

RULES AND REGULATIONS

Title 28—HEALTH AND SAFETY

DEPARTMENT OF HEALTH

[28 PA. CODE CHS. 1001, 1003, 1005, 1007, 1009, 1011, 1013, 1015, 1021, 1023, 1025, 1027, 1029, 1031 AND 1033]

Emergency Medical Services System

The Department of Health (Department) rescinds Chapters 1001, 1003, 1005, 1007, 1009, 1011, 1013 and 1015 and adopts Chapters 1021, 1023, 1025, 1027, 1029, 1031 and 1033 to read as set forth in Annex A. The rescission of Chapters 1001, 1003, 1005, 1007, 1009, 1011, 1013 and 1015 conforms to the requirements in sections 5, 7 and 9 of the act of August 18, 2009 (P. L. 308, No. 37) (Act 37). Act 37 is codified in 35 Pa.C.S. §§ 8101—8157 (relating to Emergency Medical Services System Act) (EMS System Act).

A. Purpose and Background

This final-form rulemaking rescinds the outdated regulations relating to emergency medical services and implements the new regulations under section 7 of Act 37. The EMS System Act repealed the Emergency Medical Services Act (prior EMS act) (35 P. S. §§ 6921—6938). The prior EMS Act was the initial statute providing for the licensing and regulation of ambulance services in this Commonwealth. With the enactment of the EMS System Act, the Commonwealth has taken a significant step in moving forward with a comprehensive Statewide emergency medical services system that is more responsive to the needs of the people of this Commonwealth. The EMS System Act is designed to achieve a higher quality, more flexible and better coordinated EMS system than that which was fostered under the prior EMS Act.

A key feature of the EMS System Act is that it includes several provisions that will enable the EMS system, without the need for further statutory amendments, to quickly adapt and evolve to meet the changing needs of the people of this Commonwealth for emergency and urgent pre-hospital and inter-facility medical care. Some of the key elements of the EMS System Act not included in the prior EMS Act are as follows:

- The scope of practice of emergency medical services (EMS) personnel closely tracks the EMS Scope of Practice Model that the National Association of State EMS Officials has developed for the National Highway Traffic Safety Administration.
- The Department is empowered to establish through regulation new types of EMS providers to meet specialized EMS needs as they are identified.
- The Department is empowered to expand the scope of practice of EMS personnel as the EMS practice model changes.
- Licenses and certifications will be permanent, subject to removal for disciplinary reasons, and continued practice will be conditioned upon a biennial or triennial registration of the license or certification and continued practice of EMS providers also will be predicated on meeting continuing education requirements or passing written and practical skills tests.

- Ambulance services, which had to meet specified staffing and vehicle requirements under the prior EMS Act, will be replaced by EMS agencies, which may have a myriad of configurations and provide different types of EMS (such as ambulance service, quick response service (QRS), wilderness EMS service and tactical EMS service). EMS agencies will be required to meet only those standards pertinent to the services they are licensed to offer.

- EMS agencies will be required to have a medical director.

- Ambulance drivers, who were not regulated under the prior EMS Act, will need to become certified and regulated. Ambulance attendants, who also were not regulated under the prior EMS Act, will be certified and regulated as emergency medical responders (EMR).

- The Department is granted emergency suspension powers to deal with an EMS provider or EMS vehicle operator who presents a clear and immediate danger to the public health and safety.

- The Department's disciplinary options are expanded to include the issuance of civil money penalties. The Department is granted jurisdiction to fine unlicensed entities that function as EMS agencies and uncertified persons who practice as EMS providers.

- The Department is empowered to enter into reciprocity agreements with other states for the certification of EMS providers.

- The Department is given the authority to enter into agreements with other states which may include, as appropriate to effectuate the purposes of the EMS System Act, the acceptance of EMS resources in other states that do not fully satisfy the requirements of the EMS System Act.

- The Department is empowered to issue conditional temporary licenses indefinitely if the Department determines it is in the public interest to do so.

- Medical command physicians, medical command facilities and medical command facility medical directors will be certified and regulated by the Department. They were not certified by the Department under the prior EMS Act.

- Physician assistants are provided a pathway, as nurses were afforded under the prior EMS Act and continue to be afforded under the EMS System Act, to become EMS providers based upon their education and experience.

- Standards are set forth as to when EMS providers are to have access to persons in need of EMS in a police incident and how police and EMS providers are to handle persons who need to be transported to a hospital for emergency medical care, but to whom the police also need access or to take into custody.

- A peer review system is established for EMS providers and physicians who direct or supervise EMS providers.

- EMS agencies are empowered to provide community-based health promotion services that are integrated into the overall health care system.

In developing this final-form rulemaking, the Department engaged the EMS community, including major stakeholder organizations, as well as other government agencies. The Department, through its Bureau of Emergency Medical Services (Bureau), conducted approxi-

mately 47 stakeholder meetings throughout this Commonwealth. The proposed rulemaking was published at 41 Pa.B. 5865 (October 29, 2011).

B. Discussion of Comments

The Department received comments from 12 different commentators, including the Independent Regulatory Review Commission (IRRC), submitting a total of 51 comments. Of the 12 commentators, 3 stated their support for the proposed rulemaking. The remaining commentators addressed various concerns with the regulations as proposed. Overall, the public response to the proposed rulemaking was positive.

In considering whether to make changes to the proposed rulemaking based upon comments received, the Department's main objectives were to ensure compliance with the EMS System Act, continue previous practices employed by the Department under the prior EMS Act and its regulation when applicable, ensure a seamless transition to the new regulations when possible and clarify the regulatory requirements for the regulated community as needed.

The Department has divided its discussion of comments received and the Department's response to comments into two parts. The first part addresses comments not specific to a particular section of the proposed rulemaking but more general in scope and application. Also included in this part are the comments the Department received that offered support for the regulations. The second part contains a discussion of comments directed at a particular section of the proposed rulemaking and a description of changes to final-form rulemaking based upon comments received and those initiated by the Department as a result of its ongoing review of the regulations.

General Comments

Comments in support of the proposed rulemaking

The Department received comments in support of the proposed rulemaking from three commentators: the Hospital Council of Western Pennsylvania; the American Heart Association, American Stroke Association (American Heart Association); and the Eastern PA EMS Council. The Hospital Council of Western Pennsylvania wanted to "affirm its support of these changes as published in the *Pennsylvania Bulletin*." The Hospital Council of Western Pennsylvania also commented that "we are pleased to see the relationship between pre-hospital care and in-hospital care rendered complete by these regulations." In a letter submitted in support of the proposed rulemaking, the American Heart Association commented that "Specifically, we are encouraged by the emphasis on data collection and reporting that will help inform decision-makers about gaps in services, quality and outcomes to guide the future of EMS in PA." The Eastern PA EMS Council commented that it was "pleased to report that we collectively support and endorse the implementation of the Emergency Medical Services System Act (Act 37) as published October 29, 2011 in the *Pennsylvania Bulletin*." The Eastern PA EMS Council also applauded the Department's efforts to engage both private and government stakeholders throughout the process, including hosting town meetings across this Commonwealth.

Comment

A commentator suggested that the Department should have an additional comment period to provide for more public input on changes that the Department makes to the rulemaking before the rulemaking becomes final. IRRC noted the commentator's suggestion in its comments.

Response

The Department considered this comment and has elected not to allow for additional public comment in response to changes to the rulemaking from proposed to final. In developing the proposed rulemaking, the Department engaged the entire EMS community, including major stakeholder organizations, which included the commentator and other government agencies. The Department, through the Bureau, conducted stakeholder meetings throughout this Commonwealth in the process of developing the regulations and has continued to engage the stakeholders as it has moved towards the adoption of this final-form rulemaking. The Bureau posted multiple drafts of the proposed rulemaking on its web site. The proposed rulemaking remained on the Bureau's web site even after the public comment period expired.

The Department utilized an open process for this rulemaking and welcomed the public's input from the very beginning. The changes that have been made to the final-form rulemaking are in response to public comments, comments from IRRC and as a result of the Department's ongoing review of the regulations. There has been considerable discussion both prior to and after publication of the proposed rulemaking. The need for implementation of the regulations, as urged by the regulated community, outweighs the need for further public discussion.

