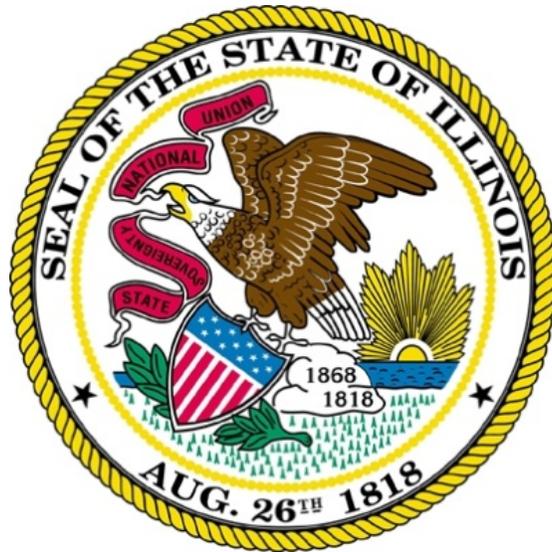
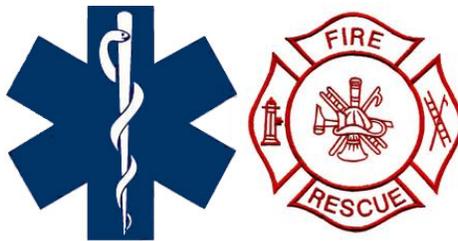


The House Task Force on EMS Funding



Task Force Report



Representative Donald L. Moffitt, Co-chair
Representative Lisa M. Dugan, Co-chair

November 2012

**ILLINOIS HOUSE OF REPRESENTATIVES
EMERGENCY MEDICAL SERVICES (EMS) TASK FORCE
DRAFT REPORT**



Dear Colleagues:

“This is not the end. It is not even the beginning of the end. But it is perhaps, the end of the beginning.”

-Winston Churchill

We would like to thank House Speaker Michael Madigan and Leader Tom Cross for their support of the establishment of the Illinois House Emergency Medical Services (EMS) Task Force for the appointment of their respective members and for their ongoing support of EMS in Illinois.

We held 17 different EMS hearings all around Illinois and gathered a lot of very important information from our dedicated EMS providers. As Winston Churchill is said, “This is not the end”, and we believe this report is not the end but really just the “end of the beginning”. It will be up to the General Assembly and our EMS providers to continue the effort to help advance EMS in Illinois.

We want to thank Lt. Governor Sheila Simon and her staff, Laura Hepp Kessel for their outstanding support of our House EMS Task Force. Lt. Governor Simon testified in person at the hearing held in Galesburg on November 15, 2011. A copy of the Lt. Governor’s testimony presented in Galesburg and a memorandum from the Lt. Governor, dated March 29, 2012, is attached to this report. Lt. Governor Simon really stepped up to the plate to help EMS in Illinois. Her support is appreciated and she is to be commended for her help and initiative.

We want to thank the Illinois Department of Public Health for all of its input and support. In particular, we want to thank former Director, Dr. Damon Arnold, and all of the IDPH staff, but we want to give a very special thanks to Jack Fleeharty, Division Chief of EMS and Highway Safety, Office of Preparedness and Response at IDPH, for his participation and attendance at nearly all of the hearings. Also, a special thanks to Vivian Anderson, Legislative Affairs at IDPH for all of her help and support, and to Jonathan Gunn and Shannon Wilson for their help at IDPH.

We want to thank the respective partisan House research staff members that were provided by Leader Cross and Speaker Madigan. Republican staff members Brad Tietz and Ashley Snavelly and Democratic staff member Greg Willis attended the hearings, provided technical support and assistance and were the main source of help in preparing this final EMS report.

We want to thank Illinois State Fire Marshal Larry Matkaitis and his staff for their support. The Fire Marshal himself or his staff attended most of the hearings and provided very important input. Fire Marshal Matkaitis presented testimony in person at the hearing held in Kankakee on November 30, 2011.

We had many EMS stakeholders of EMS or members of the public who had crucial input and experience that provided the Task Force with very important information. We want to thank all of the stakeholders, all the witnesses, local elected and appointed officials, local EMS providers, local fire departments, local law enforcement officers, local hospitals, area trauma centers, the Illinois Hospital Association, the Illinois State Ambulance Association and concerned citizens who attended the hearings, gave testimony, sent letters and emails, called our offices or in any way participated in the effort of the House EMS Task Force! We appreciate all of your help, comments, suggestions and input. We appreciate all of you!

Every witness, every participant, everyone who attended a hearing and showed their interest and support was important and appreciated! However, at least two people deserve special recognition and special acknowledgement for their tireless support of the House EMS Task Force that was “above and beyond” of any support that we had ever anticipated. These two are Greg Scott, McLean County Area EMS Systems Director, and Chief Mike Hansen, Lincolnwood Fire Department, Chair of the State EMS Advisory Council and Chair of the Illinois Fire Chiefs EMS Committee.

We also want to thank the other 22 members of the Illinois House EMS Task Force and for the Host Legislators of the 17 different EMS Hearings.

As co-chairs of the Illinois House EMS Task Force, we had the distinct honor of holding 17 different hearings around the state of Illinois. We each drove nearly 4,000 miles attending the different hearings and met hundreds of dedicated and wonderful EMS providers all around Illinois as well as interested and concerned citizens in our state. It was an honor to serve as co-chairs of the House EMS Task Force, to hold the hearings, to meet with the great and dedicated EMS providers around Illinois and to work with our colleagues in this bipartisan effort. It is our hope that as a result of the EMS Task Force, all of our House EMS providers will know how very much they are appreciated and that together we will continue to try to make Illinois a safer place.

