5) of the Act)

- b) *All other moneys within the EMS Assistance Fund shall be distributed by the Department to the EMS Regions for disbursement in accordance with protocols established in the EMS Region Plans, for the purposes of organization, development and improvement of Emergency Medical Services Systems, including but not limited to training of personnel and acquisition, modification and maintenance of necessary supplies, equipment and vehicles.* (Section 3.220(c) of the Act)
- c) Award of Funds
- 1) Any Illinois licensed ~~and based EMS provider agency/designated EMS participant~~ that provides EMS service within the State of Illinois may apply for funds through the Regional EMS Advisory Committee.
- A) Application shall be made on forms prescribed and provided by the Department.
- B) Applicants shall provide evidence of financial planning, to include but not be limited to: equipment replacement plans, budgeting plans, and fundraising plans.
- C) Applicants shall submit a copy of their current provider license.
- D) To be eligible for any grant, the EMS provider agency shall be in compliance with pre-hospital reporting requirements (see Section 515.350).
- 2) Programs, services and equipment funded by the EMS Assistance Fund shall comply with the Act, this Part and the EMS Regional Plan in which the applicant participates.
- 3) The award of funds shall be based upon demonstrated need and one or more of the following:

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- A) Establishment of a new EMS agency, program or service where needed to improve emergency medical services available in an area;
- B) Expansion or improvement of an existing EMS agency, program or service;
- C) Replacement of equipment that is unserviceable or procurement of new equipment; and
- D) Establishment, expansion or improvement of EMS education and training programs including the adult and pediatric population.

4) All purchases and education shall occur during the fiscal year in which the grant is awarded.

~~4) Deadlines for submission of applications shall be March 1 of each year. For 1997 only, the deadline shall be April 1. Applications must be received in the Division of Emergency Medical Services and Highway Safety by 5:00 pm on the date of the deadline. If the deadline falls on a Saturday, Sunday or State holiday, the application must be received by 5:00 pm the next business day.~~

~~5) The grant cycle runs from July 1 to June 30 of each year. Grants shall be awarded by July 1 of each year.~~

~~6) Grant recipients shall complete and return documentation as prescribed by the Department (e.g., grant application, Reimbursement Certification Form or Internal Revenue Service W-9 Form). All recipients shall be asked to enter into a grant agreement as prescribed by the Department.~~

~~7) Grantees receiving grant funds are required to permit the Department, the Auditor General, and the Attorney General to inspect and audit any books, records or papers related to the program, project, equipment or use for which the EMS Assistance Grant funds were provided.~~

~~8) All funds remaining at the end of the period of time in which grant funds are available for expenditure (June 30 of the fiscal year in which the grant was awarded) shall be returned to the State within 45 days.~~

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9) All grants shall be subject to all requirements and limitations imposed by Illinois law, including, without limitation, the Illinois Grant Funds Recovery Act [30 ILCS 705].

d) Emergency Grant Awards

- 1) The Regional EMS Advisory Committee may recommend that the Department issue emergency grant awards. Emergency grant awards shall not exceed 10 percent of the total funds available in a year.
- 2) Applications shall be made in accordance with subsections (c)(1) and (2) of this Section.
- 3) The award of funds shall be based on the demonstrated needs arising from a natural or man-made disaster.

e) Amount of Grant Award

- 1) The amount of the grant award shall be based on the amount requested by the applicant, the recommendation of the Regional EMS Advisory Committee, the Department's review of the application, and the amount available in the Fund for distribution. The amount awarded shall not exceed the amount requested by the applicant.
- 2) ~~The~~ It shall be the responsibility of the applicant ~~shall~~ to provide adequate information to substantiate the requested amount or any hardship claim.

g) Reporting Requirements

~~The grantee shall submit a report to the Division of Emergency Medical Services and Highway Safety every six months detailing the status of the grant funds. Within 60 days after the final disbursement of the grant funds, a final report shall be submitted to the Division. The final report shall consist of a financial report for the project and a brief narrative describing the completed project.~~

fh) Modification of a Grant Agreement

- 1) Any change in the use of grant funds from that specified in the approved grant agreement will ~~application shall~~ may be permitted only by written

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modification of the grant agreement. The grantee may request ~~the~~ modification of the grant agreement by submitting in writing to the Department~~the Chief of the Division of Emergency Medical Services and Highway Safety detailing~~ the reasons and circumstances necessitating the request.

- 2) The grant award ~~shall~~may be suspended and all disbursements of funds held in situations including, but not limited to:~~There shall exist reasonable cause for suspension, such as:~~
- A) Failure to comply with the Act and this Part;
  - B) Failure to follow the EMS Region Plan in which the grantee participates; and
  - C) Violation of the terms of the grant agreement.

(Source: Amended at 36 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)