Comment

A commentator expressed the concern that the EMS System Act does not permit EMS providers who are sanctioned by individual EMS agency medical directors to request administrative review of the sanction imposed.

Response

The EMS System Act did not retain the appeal process in the prior EMS Act permitting a sanctioned EMS provider to request administrative review of the EMS agency medical director's decision. The Department supports the elimination of the appeal provision. Under the prior EMS Act, a paramedic or prehospital registered nurse (PHRN) could appeal the decision of an advanced life support (ALS) service medical director who withdrew or denied medical command authorization to the regional EMS medical director for the ALS service. See section 11(d)(2)(iv) and (e.1)(4) of the prior EMS Act (35 P.S. § 6931(d)(2)(iv) and (e.1)(4)). If the paramedic or PHRN was unhappy with the decision of the regional EMS medical director, he could appeal to the Department and then to Commonwealth Court. See former § 1003.28. The appeal provision was not included in the EMS System Act. When the General Assembly deletes statutory language, it is presumed that the General Assembly intended to make that language inoperative. Therefore, medical command authorization decisions may not be appealed to the regional EMS medical director and the Department. Even though administrative review of medical command authorization decisions has been eliminated, an EMS provider whose medical command authorization is denied or withdrawn may file a civil action in a court of competent jurisdiction.

Under the prior EMS Act, from 2005 to 2012, the Department decided fewer than five medical command authorization appeals. Even with a limited number of appeals, however, there were increasing concerns surrounding the administrative appeal process. Primary among them was whether the Department could, or should, substitute its judgment for that of the ALS service medical director. Another concern was whether the Department should be inserted in a conflict between an

employer (the ambulance service) and an employee (the paramedic or PHRN) or dictate to the employer how the conflict should be resolved. For many reasons, it makes sense to remove the Department from this process.

IRRC comment—Intent of the General Assembly

IRRC noted that in the Regulatory Analysis Form (RAF) submitted with the rulemaking the Department identified sections of the EMS System Act that provide the Department with both general and specific statutory authority to promulgate the final-form rulemaking. IRRC noted, however, that those sections of the EMS System Act are not cross referenced to the specific sections of the regulations promulgated based upon that authority. IRRC requested that the Department identify the specific sections of the EMS System Act that correlate to specific sections of the regulations to assist IRRC in determining if the regulations are consistent with the intent of the General Assembly.

Response

Following is a brief explanation of the general and specific statutory authority granted to the Department to promulgate the final-form rulemaking and a chart that lists each regulatory section, in order, with the corresponding statutory section that provides the Department with authority to promulgate the particular section of the final-form rulemaking.

Section 7 of Act 37

Section 7 of Act 37 provides that the EMS System Act shall be liberally construed to authorize the Department to promulgate regulations to carry out the provisions of the EMS System Act and states that the absence of express authority to adopt regulations in a provision of the EMS System Act may not be construed to preclude the Department from adopting a regulation to carry out that provision.

Section 8103 of the EMS System Act

Section 8103 of the EMS System Act (relating to definitions) defines several terms in a manner that expressly permit the Department to expand the definition by regulation. The term “emergency medical services agency” or “EMS agency” is defined as an entity that may provide EMS through the operation of certain types of services and the deployment of certain vehicles, which are listed in the definition. The definition also provides that the Department may expand the list of services and vehicles through regulation. Final-form § 1027.37 (relating to intermediate advanced life support squad service) is promulgated based upon this statutory authority.

The definition of “emergency medical services provider” or “EMS provider” identifies the different types of EMS providers certified by the Department. This definition also empowers the Department to establish by regulation other types of EMS providers to provide specialized EMS. This authority is also addressed in section 8113(a) of the EMS System Act (relating to emergency medical services providers). The Department established different types of rescue personnel under § 1023.52 (relating to rescue personnel) under section 8113(a)(8) of the EMS System Act.

Section 8105 of the EMS System Act

Section 8105 of the EMS System Act (relating to duties of department) includes language permitting the Department to adopt regulations. Section 8105(b)(2) of the EMS System Act authorizes the Department to establish by regulation standards and criteria governing the awarding

and administration of contracts and grants by the Department for the initiation, maintenance and improvement of regional EMS systems through the Emergency Medical Services Operating Fund (EMSOF). Sections 1021.21—1021.28 (relating to award and administration of EMSOF funding) are promulgated based upon this statutory authority.

Section 8105(b)(4) of the EMS System Act empowers the Department to collect, as deemed necessary and appropriate, data and information regarding patients who utilize emergency departments without being admitted to the facility and patients admitted through emergency departments, trauma centers or directly to special care units in a manner that protects and maintains the confidential nature of patient records. The data and information collected is to be reasonable in detail and is to be collected under regulations issued by the Department. Sections 1021.8, 1021.64 and 1021.141 (relating to EMS data collection; cooperation; and research) are promulgated under this statutory authority.

Section 8105(b)(11) of the EMS System Act authorizes the Department to promulgate regulations to establish standards and criteria for EMS systems. Sections 1027.31, 1029.21, 1031.2 and 1033.1—1033.7 are promulgated under this statutory authority.

Section 8106 of the EMS System Act

Section 8106(d) of the EMS System Act (relating to emergency medical services patient care reports) provides that an EMS agency shall report to the Department or a regional EMS council, as directed by Department regulation, information from EMS patient care reports (PCR) solicited through the reporting process. In addition, section 8106(a) of the EMS System Act requires an EMS agency to ensure that its responding EMS providers complete an EMS PCR for each response made in which it encounters a patient or a person who has been identified as a patient to the EMS agency, unless the Department, by regulation, exempts certain types of patient contact from the reporting requirement. Sections 1021.41—1021.43 (relating to EMS patient care reports; dissemination of information; and vendors of EMS patient care reports) are promulgated under this statutory authority.

Section 8113 of the EMS System Act

Section 8113 of the EMS System Act contains numerous provisions that grant the Department authority to promulgate regulations. Section 8113(a)(8) of the EMS System Act provides the Department authority to establish new types of EMS providers by regulation. Section 1023.52 is promulgated under this statutory authority.

Section 8113(c) of the EMS System Act provides the Department with authority to create an application process for EMS provider applicants. This section further provides that the Department may do so by creating paper application forms or by establishing an electronic application process. Section 1023.21 (relating to general rights and responsibilities) is promulgated under this statutory authority.

Section 8113(d)(1) and (2) of the EMS System Act requires the Department to develop standards through regulations for the accreditation and reaccreditation of EMS educational institutes and for the approval of continuing education courses and the accreditation of entities that provide continuing education courses. Sections 1023.31, 1023.32, 1025.1—1025.3, 1025.21—1025.23, 1031.12 and 1031.13 are promulgated under this statutory authority.

Section 8113(e) of the EMS System Act establishes standards for taking and passing EMS provider certification examinations. Section 8113(e)(7) of the EMS System Act permits the Department to change those standards through regulation. The Department has opted not to change those standards at this time.

Sections 8114—8120 of the EMS System Act

Sections 8114—8120 of the EMS System Act address scope of practice, certification and registration requirements for EMS providers. The provisions addressing scope of practice permit the EMS provider to function beyond the scope of practice as authorized by Department regulation. See sections 8114(a)(3), 8115(a)(3) and (4), 8116(a)(3) and (4), 8117(a)(3) and (4), 8118(a)(3) and (4), 8119(a)(3) and (4) and 8120(a)(3) and (4) of the EMS System Act. Sections 1023.24(a)(3), 1023.25(a)(3), 1023.26(a)(3), 1023.27(a)(3), 1023.28(a)(3), 1023.29(a)(3) and 1023.30(a)(3), permitting the EMS provider specified to operate as a member of a special operations EMS service, are promulgated under this statutory authority.

An EMS provider needs both a certification and a current registration of that certification to practice. Sections 8114—8120 of the EMS System Act provide that the application for registration of an EMS provider certification is to be submitted using a form or an electronic process prescribed by the Department by regulation. These sections also provide that when the registration has expired and the EMS provider subsequently seeks to register the certification, the EMS provider may secure a current registration of the provider's certification by qualifying for the registration under requirements established by the Department by regulation. Section 1023.21(e) is promulgated under this statutory authority.