This report lists several suggestions that were presented at hearings and the actions already being taken to implement those suggestions. We have also listed issues and suggestions presented at the hearings that will take a longer-term response.

In addition, as co-chairs of the House EMS Task Force, we are making the following recommendations:

1. The combined (collective) EMS organizations, stakeholders, and EMS providers should consider having an annual meeting to consider developing legislation for the following session of the legislature.
2. The formation of a combined Fire and EMS Caucus in the legislature to help advance issues for EMS could be helpful.
3. The establishment of a special House Committee for EMS or EMS and Fire could be helpful.

4. We also recommend that a \$40 million annual revenue stream be established from future gaming proceeds in Illinois that is dedicated for various EMS needs. This would be in addition to the \$46 million gaming revenue that has been proposed by earlier legislation to fund several agricultural programs.

The funding of EMS needs should consider, but not be limited to, such programs and items as follows: grants to EMS providers towards the purchase of equipment; the interest-free loan program for the purchase of ambulances; grants for 911 call centers for the purchase of needed equipment, training of staff and for temporary emergency operating funds to keep centers open; grants to Resource Hospitals for training, supplies and costs incurred to be a Resource Hospital and increased Medicaid reimbursement rates to ambulance providers.

The actual distribution or division of the annual \$40 million appropriation for the various EMS needs and the designation of the administering agency, agencies or entity should be made by the Illinois General Assembly.

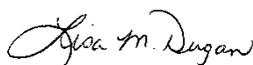
We submit the following concepts, goals, rules, and objectives that we urge the current and future legislatures to follow in developing and addressing policies that impact EMS in Illinois:

1. Remember, one size does not fit all! The needs vary with different regions of the state as do the resources available to provide for an EMS delivery system. Some of our small EMS providers are in danger of being “regulated out of business”!
2. Do no harm to the current system. Be very careful that new laws and regulations do not make it impractical for some of our current systems which are already providing a good and prompt response for their local area, to be able to continue.
3. Be practical and use common sense, on any new law or regulation. What is the financial cost to implement? What would be the time demands, especially on volunteers?

Sincerely,

A handwritten signature in black ink that reads "Donald L. Moffitt". The signature is written in a cursive style with a large, sweeping initial "D" and a long, trailing flourish at the end.

Representative Don Moffitt, co-chair

A handwritten signature in black ink that reads "Lisa M. Dugan". The signature is written in a cursive style with a large, sweeping initial "L" and a long, trailing flourish at the end.

Representative Lisa Dugan, co-chair

House Task Force on EMS Funding

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House Task Force on EMS Funding

Task Force Members

Representative Donald L. Moffitt, Galesburg (R) Co-chair
Representative Lisa M. Dugan, Kankakee (D) Co-chair

Representative Dan Brady, Bloomington (R)
Representative Kelly Burke, Oak Lawn (D)
Representative Linda Chapa LaVia, Aurora (D)
Representative Franco Coladipietro, Bloomingdale (R)
Representative William Cunningham, Chicago (D)
Representative Monique D. Davis, Chicago (D)
Representative Kenneth Dunkin, Chicago (D)
Representative Mary E. Flowers, Chicago (D)
Representative Robyn Gabel, Evanston (D)
Representative Kay Hatcher, Yorkville (R)
Representative Thomas Holbrook, Belleville (D)
Representative Naomi D. Jakobsson, Champaign (D)
Representative Sidney H. Mathias, Arlington Heights (R)
Representative Rosemary Mulligan, Park Ridge (R)
Representative Elaine Nekritz, Des Plaines (D)
Representative Chris Nybo, Lombard (R)
Representative JoAnn D. Osmond, Gurnee (R)
Representative Sandra M. Pihos, Glen Ellyn (R)
Representative Robert W. Pritchard, Sycamore (R)
Representative Dennis M. Reboletti, Addison (R)
Representative Derrick Smith, Chicago (D)
Representative Jil Tracy, Quincy (R)

Issues Identified and Resolved in the 97th General Assembly

1. Problem: Illinois' EMS system and the thousands it employs continue to play a vital and lifesaving role for the people of Illinois, yet it is not considered an essential service.

Solution: House Resolution 872 provides that Emergency Medical Services (EMS) should be prioritized in line with its value to the people of Illinois and should formally be declared an essential service.

2. Problem: First Responder/One EMT issue

Solution: House Bill 5672 was introduced and provides that rules established by the Illinois Department of Public Health (IDPH) regarding staffing requirements for emergency vehicle transportation shall provide for an alternate staffing model in the case of a vehicle service provider that substantially or exclusively utilizes volunteers or paid-on-call personnel. The alternative staffing model must allow for staffing of an ambulance by one emergency medical technician (EMT) and one first responder. IDPH has agreed to make the changes HB 5672 calls for through administrative rule.

3. Problem: Meet at Scene/Ohio Plan

Solution: House Bill 5672 was introduced requires that rules adopted by the Illinois Department of Public Health (IDPH) to establish emergency transportation staffing requirements distinguish between periods of time traveling to the scene of an emergency and periods of time transporting a patient from the scene of an emergency. IDPH has agreed to make the changes HB 5672 calls for through administrative rule.

4. Problem: Private ambulances pay tolls while transporting patients in an emergency.

Solution: Public Act 97-0784 adds public or private ambulance vehicles that are plainly marked to the list of vehicles not required to pay a toll to use a toll highway.