To ensure that there is not an unintentional lapse in the registration of an EMS provider certification, sections 8114—8120 of the EMS System Act provide that the registration applications are to be submitted at least 30 days prior to when they are to expire or within a lesser time before their expiration if permitted by Department regulation. See sections 8114(c)(1)(i)(B) and (2); 8115(c)(1)(i)(B) and (2); 8116(c), (c)(1)(i)(B) and (2); 8117(d), (d)(1)(i)(B) and (2); 8118(c), (c)(1)(i)(B) and (2); 8119(c), (c)(1)(i)(B) and (2); and 8120(c)(1)(i) and (2) of the EMS System Act. The Department elected not to change the application time frame for EMS provider registration through regulation at this time.

Sections 8116 and 8117 of the EMS System Act (relating to advanced emergency medical technicians; and paramedics) also give the Department authority to promulgate regulations containing the requirements that an advanced emergency medical technician (AEMT) or paramedic shall meet to become certified. Specifically, section 8116 of the EMS System Act requires an AEMT to complete an AEMT training course that teaches ALS skills deemed appropriate by regulation of the Department. Section 8117(c)(2)(ii) of the EMS System Act requires that an emergency medical technician (EMT) or AEMT who wishes to become certified as a paramedic successfully complete a paramedic training course that teaches ALS skills deemed appropriate by regulation of the Department. Sections 1023.26(b)(1)(iii) and 1023.27(b)(5) (relating to advanced emergency medical technician; and paramedic) are promulgated under this statutory authority.

Section 8122 of the EMS System Act

Section 8122 of the EMS System Act (relating to emergency medical services vehicle operators) is similar

to sections 8113—8120 of the EMS System Act in that it authorizes the use of regulations to prescribe the manner in which applications for an emergency medical services vehicle operator's (EMSVO) certification and registration of the certification are to be submitted and the requirements for registering a certification after the registration has expired. See section 8122(b)(1)(ii) and (4) of the EMS System Act. Section 1023.22(d) (relating to EMS vehicle operator) is promulgated under this statutory authority.

Section 8124 of the EMS System Act

Section 8124 of the EMS System Act (relating to emergency medical services instructors) addresses requirements for individuals who wish to become certified as EMS instructors. Section 8124(a)(1) and (b)(1)(i) and (2) of the EMS System Act addresses the application and certification procedures for EMS instructors and gives the Department authority to promulgate regulations regarding the application and certification process for EMS instructors. In addition, section 8124(c) of the EMS System Act provides that the Department may adopt regulations to set standards for EMS instructors providing instruction in EMS educational institutes. Section 1023.51 (relating to certified EMS instructors) is promulgated under this statutory authority.

Section 8125 of the EMS System Act

Section 8125(b) of the EMS System Act (relating to medical director of emergency medical services agency) prescribes the roles and responsibilities of an EMS agency medical director. Section 8125(b)(9) of the EMS System Act provides that the EMS agency medical director is to perform other functions the Department imposes by regulation. Section 1023.1(a)(1)(ii), (viii), (ix) and (4) (relating to EMS agency medical director) is promulgated under this statutory authority.

Section 8126 of the EMS System Act

Section 8126(c) and (g) of the EMS System Act (relating to medical command physicians and facility medical directors) requires registration of the certification for a medical command physician and a medical command facility medical director to be submitted through a form or an electronic process as prescribed by the Department by regulation. This section also permits the Department to impose other conditions regarding registration of certification by regulation. Sections 1023.2(c) and 1023.3(c) (relating to medical command physician; and medical command facility medical director) are promulgated under this statutory authority.

Section 8127 of the EMS System Act

Section 8127(d) of the EMS System Act (relating to medical command facilities) permits the Department to promulgate regulations to ensure a medical command facility operates in an effective and efficient manner to achieve the purposes for which it is certified. Moreover, section 8127(c) of the EMS System Act requires medical command facilities to: be a distinct medical unit operated by a hospital or consortium of hospitals; possess the necessary equipment and personnel for providing medical command to, and control over, EMS providers; employ a medical command facility medical director; take measures necessary to ensure that a medical command physician is available to provide medical command at all times; and meet the communication, recordkeeping and other requirements of the Department. Sections 1029.1—1029.6 (relating to medical command facilities) are promulgated under the statutory authority in section 8127(c) and (d) of the EMS System Act.

Section 8128 of the EMS System Act

Section 8128(b) of the EMS System Act (relating to receiving facilities) specifies requirements that a facility shall satisfy to qualify to receive patients transported by ambulance. It also includes a provision that empowers the Department, through regulation, to authorize other types of facilities to serve as receiving facilities for purposes of serving patients who have special medical needs. The Department elected not to authorize other types of facilities to serve as receiving facilities for purposes of serving patients who have special medical needs at this time.

Sections 8129—8137 of the EMS System Act

Section 8129 of the EMS System Act (relating to emergency medical services agencies) provides that an entity may not operate an EMS agency unless it holds an EMS agency license. It also specifies the various vehicles and services that an EMS agency may operate and authorizes the Department to establish by regulation other vehicles or services requiring licensure. Final-form § 1027.37 and § 1027.42 (relating to water ambulance service) are promulgated under this statutory authority.

Section 8129(c)(5) of the EMS System Act provides that the Department may establish by regulation criteria that an applicant for an EMS agency license shall demonstrate that its EMS agency medical director satisfies, depending upon the types of EMS vehicles the applicant is applying to operate and the types of EMS services it is applying to provide. Section 1027.1(b)(5) (relating to general provisions) is promulgated under this statutory authority.

Section 8129(f)(1) of the EMS System Act permits an EMS agency to enter into a contract with another entity to manage the EMS agency, but requires that an entity that provides management services for an EMS agency be approved by the Department. One of the requirements for approval is that the entity be in compliance with the Department's regulations. Section 1027.14 (relating to management companies) is promulgated under this statutory authority.

Section 8129(g) of the EMS System Act requires certain types of EMS vehicles to display a Department-issued inspection sticker as prescribed by the Department by regulation. Section 8129(g) of the EMS System Act further provides that the Department may require, by regulation, other types of EMS vehicles to display a Department-issued inspection sticker. Section 1027.7(a), (b), (d) and (e) (relating to EMS vehicle fleet) is promulgated under this statutory authority.

Section 8129(i)(2) of the EMS System Act provides that if an EMS agency operates a communications center that dispatches EMS resources, the center will be viewed as part of the EMS agency's licensed operation and subject to the Department's regulations. Final-form § 1027.4 (relating to EMS agency dispatch centers) is promulgated under this statutory authority.

Section 8129(l) of the EMS System Act permits the Department to revise by regulation the staffing standards for the various types of EMS vehicles that EMS agencies may operate under sections 8130—8135 of the EMS System Act. The Department changed the staffing standards for basic life support (BLS) ambulance services in § 1027.33 (relating to basic life support ambulance service) and ALS ambulance services in final-form § 1027.35 (relating to advanced life support ambulance service).

Section 8129(p) of the EMS System Act requires the Department to promulgate regulations imposing additional requirements on EMS agencies based upon the types of EMS vehicles they operate and the services they

provide. Sections 1027.1—1027.14 and 1027.31—1027.42 (relating to general requirements; and EMS agency services) are promulgated under this statutory authority.

Section 8136 of the EMS System Act

Section 8136 of the EMS System Act (relating to special operations emergency medical services) addresses special operations EMS services that possess specialized knowledge, equipment or vehicles to access a patient or address a patient's emergency medical needs.

Section 8136(a) of the EMS System Act requires the Department, by regulation, to provide for specific types of special operations EMS teams. Section 1027.41 (relating to special operations EMS services) is promulgated under this statutory authority.

Section 8136(b) of the EMS System Act permits the Department to prescribe by regulation additional training and expertise requirements for the EMS agency medical director and the EMS providers who staff a special operations EMS service. Section 1027.41(b) is promulgated under this statutory authority.

Section 8136(c) of the EMS System Act permits the Department to promulgate regulations to establish staffing, equipment, supplies and other requirements for a special operations EMS service. Section 1027.41 is promulgated under this statutory authority.

Section 8136(d) of the EMS System Act addresses entities that apply to operate special operations EMS services that the Department has not provided for in regulations. Section 8136(d) of the EMS System Act states that the Department will evaluate the merits of each application on an individual basis and may conditionally grant or deny an application based upon considerations of public health and safety. This section further states that the grant of an application will be subject to compliance with later-adopted regulations addressing that type of special operations EMS service. The Department will evaluate on an ongoing basis the need for additional regulations to ensure appropriate regulatory guidance for special operations EMS services operating in this Commonwealth.

Section 8138 of the EMS System Act

Section 8138 of the EMS System Act (relating to other vehicles and services) authorizes the Department to promulgate regulations to establish EMS vehicle and service standards for EMS vehicles and services not specified in the EMS System Act. Final-form §§ 1027.34 and 1027.39 (relating to intermediate advanced life support ambulance service; and critical care transport ambulance service) and final-form § 1027.37 are promulgated in part under this statutory authority.

The authority to promulgate each section of the final-form rulemaking is provided in the following chart with the section of the regulation and the corresponding section or sections of the EMS System Act, or other act as applicable, giving the Department authority to promulgate the section:

<i>Statutory Authority (EMS System Act and other acts as indicated)</i>	
<i>Regulation</i>	
§ 1021.1	§§ 8102 and 8105(a)
§ 1021.2	§§ 8102, 8103 and 8105(a)
§ 1021.3	§§ 8101—8157
§ 1021.4	§ 7 of Act 37
§ 1021.5	§ 8105(b)(14) and (15)

<i>Regulation</i>	<i>Statutory Authority (EMS System Act and other acts as indicated)</i>	<i>Regulation</i>	<i>Statutory Authority (EMS System Act and other acts as indicated)</i>
§ 1021.6	§§ 8105(b)(5), 8108(b) and 8111	§ 1023.31	§§ 8104(a)(2), 8105(b)(6), 8113(d), 8114(c)(1)(ii)(B), 8115(c)(1)(ii)(B), 8116(c)(1)(ii)(B), 8117(d)(1)(ii), 8118(c)(1)(iii), 8119(c)(1)(iii), 8120(c)(1)(iii) and 8122(b)(1)(iv)
§ 1021.7	§§ 8109 and 8111(a)(2)		
§ 1021.8	§§ 8104(a)(11), 8105(b)(3) and (4), 8106, 8109(c)(2) and 8111(c)	§ 1023.32	§§ 8104(a)(2), 8105(b)(6), 8113(d), 8114(c)(1)(ii)(B), 8115(c)(1)(ii)(B), 8116(c)(1)(ii)(B), 8117(d)(1)(ii), 8118(c)(1)(iii), 8119(c)(1)(iii), 8120(c)(1)(iii) and 8122(b)(1)(iv)
§ 1021.21	§§ 8105(b)(2), 8112 and 8153		
§ 1021.22	§§ 8105(b)(2), 8112 and 8153	§ 1023.33	§ 8113(f)
§ 1021.23	§§ 8105(b)(2), 8112 and 8153	§ 1023.34	§ 8113(f)
§ 1021.24	§§ 8105(b)(2), 8112 and 8153	§ 1023.51	§§ 8105(b)(6) and 8124
§ 1021.25	§§ 8105(b)(2), 8112 and 8153	§ 1023.52	§ 8113(a)(8)
§ 1021.26	§§ 8105(b)(2), 8112 and 8153	§ 1025.1	§§ 8105(b)(6) and 8113(d)(1)
§ 1021.27	§§ 8105(b)(2), 8112 and 8153	§ 1025.2	§§ 8105(b)(6) and 8113(d)(1)
§ 1021.28	§§ 8105(b)(2) and 8108(g)	§ 1025.3	§ 8113(d)(1)
§ 1021.41	§ 8106	§ 1025.21	§ 8113(d)(2)
§ 1021.42	§ 8106 and subsection (e)	§ 1025.22	§ 8113(d)(2)
§ 1021.43	§ 8106 and subsection (f)	§ 1025.33	§ 8113(d)(2)
§ 1021.61	§§ 8102(2) and (10), 8104(a)(13), 8105, 8105(b)(10) and 8108	§ 1027.1	§ 8129 and subsections (p) and (q)
§ 1021.62	§ 8109(c)(11)	§ 1027.2	§ 8129 and subsection (p)
§ 1021.63	§§ 8103 and 8152	§ 1027.3	§ 8129 and subsections (i), (k) and (p)
§ 1021.64	§§ 8102(2) and (10), 8104(a)(13) and 8105(b)(4) and (10)	§ 1027.4	§ 8129(i) and (p)
§ 1021.81	§§ 8104(a)(6) and 8105(b)(12)	§ 1027.5	§ 8129(c)(2), (j) and (p)
§ 1021.82	§§ 8104(a)(6) and 8105(b)(12)	§ 1027.6	§§ 8104, 8105, 8129(p) and 8140
§ 1021.83	§ 8105(b)(15)	§ 1027.7	§ 8129(c)(2), (g), (h) and (p)
§ 1021.101	§§ 8104(a)(9), (13) and (14), 8105(a) and 8109	§ 1027.8	§ 8129(h) and (p)
§ 1021.102	§ 8109	§ 1027.9	§ 8129(h) and (p)
§ 1021.103	§ 8109	§ 1027.10	§§ 8129(h) and (p) and 8141
§ 1021.104	§ 8109	§ 1027.11	§§ 8129(p), 8141, 8142(a)(2) and (b)
§ 1021.121	§ 8108	§ 1027.12	§§ 8129(p) and 8140
§ 1021.122	§ 8108	§ 1027.13	§ 8129(o) and (p)
§ 1021.123	§ 8108	§ 1027.14	§ 8129(f) and (p)
§ 1021.141	§§ 8105(b)(4) and 8106(e)(2)	§ 1027.31	§§ 8105(b)(11), 8129(p), 8130(b), 8131(b), 8132(b); 8133(b), 8134(b), 8135(b), 8136(c), 8137(b), 8138 and 8140
§ 1023.1	§ 8125		
§ 1023.2	§ 8126(a)—(d)	§ 1027.32	§§ 8104, 8105, 8129(p) and 8135
§ 1023.3	§ 8126(e)—(g)	§ 1027.33	§§ 8104, 8105, 8129(l) and (p) and 8133
§ 1023.4	§§ 8105 and 8109	§ 1027.34	§§ 8104, 8105, 8129(a) and (p) and 8138
§ 1023.5	§§ 8103—8105	§ 1027.35	§§ 8104, 8105, 8129(l) and (p) and 8130
§ 1023.21	§§ 8113—8120, 8122 and 8129(m)	§ 1027.36	§§ 8104, 8105, 8129(p) and 8134
§ 1023.22	§ 8122	§ 1027.37	§§ 8103, 8104, 8105, 8129(a) and (p) and 8138
§ 1023.23	§ 8114(d) and (e)		
§ 1023.24	§§ 8113 and 8114	§ 1027.38	§§ 8104, 8105, 8129(p) and 8132
§ 1023.25	§§ 8113 and 8115	§ 1027.39	§§ 8129(p) and 8138
§ 1023.26	§§ 8113 and 8116	§ 1027.40	§§ 8104, 8105, 8129(p) and 8131
§ 1023.27	§§ 8113 and 8117	§ 1027.41	§§ 8129(p) and 8136
§ 1023.28	§§ 8113 and 8118	§ 1027.42	§§ 8103—8105, 8129(a) and 8138
§ 1023.29	§§ 8113 and 8119	§ 1027.51	§§ 8104, 8105 and 8139
§ 1023.30	§§ 8113 and 8120		