5. Problem: With minimum to no pay and the high number of hours of training and education one must have, recruitment of new volunteers and EMTs has become difficult.

Solution: Public Act 97-1014 adds to the definition of a "first responder" to provide that a first responder must be someone who is at least 18 years of age. The bill also creates a position called a "provisional first responder" who is at least 16 years of age. This position will allow teenagers the opportunity to experience what EMS is like first-hand.

6. Problem: Lack of Criteria in the rule and “post-prior- approval” process.

Solution: House Bill 3718 provided that the Department of Healthcare and Family Services could not deny a request for approval for payment of non-emergency transportation by means of ground ambulance service, or approve non-emergency transportation by means of ground ambulance service at a level of service that entitled the ground ambulance service provider to a lower level of compensation from the Department than would have been received at the level of service submitted by the ground ambulance service provider, unless the Department submitted the criteria for determining the appropriateness of the transport for first notice publication in the Illinois Register within 90 days.

This legislation prompted the Department to move forward and has since published criteria for non-emergency transportation. Representatives from all parties involved are in discussion with the Department about the process of the new prior approval forms and a formal appeal process. The group’s goal would be to have this process go live before the end of the 2012 year with proper education.

Priority Issues Identified at Hearings that still need to be addressed

A common issue that continues to have significant impact on the ability for EMS providers to maintain, sustain, and improve their ability to provide emergency medical services is a sustained funding source. Additionally, many providers throughout all regions of the state offered testimony regarding issues they would like addressed, such as the capability to recover adequate reimbursement for services rendered to patients, additional funding through tax incentives, consideration of specialized tax districts, allowance for fuel tax credits, the ability to pay EMS personnel better salaries, and the need to identify funding sources to assist EMS system resource hospitals to offset their cost of providing EMS oversight. Providers addressed the need for funding to help offset increasing costs of ambulances which now retail between \$70,000 and \$120,000. Other areas of concern included governmental inter-fund borrowing which affects the availability of EMS assistance grants and hospital trauma funds to the EMS and Trauma community, hiring incentives, and the need for funding to support 911 call centers.

7. Problem: Need for Dedicated Funding Sources

Recommendations:

(bullet points direct from testimony)

- Dedicated funding source of \$10 million including but not limited to \$1.00 license plate fee and \$2.50 per tire sold.
- Need for dedicated funding source that is not able to be swept for state operational expenses or GRF.

8. Problem: Need for Dedicated Funding Sources

Several EMS medical directors and other EMS stakeholders addressed concerns about the affiliated cost of being a State-recognized Resource Hospital (EMS System). Expenses include, but are not limited to, providing medical oversight for multiple ambulance providers, non-transport First Responder Agencies, and education for local EMS personnel. There is a need to find sustainable financial support for providing these services. Hospitals facing economic challenges due to reduced patient volumes and decreased patient reimbursement will often consider dropping their status or limiting their coverage area as a State-recognized Resource Hospital (EMS System). The unpredictable future of healthcare reimbursement may deter additional hospitals from seeking Resource Hospital status.

- Decreased hospital profits will result in fewer hospitals that are willing to maintain EMS resource status.
- Lack of funding for EMS and Hospital Preparedness.

Recommendations: Several individuals offered ideas to legislators to consider giving tax exempt status to hospitals who are State-recognized Resource Hospitals (EMS Systems). Another recommendation was to allow these Resource Hospitals to apply their EMS budget expenditures towards their Charity Care financial obligations. Additional funding is needed to offset costs for the provision of EMS oversight for Resource Hospitals.

Additional grant funds will be necessary for sustainment of hospital disaster preparedness programs and to increase partnerships with EMS providers.

- Resource hospitals training and assistance should count as charity care.
- Tax exempt status for hospitals who are State-recognized Resource Hospitals (EMS Systems).

Recommendations: Potential areas which may be addressed by State/Municipal Government

- Allow municipalities to create (by referendum) an ambulance tax district.
- Waiver of the motor fuel tax for private/not-for-profit/volunteer services.
- Ability for communities to pass a 1% sales tax to support local EMS operations.
- Reinstate IDPH EMS general revenue funding (GRF) so that ambulances are not forced to leave their districts and absorb the costs of fuel and time to travel for an ambulance inspection.

9. Problem: There are serious financial challenges facing Municipal, County, Hospital-Based, Fire-Based, Private-For-Profit, Not-For-Profit, and Volunteer EMS Operations.

- Need for increased funding for 911 Call Centers due to greater utilization of wireless phone services.
- The cost of new ambulances has increased to \$70,00-\$120,000 each.
- Need to sustain the Air Medical Providers and recognize their unique challenges.
- The cost associated with sustaining rural EMS providers and the provision of Advanced Life Support (ALS) services.
- The cost impact of a revolving EMS workforce.
- Cost of workers' compensation insurance.
- To evaluate the impact of unfunded mandates on EMS providers.

Recommendations: Testimony included recommendations for the establishment of zero percent interest loans to all EMS providers for the purchase and repayment of ambulance loans. Additionally, recommendations to increase Medicaid reimbursement rates for ambulance transport will assist ambulance providers in financially sustaining operational expenses. This is also beneficial because for every \$1 the State spends in Medicaid reimbursement, the Federal government provides an additional \$1. Requiring EMS services to be mandated as essential services, and identifying sustainable funding sources, will be necessary for the survival of EMS services and the ongoing provision of Advanced Life Support (ALS) care throughout the State. This sustained and/or improved funding would provide EMS providers the ability to pay better wages and therefore reduce the impact of a revolving EMS workforce. Some providers testified that current workers' compensation rules should not apply to all EMS providers and therefore should be adjusted to take into account variations in EMS work environments.