<i>Regulation</i>	<i>Statutory Authority (EMS System Act and other acts as indicated)</i>	<i>Reciprocity</i>	<i>EMS agencies</i>
§ 1027.52	§§ 8105(b) and 8129(r)	§ 1023.34(b)	§ 1027.1(b)(6)
§ 1029.1	§ 8127		§ 1027.3(c)
§ 1029.2	§ 8127		§ 1027.5(b)
§ 1029.3	§ 8127		§ 1027.7(c)
§ 1029.4	§ 8127		§ 1027.39(d)
§ 1029.5	§§ 8105 and 8127		§ 1027.40(f)
§ 1029.6	§§ 8105 and 8127		§ 1027.41(b)(1)
§ 1029.21	§§ 8105(b)(11) and 8128	<i>Scope of practice of EMS providers</i>	
§ 1031.1	§ 8157; 2 Pa.C.S. §§ 102 and 702	§ 1023.24(d)(1)—(3)	
§ 1031.2	§§ 8105(b)(11), (14) and (15) and 8109(c)(13); 65 P. S. § 67.708(b)(17)	§ 1023.25(d)(1)—(3)	
§ 1031.3	§ 8121(a)—(c)	§ 1023.26(d)(1)—(3)	
§ 1031.4	§ 8121(d)	§ 1023.27(d)(1)—(3)	
§ 1031.5	§ 8122 and subsections (d)—(f)	<i>Specialty receiving facilities</i>	
§ 1031.6	§ 8123(a)	§ 1029.21(b)	
§ 1031.7	§ 8124(d) and (e)		
§ 1031.8	§ 8126(h) and (i)	<i>Continuing education</i>	
§ 1031.9	§ 8123(b)	§ 1023.31(a), (b)(1), (c)(1), (d)(1), (e)(1), (f)(1), (g)(1) and (h)(1)	
§ 1031.10	§ 8142(a) and (b)		
§ 1031.11	§ 8127(g) and (h)		
§ 1031.12	§ 8104(a)(2), 8105(b)(6) and 8113(d)		
§ 1031.13	§ 8104(a)(2), 8105(b)(6) and 8113(d)		
§ 1031.14	§ 8156(c)		
§ 1031.15	§ 8106(f)		
§ 1031.16	§§ 8129(c)(1) and (f)		
§ 1033.1	§ 8105(b)(11)		
§ 1033.2	§ 8105(b)(11)		
§ 1033.3	§ 8105(b)(11)		
§ 1033.4	§ 8105(b)(11)		
§ 1033.5	§ 8105(b)(11)		
§ 1033.6	§ 8105(b)(11)		
§ 1033.7	§ 8105(b)(11)		

IRRC comment—Use of the Pennsylvania Bulletin

IRRC noted that the EMS System Act permits the Department to publish in the *Pennsylvania Bulletin* changes to EMS PCRs (section 8106(f) of the EMS System Act), skills within the scope of practice of each type of EMS provider (section 8113(g) of the EMS System Act) and vehicle construction and equipment and supply requirements for EMS agencies (section 8129(j) of the EMS System Act). IRRC listed the following sections that permit publication of information pertinent to the regulation in the *Pennsylvania Bulletin*. The Department grouped these sections into seven categories.

<i>EMSOF</i>	<i>EMS PCRs</i>
§ 1021.24(b) and (e)	§ 1021.41(a) and (c)
§ 1021.25(10)	§ 1021.43(c)
	§ 1027.41(b)(2)(i)

IRRC commented that it has three concerns regarding the use of the *Pennsylvania Bulletin* to publish information pertinent to these regulations. IRRC inquired how use of publication in the *Pennsylvania Bulletin*, as described in each of the sections previously listed, is consistent with the EMS System Act. IRRC also inquired how the regulated community can reasonably comply; that is, how the regulated community will know whether the requirements in these regulations are amended and how the regulated community will find those specific documents in the *Pennsylvania Bulletin*. IRRC noted that this task for the regulated community will become more complicated with subsequent publications in the *Pennsylvania Bulletin*. IRRC inquired how the Department will implement provisions that can be altered by publication in the *Pennsylvania Bulletin*. IRRC asked whether the Department will consider placing on its web site a compendium of changes that it publishes in the *Pennsylvania Bulletin* after the effective date of these regulations.

Response

The Department will provide the statutory authority for each of the sections previously listed that incorporate use of publication in the *Pennsylvania Bulletin* to inform the regulated community of information needed to comply with the regulation. First, however, the Department will address the basis, generally, for use of the *Pennsylvania Bulletin* in connection with this Commonwealth's EMS system. The General Assembly, in enacting the EMS System Act, recognized the need for an EMS system that is able to evolve to meet the needs of the residents of this Commonwealth. Section 8102 of the EMS System Act (relating to declaration of policy) states the following:

* * * * *

(5) It serves the public interest if the emergency medical services system is able to quickly adapt and evolve to meet the needs of the residents of this

Commonwealth for emergency and urgent medical care and to reduce their illness and injury risks.

* * * * *

(8) This chapter shall be liberally construed to establish and maintain an effective and efficient emergency medical services system which is accessible on a uniform basis to residents of this Commonwealth and to visitors to this Commonwealth.

* * * * *

(10) The Department of Health should continually assess and, as needed, revise the functions of emergency medical services agencies and providers and other components of the emergency medical services system that it regulates under this chapter to:

- (i) improve the quality of emergency medical services provided in this Commonwealth;
- (ii) have the emergency medical services system adapt to changing needs of the residents of this Commonwealth; and
- (iii) promote the recruitment and retention of persons willing and qualified to serve as emergency medical services providers in this Commonwealth.

* * * * *

Although specifically provided for in the EMS System Act, use of publication in the *Pennsylvania Bulletin* is not new. The Department has been using the *Pennsylvania Bulletin* to make announcements and effectuate changes for a significant amount of time. For example, since the first EMS regulations were promulgated in 1989 under the prior EMS Act, the Department has published notices in the *Pennsylvania Bulletin* listing approved medications that may be used by paramedics and listing EMSOF funding priorities. See former §§ 1001.23(b) and 1003.24(a)(2)(v)) as published at 19 Pa.B. 2843 (July 1, 1989). Since the regulations were revised in 2000 under the prior EMS Act, the Department has published notices in the *Pennsylvania Bulletin* regarding information required to be included in EMS PCRs, changes in scope of practice for EMS providers, required ground and air equipment and supplies and QRS program recognition requirements. See former §§ 1001.41(a), 1003.23(f)(1), 1003.24(e)(1), 1005.10(c)(1), 1007.7(c) and 1015.1(a)(1) as published at 30 Pa.B. 5363 (October 14, 2000).

The regulated community is accustomed to announcements and notices published in the *Pennsylvania Bulletin*, a practice that has been ongoing for a majority of announcements for at least 10 years, and with regard to two types of announcements, for over 20 years. Publication of notices in the *Pennsylvania Bulletin* is the most effective way to address the ever-changing nature of EMS in this Commonwealth. If the Department were unable to utilize the *Pennsylvania Bulletin* to notify the regulated community regarding essential information, the Department could not quickly and efficiently address issues concerning this Commonwealth's EMS system. These notices are, and will be, available on the Bureau's web site, the *Pennsylvania Bulletin's* web site, and from regional EMS councils and the Board of Directors of the Pennsylvania Emergency Health Services Council (Advisory Board).

Use of the Pennsylvania Bulletin regarding EMSOF

Section 8153 of the EMS System Act (relating to support of emergency medical services) carries over a provision from the prior EMS Act that established an

EMSOF special fund to support EMS throughout this Commonwealth. EMSOF funds are to be used by a regional EMS council to plan, initiate, maintain, expand or improve a regional EMS system in a manner that is consistent with the Statewide and relevant regional EMS system plans. Under section 8112 of the EMS System Act (relating to contracts and grants), the Department is tasked with distributing EMSOF funding; therefore, the Department must make decisions each year as to funding priorities. The notice in the *Pennsylvania Bulletin*, listing funding priorities, is merely informational in nature. These priorities are not binding on regional EMS councils. Notice in the *Pennsylvania Bulletin* of funding priorities alerts regional EMS councils to areas of this Commonwealth's EMS system targeted for improvement through the process described as follows.

Each year, regional EMS councils are required to submit reports to the Department per the terms of their grant agreements with the Department. As part of these reports, regional EMS councils are required to inform the Department of any new or existing issues that may require the Department's attention. Through these reports, the Department gains an understanding of possible shortcomings in this Commonwealth's EMS system. The Department uses notices in the *Pennsylvania Bulletin* to inform the EMS community, and the public at large, of the Department's funding priorities for limited EMSOF funds. Notwithstanding notice of funding priorities, recipients of EMSOF funding are free to use the funds awarded to enhance local EMS needs, provided they use the EMSOF funds under the criteria in the EMS System Act, specifically sections 8112 and 8153 of the EMS System Act, and the Department's regulations.