10. Problem: Medicaid Reimbursement Rates

- When transporting Medicaid patients in rural settings, often stretcher vans, medi-cars, and/or taxi service are not available resulting in ambulances being utilized with little or no reimbursement.
- Medicaid does not recognize the need for improved technology.
- There is no EMS representation on the Medicaid Advisory Board.

Recommendations:

- Increase in Medicaid reimbursement rate and in a timely fashion.
- Increased and timely Medicaid Reimbursement and fix the “Post-Prior Approval Process.”
- Create a special reimbursement rate for Critical Care Transport (CCT).
- Transparency in the Medicaid audit process.

Testimony by multiple EMS providers in both the private and municipal EMS sectors indicated that there is a significant need for better communications between ambulance providers and the Department of Healthcare and Family Services (HFS). Many providers testified that often their reimbursement for patient charges was reduced without any recourse. EMS providers recommend that there be adequate EMS representation on the Medicaid Advisory Committee. Additionally, providers request that HFS increase Medicaid reimbursement rates, which will be matched by the federal government. Recommendations also included published criteria regarding billing decisions and increased transparency on the decision making process.

11. Problem: Recruitment and Retention of Emergency Medical Services Personnel

- The low pay for EMTs and the recruitment and retention of the next generation of EMS personnel.
- Low pay, high levels of stress, and long hours have caused many Paramedics to move into other professions, i.e. nurses, physician’s assistants, and physicians.

Recommendations:

- Create employer incentives for hiring EMTs. Identify tax incentives for volunteer ambulance providers.
- The State EMS Advisory Council’s Rural Recruitment and Retention Committee recommends legislation to be introduced that would allow for tax credits to individuals that serve in a rural volunteer or paid-on-call EMS agency.
- Licensing Fee Waivers for volunteers who serve in rural sparsely populated areas.
- Implement a program allowing recruitment of high school students into First Responder Programs.
- Reduce continuing education requirements for re-licensure of EMS personnel.

Testimony from witnesses identified multiple areas of concern regarding the difficulty in recruiting and maintaining EMS personnel in rural areas. Individuals voiced concerns about low wages, long hours, stressful working conditions, and environmental hazards as being challenges to the recruitment and retention of current and future EMS work forces. It is common for

Paramedics and EMTs to seek other health care professions for higher pay, better schedules, and reduced ongoing educational requirements. Recommendations include tax incentives for individuals who serve in volunteer/rural areas, licensing fee waivers for volunteer EMS personnel, the ability to recruit high school students into the profession of Emergency Medical Services through First Responder and Basic EMT classes, and to reduce the burden of educational requirements for re-licensure.

Identified Area of Concern: Education and Licensure

Historically emergency medical services personnel have received their education locally at hospitals, through local ambulance providers, at fire departments, community colleges, and some universities. The required educational standards have increased and continue to increase as the profession has advanced in the level of care delivered by pre-hospital personnel. Recent recommendations on the national level are also adding educational hours to the initial EMT and Paramedic Curricula. During the public task force hearings, many EMS providers voiced concerns about the impact additional educational hours and the existing renewal hours have on their ability to recruit and retain ambulance staff. There is a national trend to move educational requirements to a more competency-based model versus an hour-based model.

12. Problem: Education and Licensure Concerns

Recommendations:

(bullet points direct from testimony)

- Unified/consistent training for dispatchers and the need for accurate information from 911 centers.
- Uniform training in all EMS courses across the state.
- IDPH training for fall prevention.
- Recognition of military training and skills that cross-over into EMS.
- More on-line training classes.
- Need for a paramedic-to-registered nurse bridge program.
- Implementation of tuition waivers for EMS providers at community colleges.
- It is growing difficult for EMTs to obtain 120 hours of continuing education during a four-year licensure cycle. It was suggested that there be development of a re-licensure process that would change the current continuing education requirements to a competency-based model with reduced number of required hours. Recommendations included increased utilization of distance learning formats and the ability for EMTs to meet this requirement by completing more of their continuing education online.
- The proposed increase for initial education hours for the EMTs outlined within “National EMS Education Standards” may impact the recruitment of EMTs, especially in rural areas. It was suggested that there be flexibility in the delivery of these increased hours in order to minimize the impact on recruitment and retention of individuals.
- The State EMS Advisory Council’s Rural Recruitment and Retention Committee recommended allowing the granting of 50% of the required 120 continuing education hours to an EMT if they have been actively involved on a rural volunteer or paid-on-call ambulance service during their licensure time period.
- Improve access to EMS education and address associated costs.

- Providers and the State EMS Advisory Council’s Rural Recruitment and Retention Committee made recommendations for the state to consider changes in both how the new curricula is delivered (allow more on-line education), and to reduce the continuing education hours required for renewal.

Identified Area of Concern: Scope of Practice/Scope of Service

During the EMS Funding Task Force hearings, many EMS personnel raised issues regarding the existing Scopes of Practice as currently recognized in the EMS Act and Administrative Rules. Many providers would like to see the EMS Scope of Practice expanded to allow EMTs and Paramedics to broaden their ability to utilize their education and skills in the pre-hospital setting as well as in the hospital setting. Additionally, there is considerable interest in the adoption of a Community Paramedic Licensure Program by the State.