Sections 1021.24(b) and (e) and 1021.25(10) (relating to use of EMSOF funding by a regional EMS council; and allocation of EMSOF funds to regional EMS councils) permit the Department to publish in the *Pennsylvania Bulletin* notices concerning EMSOF funding. Section 1021.24(b) permits the Department to use the *Pennsylvania Bulletin* to set forth additional priorities for funding on a yearly basis. EMSOF funding priorities change depending on the state of the Commonwealth's EMS system in a given year and the amount of funding available. Section 1021.24(e) permits the Department to use the *Pennsylvania Bulletin* to establish the percentage of matching funds, as compared to the total funds received, that entities applying for grants must provide as a condition of receiving EMSOF funding. Matching funds also are required for grants to regional EMS councils and are necessary due to the limited funding available. Section 1021.25(10) permits the Department to publish in the *Pennsylvania Bulletin* other factors the Department will consider in determining the amount of EMSOF funding a regional EMS council may receive to distribute to requesting entities.

Use of the Pennsylvania Bulletin in connection with EMS PCRs

Before an EMS agency departs from a receiving facility to which it has transported a patient, it is required to give certain essential information to the receiving facility so that the receiving facility is apprised of the patient's condition. Section 8106 of the EMS System Act gives the Department authority to create a form or other reporting process for use by EMS agencies for each EMS response. Section 8106(f) of the EMS System Act requires a vendor, proposing to modify the form or software marketed as appropriate for use by EMS agencies in making PCRs, to submit the modifications to the Department for review

and approval. The same section requires approved modifications to be published in the *Pennsylvania Bulletin* with an effective date no sooner than 60 days following publication. Section 1021.43(c) is promulgated under this authority.

Sections 1021.41(a) and (c), 1021.43(c) and 1027.41(b)(2)(i) permit the Department to publish notices in the *Pennsylvania Bulletin* regarding EMS PCRs. Section 1021.41(a) permits the Department to use the *Pennsylvania Bulletin* to publish a list of the data elements and the form specifications that must be a part of an EMS PCR form. Form specifications are required to ensure that patient care information is uniform across this Commonwealth. Using this mechanism, the Department will be able to make changes to ensure better guidance for EMS providers and more information for hospitals and other receiving facilities who receive patients. Better and more accurate forms will benefit the health care community at large and the patients that seek health care services. Health care providers, including EMS providers, will be better informed regarding the patient's condition, leading to better decision making for treatment. Section 1021.41(c) addresses the Department's use of the *Pennsylvania Bulletin* in publishing a notice that specifies the types of patient information that the Department deems essential for patient care.

Special operations EMS is a distinct type of EMS, as it operates in certain environments where specialized knowledge and skills are required. Therefore, the standard EMS PCR form is often not sufficient for these types of EMS services. Section 1027.41(b)(2)(i) permits the Department to use the *Pennsylvania Bulletin* to provide notice to special operations EMS services regarding the information they must gather for each patient they encounter.

Use of the Pennsylvania Bulletin regarding scope of practice of EMS providers

Section 8113(g) of the EMS System Act permits the Department to publish in the *Pennsylvania Bulletin* a list of skills within the scope of practice of each type of EMS provider. EMS providers, as listed in the EMS System Act, include EMRs, EMTs, AEMTs and paramedics. See the definition of "emergency medical services provider" in section 8103 of the EMS System Act.

Sections 1023.24(d)(1)—(3) and 1023.25(d)—(3) (relating to emergency medical responder; and emergency medical technician) and §§ 1023.26(d)(1)—(3) and 1023.27(d)(1)—(3) permit the Department to publish notices in the *Pennsylvania Bulletin* concerning the scope of practice of each EMS provider.

Sections 1023.24(d)(1), 1023.25(d)(1), 1023.26(d)(1) and 1023.27(d)(1) state that the Department will publish in the *Pennsylvania Bulletin* the skills included within the scope of practice for the EMS provider identified in the regulation.

Sections 1023.24(d)(2), 1023.25(d)(2), 1023.26(d)(2) and 1023.27(d)(2) state that the Department will publish a notice in the *Pennsylvania Bulletin* when the scope of practice of the EMS provider may be expanded, as permitted by section 8113(g) of the EMS System Act.

Sections 1023.24(d)(3), 1023.25(d)(3), 1023.26(d)(3) and 1023.27(d)(3) state that the Department will publish in the *Pennsylvania Bulletin* the frequency with which the Department will publish the list of skills within the scope of practice of the EMS provider as permitted by section 8113(g) of the EMS System Act.

Use of the Pennsylvania Bulletin regarding continuing education

Section 8122(b) of the EMS System Act gives the Department the authority to identify continuing education requirements for EMSVOs. Section 1023.31(a) (relating to continuing education requirements) states that the Department will use the *Pennsylvania Bulletin* to publish a notice regarding continuing education requirements for EMSVOs on a 3-year renewal cycle, who need to complete three continuing education credits, and EMSVOs on a 2-year renewal cycle, who need to complete two continuing education credits.

Sections 8105(b)(6) and 8113(d) of the EMS System Act give the Department authority, generally, to identify the educational requirements for EMS providers. Further, the EMS System Act mandates that each type of EMS provider shall complete continuing education credits as required by the Department in continuing education programs approved by the Department. See sections 8114(c)(1)(ii)(B), 8115(c)(1)(ii)(B), 8116(c)(1)(ii)(B), 8117(d)(1)(ii), 8118(c)(1)(iii), 8119(c)(1)(iii), 8120(c)(1)(iii) and 8122(b)(1)(iv) of the EMS System Act. These provisions of the EMS System Act give the Department the authority to set continuing education requirements, including the number of credits each EMS provider shall secure and the types of courses EMS providers may take, to satisfy those credits.

Section 1023.31(a), (b)(1), (c)(1), (d)(1), (e)(1), (f)(1), (g)(1) and (h)(1) gives the Department authority to publish in the *Pennsylvania Bulletin* notices regarding continuing education for EMS providers.

This section states that the Department will publish in the *Pennsylvania Bulletin* a notice regarding the types of instruction that each EMS provider type shall receive to satisfy continuing education requirements. Each EMS provider will be required to complete a certain amount of continuing education credits in clinical patient care and other core continuing education courses.

The number of credits required for each type of EMS provider is set by regulation and the Department will not change that number through notices published in the *Pennsylvania Bulletin*. However, as an EMS provider's scope of practice changes, and this Commonwealth's EMS system evolves through advancements in technology, equipment and supplies, the Department will need the flexibility to specify the subject matter areas or courses meeting requirements for the continuing education credits for each type of EMS provider.

Use of the Pennsylvania Bulletin regarding reciprocity

Section 8113(f)(1) of the EMS System Act gives the Department authority to enter into reciprocity agreements with other states' EMS certifying agencies. These reciprocity agreements will enable the Department to recognize EMS certifications from other states that the Department considers having substantially similar requirements for EMS certification in this Commonwealth.

Section 1023.34(b) (relating to reciprocity) addresses publication of notices by the Department in the *Pennsylvania Bulletin* listing the states in which it has entered into a reciprocity agreement and, for each state, the type of EMS provider covered by the reciprocity agreement. The Department will use publication in the *Pennsylvania Bulletin* to provide notice to the regulated community and out-of-State EMS providers regarding the certifications the Department will recognize through reciprocity.

Use of the Pennsylvania Bulletin regarding EMS agencies

Section 8129(j) of the EMS System Act gives the Department authority to use the *Pennsylvania Bulletin* to publish vehicle construction and equipment and supply requirements for EMS agencies based upon the types of EMS vehicles the EMS agency operates and the services it provides. The section also gives the Department authority to update the notice in the *Pennsylvania Bulletin* as necessary.

Sections 1027.1(b)(6), 1027.3(c), 1027.5(b), 1027.7(c), 1027.39(d), 1027.40(f) and 1027.41(b)(1) address publication of notices by the Department in the *Pennsylvania Bulletin* regarding EMS agencies.

Section 1027.3(c) (relating to licensure and general operating standards) and §§ 1027.1(b)(6) and 1027.7(c) notify EMS agencies that they will be required to abide by notices in the *Pennsylvania Bulletin* concerning EMS vehicles, equipment and supplies. Section 1027.5(b) (relating to medication use, control and security) states that the Department will publish in the *Pennsylvania Bulletin* notices concerning medications that may be used by each type of EMS provider and the types of medication that each type of EMS agency shall have in stock. The notice will also list the medications that may be used by these EMS providers who are authorized to administer medications to patients. As advancements in medications occur, medications authorized for use by these EMS providers will change. Medications also may be removed from the list.