13. Problems:

(bullet points direct from testimony)

- Erosion in the Scope of Practice. The ability to perform operations and not be limited by their title.
- Allow advanced level EMTs and Paramedics to function at their education and licensure level even when responding with a lower level ambulance.
- Regarding Blood Draw House Bill 4582, remove paramedic from the DUI legislation.
- Impact of the elimination of the EMT-Intermediate level.
- One size doesn’t fit all legislation.
- Impact of new Critical Care Transport (CCT) Ambulance Rules.
- A gap in definitions between emergency and non-emergency.
- Recognition of the importance of EMS providers to hospitals for inter-facility transports.
- Review the EMS data collection process.
- Ability for EMS providers to transport non-acute patients to walk-in, acute-type care clinics.
- Concerns over aero-medical transport: Criteria of who and who should not be eligible for transport.

Recommendations:

- State needs to take a “do no harm” approach.
- Study the impact of proposed changes to the Scope of Practice and allow local EMS Medical Directors to maintain oversight of local protocols.
- Allow for an alternate staffing model for rural ambulance services (one EMT and one First Responder).
- Allow for rural ambulances to respond with one licensed EMT and meet the second personnel at the scene.
- Allow 16-18 year old students to receive First Responder recognition.
- Allow community-based EMTs and Paramedics to assist with community wellness and prevention.
- Pass legislation to allow EMTs to function within a hospital setting.
- Allow Paramedics to administer influenza vaccinations annually.
- The State EMS Advisory Council’s Rural Recruitment and Retention Committee requests the Illinois Department of Public Health, Division of EMS and Highway Safety,

to relax their current stance on denying waivers for rural EMS providers from 18 to 24 months while we work diligently on solutions.

- Need for region-wide data driven approach to Systems of Care.
- Need for enhanced in-field upgrade program (alternate transport vehicles upgrading ambulances).

Other Public Policy Concerns

EMS System Issues

14. Problems:

(bullet points direct from testimony)

- Federal mandate requiring all public safety radios to be migrated from the current broadband radio system to the narrowband radio system.
- “Frequent flyers” or patients who abuse ambulance services and request service when not necessary.
- Need for increased obstetrical services in smaller rural health care facilities.
- Patient in critical condition being taken to the nearest “qualified” hospital versus the “most appropriate” hospital.
- Impact of an aging EMS work force.
- The impact of the loss of local businesses and jobs resulting in the unavailability of volunteers in the local community.
- Some new ambulance companies who wish to start up cannot find resource hospitals that will accept them into their EMS System.
- Increased difficulty with psychiatric inpatient hospital admissions.
- Lack of public awareness about the difficulties and challenges regarding local EMS operations.
- The domino effect on surrounding services whenever a local ambulance service goes out of business.

Recommendations:

- Multi-year inspection and license renewal for ambulances; create a multi-year ambulance license.
- A mechanism to have a quick transfer and no cost “loaner” ambulances.
- Need for fostering career development programs.
- Need for inter-operable narrowband communications equipment for EMS providers.
- Legislation that requires employers to release volunteer EMS providers to respond to calls without penalty.
- State agencies need to be consistent when implementing standards on EMS providers.
- EMS personnel should be given certification when they complete Office of State Fire Marshal (OSFM) training programs.
- Require fire districts to provide ambulance coverage for their citizens.
- Work to establish recognition of emergency medical services as an essential service comparable to police and fire.
- If a patient doesn’t pay an ambulance bill and later receives money from the state (such as winning the lottery) those monies should apply towards any outstanding debt.

- Improved transparency by IDPH with more communication in writing and postings to their website.
- Establish a legislative EMS caucus.
- Workers' compensation reform laws need to consider that many EMTs and Paramedics are not subject to the same environmental hazards as fire fighters.
- Exempt private ambulance providers from paying tolls.

Trauma System Issues

15. Problems:

- Lack of financial support for trauma centers.
- The impact of inter-fund borrowing reducing payments to trauma systems.

Recommendations:

- IDPH should hire a Trauma Medical Director within the Division of EMS & Highway Safety.
- The need for development of trauma centers in the southern part of the state.

Disaster Planning and Response

16. Problem: Need for comprehensive and updated disaster response plans.

Recommendations:

- Improved collaboration and communication among all First Response Agencies, IDPH, and update the State's Medical Disaster Response Plan.
- Development of a Medical Incident Management Team (MIMT) which includes Regional Hospital Coordinating Centers (RHCC's) and IDPH/Office of Preparedness and Response (OPR).
- Improved processes to request, allocate, and distribute federally-purchased resources and assets during large-scale, mass-casualty incidents.
- Address sustainability of funding for preparedness as federal funds are declining and may eventually disappear.
- Continue to learn and improve based on lessons learned from previous disaster events.

Creation of an Illinois General Assembly Combined Fire and EMS Caucus

This process has shown us that there are many issues in emergency medical services that need to be addressed by the Illinois General Assembly. The Task Force heard from first responders, emergency medical technicians, EMS medical directors, fire chiefs, ambulance providers, and hospital directors, as well as many other related or affected professions on a wide variety of issues. Many of these issues and problems are complex, with no easy solutions or quick fixes.

Moreover, we realized that there is a great disparity in emergency medical services as you travel across the State. Although some legislators in one area of the State may be content with their own emergency medical services, they should realize that whenever they leave their hometown, they also leave behind their hometown emergency medical services. Even when traveling back and forth to Springfield, many legislators might be surprised what emergency medical service was available (or not available) in some of the areas they drive through if an accident were to occur. This emphasizes the importance of ensuring that the quality of coverage everywhere be improved.