Section 1027.40(f) (relating to air ambulance service) and §§ 1027.39(d) and 1027.41(b)(1) address the skills practiced and equipment used by EMS providers when providing EMS through a critical care transport ambulance service, an air ambulance service or a special operations EMS service. As these types of EMS services require EMS providers with unique and specialized knowledge and training for specific types of patients and events, they will be expected to use skills beyond their standard scopes of practice. The EMS providers staffing these services will be required to complete training for an expanded scope of practice. The Department will publish in the *Pennsylvania Bulletin* notice of the additional equipment and skills that may be used by a properly trained EMS provider with an expanded scope of practice.

As emergency medical services evolve, new and better types of equipment and supplies will be introduced that will enable EMS providers to perform their jobs more effectively. As technology advances, vehicle construction specifications for ambulances and other types of EMS vehicles will be updated. Through publication in the *Pennsylvania Bulletin*, the Department will be able to put these advancements into place quickly. With better equipment, better supplies and updated vehicle specifications, EMS agencies and providers will be able to better serve the citizens of this Commonwealth.

Use of the Pennsylvania Bulletin regarding specialty receiving facilities

Proposed § 1029.21(b) (relating to receiving facilities) stated that the Department would publish in the *Pennsylvania Bulletin* a list of specialty receiving facilities in the areas of trauma, percutaneous coronary intervention, acute strokes, serious burns and other receiving facilities for other patients with special needs as described in the Statewide EMS protocols. This proposed subsection was based on section 8128(b) of the EMS System Act that authorizes the Department to designate facilities by regulation, in addition to those specifically listed in

section 8128(b) of the EMS System Act, to serve as receiving facilities for purposes of serving patients who have special medical needs.

After much consideration, the Department decided to revise § 1029.21(b) permitting designation of types of receiving facilities. The Department deleted language in § 1029.21(b) regarding notices it would publish in the *Pennsylvania Bulletin* designating specialty receiving facilities for trauma centers patients, percutaneous coronary intervention patients, acute stroke patients, serious burn patients and other receiving facilities appropriate for other patients with special needs as described in the Statewide EMS protocols. Language in § 1029.21(b) addressing the manner in which EMS providers transport patients to receiving facilities under Statewide EMS protocols remains in the final-form rulemaking. The Department will continue to discuss issues surrounding specialty receiving facilities and will, if need be, reintroduce this concept in a future rulemaking.

Use of the Pennsylvania Bulletin and compliance by the regulated community

IRRC requested that the Department explain how the regulated community will know: (1) whether the requirements in the regulations have been amended; (2) how to find those specific publications in the *Pennsylvania Bulletin*; and (3) how the Department will implement changes published in the *Pennsylvania Bulletin* and whether the Department has considered placing changes on its web site.

Response

Publication in the *Pennsylvania Bulletin* of information such as courses that will satisfy continuing education requirements, scope of practice, approved medications, equipment, supplies, EMS PCR changes and reciprocity does not equate to amendment or revision of a regulation. Information that the Department will publish in the *Pennsylvania Bulletin* will enable compliance with the regulatory requirement. EMS providers will have a resource available to them, in the form of Department notices, when reviewing continuing education courses and deciding whether the courses offered will satisfy their requirements for certification and registration.

Since the first EMS regulations were promulgated in 1989, the Department has published notices in the *Pennsylvania Bulletin* listing approved medications that may be used by paramedics. See former § 1003.24(a)(2)(v) as published at 19 Pa.B. 2858. In situations when there is a drug shortage, the Bureau has updated the drug list by publishing a notice in the *Pennsylvania Bulletin* which replaces the drug that is in short supply with another drug that is more readily available. By using the *Pennsylvania Bulletin*, the Bureau was able to react quickly to protect the lives of the patients that EMS providers encounter. The Department has been publishing notices in the *Pennsylvania Bulletin* concerning the scope of practice for each type of EMS provider since 2000. See 30 Pa.B. 5363. In 2011, the Department revised the scope of practice notice by removing medical anti-shock trousers as an approved treatment, adding transport ventilators for use by ALS providers and carbon monoxide co-oximetry monitoring for EMS providers. See 41 Pa.B. 1976 (April 9, 2011). The Department has been publishing notices regarding required ground and air ambulance equipment and supplies since 2000. In 2011, the Department published a notice in the *Pennsylvania Bulletin* requiring ambulances to have a minimum of two 5-pound unit fire extinguishers to help combat fire-related issues. See 41 Pa.B. 2296 (April 30, 2011).

When the Department prepares to publish a notice in the *Pennsylvania Bulletin*, it first sends out a draft notice to regional EMS councils for their feedback and comments. After reviewing comments from regional EMS councils, the Bureau makes appropriate revisions. The Bureau then sends an advance copy of the notice to regional EMS councils and the Advisory Board prior to publication in the *Pennsylvania Bulletin*. When regional EMS councils receive the notice, they post the notice on their web sites and also send the notice to the EMS agencies under their jurisdiction. The Advisory Board also publishes the notice. The Department publishes the notice in the *Pennsylvania Bulletin* and also posts the notice on the Bureau's web site. The Department has used this approach for many years without complaints from the regulated community regarding a lack of advance notice. Since EMS agencies and providers receive advance notice from regional EMS councils prior to publication of the notice in the *Pennsylvania Bulletin*, EMS agencies and providers are aware of, and can prepare for, upcoming changes. The Bureau ensures that notices are readily available in one place on its web site should interested persons need to review them. Interested persons can access notices by clicking on the link on the Bureau's web site entitled "EMS regulations." That link will take the person to the Bureau's webpage that provides access to the EMS regulations and the notices that the Bureau publishes as they are updated.

In addition, in the notices published in the *Pennsylvania Bulletin*, the Bureau, when practical, will highlight changes to information included in the announcement as compared to information in the previous announcement. By way of example, when the Bureau published its notice at 42 Pa.B. 4229 (July 7, 2012) listing approved drugs for ALS ambulance services, the Bureau identified the changes to the list since the list was last published at 41 Pa.B. 2286 (April 30, 2011).

IRRC comment—Economic impact of the regulations

IRRC commented on the Department's responses to questions 17-20 of the RAF as part of the proposed rulemaking package. IRRC asked the Department to review these responses and, to the best of its ability, provide dollar estimates of the costs or savings, or both, associated with implementation of the regulations.

Response

For the final-form rulemaking package, the Department used an updated RAF form and the item numbers in the updated form that IRRC questioned are the following: (19) cost or savings to the regulated community; (20) costs or savings to local governments; (21) cost or savings to the State government; and (23) the fiscal table.

The EMS System Act and the regulations require that EMS agencies have a medical director. The Department anticipates that there will be little economic impact as a result of this requirement because a majority of EMS agencies in this Commonwealth already have a medical director. For approximately the past decade, since the introduction of automatic external defibrillators (AED) at the BLS level in prehospital care, EMS agencies that carried AEDs on their ambulances have been required to have a medical director and, in 2011, ambulances were required to have AEDs. The reason to require a medical director for AED service is to ensure the medical review of the emergency response when the AED unit is placed on a patient.

Therefore, ALS EMS agencies and about 80% of BLS EMS agencies currently have a medical director. Payment

for medical directors varies across this Commonwealth. Most medical directors serve as volunteers, although some medical directors are paid a salary or perform services by means of a contract. Since it is up to EMS agencies to determine what level of involvement they want their EMS agency medical directors to have, the time commitment for the medical director will vary as will the cost to employ the medical director.

The Department has not had, and will not have, a role in approving medical directors or their salaries. Based on information the Department has received from regional EMS councils, the majority of EMS agencies have volunteer agency medical directors and a majority of the EMS agencies that contract for medical directors have part-time medical directors that are paid \$50 to \$85 per hour for approximately 10 to 20 hours of work per month. While a top-salaried medical director earns approximately \$130,000 per year, that medical director has job duties in addition to those of a medical director. These figures have been added to the fiscal table in the RAF.