All of these issues cannot be addressed in just one bill, in one legislative session, or even in one General Assembly. We, as lawmakers, owe it to our citizens to continue to study these issues and to pass legislation allowing the EMS community to better serve the entire State of Illinois. Therefore we should form a unified team to continue to fight for these changes.

Recommendation:

The General Assembly should form a combined Fire and EMS Caucus consisting of bipartisan members from both the House of Representatives and Senate. This Fire and EMS Caucus can continue to meet on a regular basis with EMS representatives to study the needs of the EMS community. The caucus can advance a legislative agenda that is supported by the EMS community with agreed upon items that will make all citizens of Illinois more safe and secure.

Summary

This report outlines many areas of concern that were addressed before the State Representatives, State Senators, the Lt. Governor and some Congressional leaders who attended these public hearings. It was through the testimony and participation of hundreds of people that traveled to various locations throughout the state to provide verbal and written testimony; pose questions; share their thoughts, ideas, and concerns about what is right and what is wrong; and to express their views about the status of the State's emergency medical services systems. This testimony provided a snapshot and an increased understanding about the diversity that exists within the State's boundaries. Some areas have systems that are adequately resourced. Other areas have resources that are inadequate, unavailable, or unsustainable under currently established pre-hospital care delivery systems.

Every meeting was an opportunity for EMS providers, EMS personnel, hospital representatives, 911 system representatives, educational institutions, and citizens to share and

voice their concerns about the most pending issues and challenges. These challenges and issues continue to impact the efficacy and availability of emergency medical services to the public.

Resolving many of the issues and challenges identified through these Task Force hearings will require: 1) The establishment of a legislative caucus that will prioritize and support legislative initiatives, and 2) That county/municipal governments will assist in establishing resolutions at a local level. Implementing changes/solutions to these critical issues will be vital to improve access to, and sustainability of these emergency medical services systems of Care. A key element to the future success of EMS throughout communities within the State will be to recognize Emergency Medical Services as essential services at a county/municipal level equivalent to its counterparts of police and fire.

Acknowledgements:

Many heartfelt thanks go out to all who contributed to the content contained within this report. The long hours sacrificed and the hundreds of miles traveled throughout the State of Illinois to identify issues, challenges, and to share ideas and provide recommendations are greatly appreciated. The dedication and collaboration of all involved in this report's preparation reveals a spirit of public service, and the desire to improve upon a healthcare system depended on more every day by citizens throughout the State. The hope is that the content identified within this report will prompt responsible change and lead to a continued progressive atmosphere within the emergency medical services systems of care. Thank you, everyone!

**House Task Force on EMS Funding
List of Task Force Hearings**

September 20, 2011 – Downers Grove, Illinois College of Emergency Physicians

Representative Patricia R. Bellock
Representative Kelly Burke
Representative Linda Chapa LaVia
Representative Lisa M. Dugan
Representative Kay Hatcher
Representative Donald L. Moffitt
Representative Sandra Pihos
Representative Robert W. Pritchard
Representative Dennis M. Reboletti

September 22, 2011 – Grayslake University Center of Lake County

Representative Sandy Cole
Representative Lisa M. Dugan
Representative Sidney H. Mathias
Representative Donald L. Moffitt
Representative JoAnn Osmond

October 14, 2011 – Salem, Kaskaskia College Salem Education Center

Representative John D. Cavaletto
Representative Lisa M. Dugan
Representative Donald L. Moffitt
Senator John O. Jones

October 17, 2011 – Sugar Grove, Waubensee Community College

Representative Kelly Burke
Representative Linda Chapa LaVia
Representative Kay Hatcher
Representative Robert W. Pritchard

October 19, 2011 – Macomb, 1st Farm Credit Services

Representative Norine Hammond
Representative Donald L. Moffitt

November 1, 2011 – Quincy, Adams County Courthouse

Representative Lisa M. Dugan
Representative Donald L. Moffitt
Representative Jil Tracy

November 3, 2011 – Princeton, Bureau County Metro Center

Representative Jerry L. Mitchell
Representative Donald L. Moffitt

November 14, 2011 – Normal, Heartland Community College

Representative Dan Brady
Representative Lisa M. Dugan
Representative Donald L. Moffitt

November 15, 2011 – Galesburg, Galesburg City Hall

Representative Lisa M. Dugan
Representative Norine Hammond
Representative Donald L. Moffitt
Representative Richard Morthland
Senator Darin M. LaHood
Lt. Governor Sheila Simon

November 17, 2011 – Springfield, State Capitol

Representative Rich Brauer
Representative Lisa M. Dugan
Representative Donald L. Moffitt
Representative Raymond Poe

November 21, 2011 – Chicago, Marilac House

Representative Kelly Burke
Representative William Cunningham
Representative Lisa M. Dugan
Representative Donald L. Moffitt
Representative Derrick Smith

November 30, 2011 – Kankakee, Kankakee Public Library

Representative Kelly Burke
Representative Linda Chapa LaVia
Representative Lisa M. Dugan
Representative Naomi D. Jakobsson
Representative Donald L. Moffitt
Representative Robert W. Pritchard

December 1, 2011 – Elmhurst, Superior Ambulance Headquarters

Representative Patricia R. Bellock
Representative Franco Coladipietro
Representative Michael G. Connelly
Representative Lisa M. Dugan
Representative Mike Fortner
Representative Sidney H. Mathias
Representative Chris Nybo
Representative Randy Ramey Jr.
Representative Dennis M. Reboletti
Representative Derrick Smith
Representative Ann Williams

December 5, 2011-Palos Hills, Moraine Valley Community College

December 6, 2011-Canton, Graham Hospital

Representative Michael Unes
Representative Lisa M. Dugan
Representative Donald L. Moffitt

December 19, 2011 – Arthur, Arthur Fire / Ambulance House

Representative Lisa M. Dugan
Representative Donald L. Moffitt
Representative Chapin Rose

December 19, 2011 – Maroa, Maroa Fire House

Representative Lisa M. Dugan
Representative Bill Mitchell
Representative Donald L. Moffitt
Representative Chapin Rose

**House Task Force on EMS Funding
List of Task Force Witnesses**

September 20, 2011 – Downers Grove, Illinois College of Emergency Physicians

Scott French MD FACEP - ICEP Chairmen of the EMS Committee
Daryl Wilson MD FACEP - Edward Hospital, EMS Medical Director
Valerie Phillips MD FACEP - Good Samaritan Hospital, EMS Medical Director
Herb Sutherland MD FACEP - Central DuPage Hospital, EMS Medical Director
Mark Cichon DO FACEP - Loyola Hospital, EMS Medical Director
Mike Hansen - Lincolnwood Fire Dept. Fire Chief
Mary Ann Miller - Superior Ambulance, IL State Ambulance Association
George Madland - Good Samaritan EMS System
Jack Fleeharty RN EMT-P - IDPH Division of EMS & Highway Safety, Division Chief
Charles Kelly - MedStar Ambulance

September 22, 2011 – Grayslake, University Center of Lake County

Brian Soebeck, MBA EMT-P - Vista Health System, EMS Director
Jack Fleeharty RN EMT-P - IDPH Division of EMS & Highway Safety, Division Chief
Mary Ann Miller - Superior Ambulance, IL State Ambulance Association
Christopher Vandenberg - Ambulance Transportation Inc., IL State Ambulance Association
Mike Hansen - Lincolnwood Fire Dept. Fire Chief

October 14, 2011 – Salem, Kaskaskia College Salem Education Center

Greg Scott- McLean County Area EMS System Director
Dottie Miles- Jackson County Ambulance Service Director
Mike Harre- Owner, Harre Hamilton County Ambulance
Stephanie Hilton Seibert, CEO/President of Salem Township Hospital
Brad Robinson-EMS System Coordinator of Southern Illinois Healthcare
Alan Gaffner-Director, Greenville Regional Hospital, Legislative Affairs
Charles Kelly- MedStar Ambulance-Metro East-Randolph County

October 17, 2011 – Sugar Grove, Waubensee Community College

Edwin Huellstrouk RN, NREMT-P, PHRN, ECRN, TNCC - EMS System Coordinator,
Delnor Community Hospital
Bruce Harrison - DeKalb Fire Dept. Fire Chief
Mike Hansen - Lincolnwood Fire Dept. Fire Chief
Shannon Wilson - IDPH

October 19, 2011 – Macomb, 1st Farm Credit Services

Harry Wolin - Mason District Hospital CEO
Noel Oliver - Former McDonough County 911 Director
John Craty - Monmouth Fire Dept. Fire Chief
Chris Dace - McDonough District Hospital Emergency Department Director
Brent Glisan - Bushnell Fire Dept. Fire Chief
Terry Millslagle - Schuyler County Ambulance

November 1, 2011 – Quincy, Adams County Courthouse

Dr. Steven Krause- Cardiac Catheterization Director Blessing Hospital
Dr. Richard Saalborn-Medical Director ED Blessing Hospital
Randy Faxon- EMS System Coordinator Blessing Hospital
Paul Davis- EMS Chief of Adams County
Greg Scott- McLean County Area EMS System Director
Kim Godden- Superior Air Ground Ambulance Service Inc.
Andrew Thornton- Fulton County EMA
Mike Hansen - Lincolnwood Fire Dept. Fire Chief

November 3, 2011 – Princeton, Bureau County Metro Center

Deb Wood - Perry Memorial Hospital EMS Coordinator
E.J. Dilonardo - OSF Northern Illinois EMS System Manager, Coordinator
Bob Hoscheid - 10-33 Ambulance Service Ltd. Managing Director
David Jost - Geneseo Fire Dept.
Jeff Bryant - Amboy Fire Dept.

November 14, 2011 – Normal, Heartland Community College

Doug Wilson- President of the Gridley Fire Protection District
Michael Kimmerling- Fire Chief of Bloomington Fire Department
Dan Hite- Fire Chief, Hudson Community Fire Protection District
Sandy Adams- Carlock Fire Protection District
Mary Ann Miller- Vice President, Superior Air Ground Ambulance Services
Jim Hargitt- Selcas Ambulance Service
Ray Schumacher- Toluca Ambulance Service, St. Mary's Hospital
Doug Volker- El Paso Emergency Squad
Kathleen O'Neill- American Heart Association
Greg Scott- McLean County Area EMS System Director
Bill Wood- EMS Coordinator at St. Mary's Hospital Decatur
Earl Sceehy- CEO of Dr. John Warner Hospital Clinton
Mike Hansen - Lincolnwood Fire Dept. Fire Chief

Gregory Love-EMS and Disaster Preparedness Consulting
Mark Doty- Administrator for LeRoy Emergency Ambulance Service Inc.

November 15, 2011 – Galesburg, Galesburg City Hall

Lt. Governor Sheila Simon-Chairperson of the Governor's Rural Affairs Council
Dr. Stewart Hickerson- St. Mary's Hospital
Pat Hennenfent- Altona Oneida Watata Ambulance Service
Tome Simkins-Galesburg Fire Chief
Mike Sizemore- Kewanee Fire Department
Jennifer Junis- Chief Nursing Officer Kewanee Hospital
Janet Callopy- Williamsfield Ambulance
John Juergens- EMS Coordinator OSF
Jeannie Mekley- El Paso Critical Care
John Schlaf- Knox College
Chris Webster-Genesis Health System

November 17, 2011 – Springfield, State Capitol

Lt. Mike Winters- Sangamon County Rescue Squad
Lt. John Costello
Kim Godden- Superior Air Ground Ambulance Service Inc.
Carrie Dagg- Emergency Preparedness & IQM, Frontier Community College,
Fairfield
Deanna Foutch- EMS Director Mason District Hospital
Ted Berger- Office of the State Fire Marshal
Deb Stewart- EMS Coordinator, Manook
Greg Scott- McLean County Area EMS System Director
Mike Hansen - Lincolnwood Fire Dept. Fire Chief

November 21, 2011 – Chicago, Marilac House

Ken Pearlman MD- EMS Medical Director, Northwestern Memorial Hospital
William Boyle- Deputy Chief Paramedic, Chicago Fire Dept.
Art Miller- Mission Lifeline Director, American Heart Association
Kimberly Pate Godden- Deputy General Counsel, Superior Air Ground Ambulance Service
Chris Vandenberg- Chief Financial Officer, Vandenberg Ambulance

November 30, 2011 – Kankakee, Kankakee Public Library

Laura Hepp Kessel- Office of the Lt. Governor Sheila Simon
Larry Matkaitis- State Fire Marshal
Kevin Hack- Director of Emergency Services, Riverside Medical Center
Mike Hansen- IL Fire Chief's Association; IL EMS & Trauma Advisory Council
Greg Scott- McLean County Area EMS System Director
David Piper- Orland Park Fire Dept.
Mary Ann Miller- Superior Ambulance
Gordon Campbell- EMS System Coordinator/Educator, Provena St. Mary's Hospital
Brent Danforth- Iroquois City Trustee; Cissna Park Fire Protection Dist.
Jack Fleharty- IDPH
Charles Exner- Fire Chief, University Park, IL
Glen Nixon- Bourbonnais Police Dept.
David Jost- Geneseo Fire Protection District
Mike Hansen - Lincolnwood Fire Dept. Fire Chief
John Spotloe- Lewistown Fire Department
Lt. Michael Winters- Sangamon County Rescue Squad
Rev. Dr. James M. Owens VII- Chaplain, Sangamon County Rescue Squad

December 1, 2011 – Elmhurst, Superior Ambulance Facility

Kim Godden - Superior Ambulance Services Vice President of Legal and Government Relations; Board Member- American Ambulance Association
Sharon Ward RN - Advocate Illinois Masonic Medical Center, Director
Georgene Fabsits RN, BSN - Alexian Brothers Medical Center, EMS/Emergency Preparedness Coordinator
Connie Mattera MS, RN, EMT-P - Northwest Community EMS System, EMS Administrative Director
Brenda Matherly - Illinois Farm Bureau, Assistant Director of Local Government
Don Markowski - Addison Fire District, Fire Chief; Illinois State Fire Chiefs Association President
Steve Engledow - Troy Fire Department, Fire Chief
Kent Adams - Romeoville Fire Department Fire Chief
Andrew Thornton - Illinois State Ambulance Association, Chairman for Government Affairs; Fulton County EMA, Executive Director

December 5, 2011-Palos Hills, Moraine Valled Community College

December 6, Canton, Graham Hospital

Dr. Cheryl Colbnenson- Peoria Area EMS System's Medical Director
Randy Wolf- Eureka Fire Chief
Andrew Thornton- Illinois State Ambulance Association, Chairman for Government
Keith Frank- Fire Chief of Canton Fire Department
David L. Jost- Geneseo Fire Protection District
Mike Hansen- IL Fire Chief's Association; IL EMS & Trauma Advisory Council
John Spotloe- Chief of Lewiston Fire Protection District
Lt. Michael H. Winters- Sangamon County Rescue Squad
Rev. Dr. James M. Owens VII- Chaplin, Sangamon County Rescue Squad

December 19, 2011 – Arthur, Arthur Fire / Ambulance House

Pat Goodwin- Charleston Fire Chief
Jody Seibold- Sadorus Fire Protection District
Matt Williams- Cerro Gordo Ambulance
David Burkham- CEO of Decatur Ambulance
Harold White- Lovington Community Ambulance Service
Greg Scott- McLean County Area EMS System Director
Bill Wood- EMS Coordinator at St. Mary's Hospital in Decatur
Karen Schneller- Director of Emergency Care Center, Decatur Memorial Hospital
Charlie McGrew- Douglas County Sheriff
Bernie Buttram- Coles County 9-1-1
Joe Victor- Douglas County EMA Director
Jodi Clayton- Ambulance Coordinator, Arthur Ambulance

December 19, 2011 – Maroa, Maroa Fire House

Terrance Hubbard - Dr. John Warner Hospital Ambulance Services Manager
Harold White- Lovington Community Ambulance Service
David Burkham- CEO of Decatur Ambulance
Greg Scott- McLean County Area EMS System Director
Bill Wood- EMS Coordinator at St. Mary's Hospital in Decatur