The Pennsylvania Chapter of the American College of Emergency Physicians offered assistance to regional EMS councils and the Department will assist any service experiencing difficulty retaining a physician. Also, beginning in Fiscal Year 2012-2013, the Department included the cost of employing a medical director, at a maximum of \$10,000 per year, as an allowable reimbursable cost under EMSOF.

There will be additional costs to the regulated community to comply with the requirement that an EMS agency be operational 24 hours a day, 7 days a week. However, this requirement is in the EMS System Act and not created by regulation. Again, the Department is unable to calculate those costs with certainty because they will vary greatly depending on the part of this Commonwealth in which the EMS agency operates. In more densely populated areas, an EMS agency will need a larger staff of EMS providers to be operational 24 hours a day, 7 days a week. In less densely populated areas, an EMS agency may not need a larger staff to meet this requirement, as it may not service as many patients as an EMS agency in a more densely populated area. However, the EMS System Act and final-form § 1027.6 (relating to Statewide EMS response plan) (proposed § 1027.5) provide for exceptions to the full-time operation requirement. The EMS agency also may partner with other EMS providers and enter into a county-level or broader-level EMS response plan under final-form § 1027.6. Either alternative would enable an EMS agency to operate and not incur costs connected with offering service 24 hours a day, 7 days a week.

On average, a basic EMS provider is paid about \$12 per hour and an advanced EMS provider is paid about \$18 per hour. However, the Department cannot calculate staffing costs for an EMS agency because the Department cannot know how many EMS providers an EMS agency will need to meet the requirement that the EMS agency is operational 24 hours a day, 7 days a week.

Dispatch centers, if operated by an EMS agency, will be subject to the Department's regulations that include training and certification requirements for the dispatch center staff. The Department consulted with the Pennsylvania Emergency Management Agency (PEMA) for guidance on training and recertification costs for call-takers and dispatchers. Section 8129(i)(1) of the EMS System Act requires an EMS agency that operates an EMS agency dispatch center to use call-takers and dispatchers who satisfy PEMA's requirements under 35 Pa.C.S.

§ 5303(a)(6) (relating to telecommunications management). The initial emergency medical dispatcher (EMD) certification requires the applicant to be able to read and write at a high school graduate or GED level and complete an approved EMD course in which the applicant completes a written certification exam and obtains a passing score. The EMD course is approximately 24 to 40 hours in length with a cost of approximately \$200, depending on which Nationally-recognized program the EMS agency uses. Once the call-taker or dispatcher passes an EMD course, PEMA will provide the applicant with an additional Commonwealth EMD test. There is not an additional cost to the EMS agency or the applicant for this test. The applicant must also be certified in CPR. To complete a CPR course will cost approximately \$35, depending on which program the EMS agency uses. The Department estimates, however, that fewer than ten EMS agencies will confront these costs as most EMS agencies are using the county dispatch centers for their emergency responses instead of their own EMS agency dispatch centers. These figures have been added to the fiscal table in the RAF.

As for costs or savings to local governments associated with compliance with these regulations, there would not be appreciable additional costs or savings to local government. Some regional EMS councils are a part of county government; however, they will be performing essentially the same work under the EMS System Act and regulations as they have been performing under the prior EMS Act.

As for costs or savings to State government associated with implementation of these regulations, there is an increase in costs to the Department associated with its new statutory duty to license and certify EMS providers and other persons and entities involved in the EMS system. Under the EMS System Act and these regulations, the Department is required to issue new certifications and registrations for EMSVOs, EMRs, AEMTs, prehospital physician extenders (PHPE), medical command physicians and medical command facility medical directors. The Department is also required to develop additional patches and decals to recognize the new levels of certification. The estimated cost to the Department is \$1,500 per new type of EMS provider certification, approximately \$6,000 total. The Department will manage this cost within the Bureau's annual budget.

These regulations also will require enhancement to the EMS Registry System (EMSRS) software and Agency Application System (AAS) software. Enhancements to both systems will be combined with required improvements to the EMSRS and AAS to meet National standards for EMS credentialing. System enhancements will be accomplished using one staff person whose salary is funded from Federal grants through the Department's Bureau of Public Health Preparedness.

The Department's disciplinary authority has been expanded under the EMS System Act and it now has the ability to impose civil money penalties. Depending upon the type of entity upon which the civil money penalty is imposed, penalties can range from \$1,000 to \$5,000 per finable violation. Revenue generated based on civil money penalties is estimated to reach \$10,000 per year.

Savings will be realized in the contract or grant award process because the Department will not be required to devote staff time every 3 years to justify sole source contracting with regional EMS councils. Section 8112(l) of the EMS System Act permits the Department to renew a contract or grant with a regional EMS council without

engaging in competitive bidding if the regional EMS council, in performing its duties under the prior grant or contract, demonstrated to the Department's satisfaction its ability and commitment to meet its responsibilities under that grant or contract.

The Department will also save certain costs previously associated with recertification of an EMS provider. Various provisions of the EMS System Act require an applicant for EMS provider or EMSVO certification to report to the Department misdemeanors, felonies and other criminal convictions that are not summary or equivalent offenses, and disciplinary sanctions that have been imposed upon a license, certification or other authorization of the applicant to practice an occupation or profession. An applicant for an EMSVO certification is to report to the Department any other conviction of an offense involving reckless driving, driving under the influence of alcohol or drugs or a conviction that resulted in the suspension of the applicant's driver's license due to the use of drugs or alcohol, or a moving traffic violation. The regulations require the applicant also to arrange for the custodian of the criminal charging, judgment and sentencing document for each conviction and the custodian of an adjudication or other document imposing discipline against the applicant to provide the Department with a certified copy of those records. Requiring the applicant to provide these records will save the Department the cost and time to request and receive the required documents.

The Department will save costs associated with the process under the prior EMS Act permitting EMS providers to appeal to the Department a loss of medical command authorization. The EMS System Act and the regulations require a medical director of an EMS agency to conduct an initial and annual assessment of each EMS provider of the EMS agency at or above the AEMT level, and to determine whether to allow the EMS provider to perform skills at the level at which the provider is certified. Once this credentialing determination, called a medical command authorization decision, is completed, an appeal of the EMS agency medical director's decision to the Department was not authorized. Under the prior EMS Act, an adverse medical command authorization decision could be appealed to the regional EMS medical director. That decision could be appealed to the Department and then to Commonwealth Court. This appeal process imposed costs on the affected EMS provider, the medical director who made the decision, the regional EMS council and the Department. The EMS System Act eliminates that appeal process and the associated costs.

Requests for and Changes to Sections of the Final-Form Rulemaking

Following publication of the proposed rulemaking, the Department realized that sections of the regulations describing BLS squad services, intermediate ALS ambulance services and intermediate ALS squad services which should have been included in Chapter 1027, Subchapter B (relating to EMS agency services) were inadvertently omitted when the proposed rulemaking was submitted for publication. A section describing and listing staffing and other requirements applicable to an intermediate ALS ambulance service has been added in final-form § 1027.34. A section describing and listing staffing and other requirements applicable to a BLS squad service has been added in final-form § 1027.36 (relating to basic life support squad service). A section describing and listing staffing and other requirements applicable to an intermediate ALS squad service has been added in final-form § 1027.37. The other sections in Chapter 1027, Subchapter B were renumbered accordingly.

On its own initiative, the Department simplified § 1027.33(d), final-form § 1027.35(c) and final-form § 1027.38(c) (relating to advanced life support squad service) identifying procedures to be implemented when multiple EMS providers are present at the same scene. The changes were made to ensure consistency with similar language used in other sections in Chapter 1027, Subchapter B.

Subpart A. EMS system

This final-form rulemaking amends the heading of Subpart A from “EMS systems” to “EMS system.” The Commonwealth’s EMS system is one unified Statewide system as opposed to multiple systems.

§ 1021.2. Definitions

Comment

IRRC noted that there were not definitions for “911 system” or “specialty services,” as those terms are used in § 1021.24(a)(1)(i) and (ii), respectively. IRRC further noted it believes the addition of definitions for those terms would improve the clarity of the regulations and assist the regulated community with compliance.

Response

The Department considered this comment and determined that “911 system” and “specialty services” should be deleted from final-form § 1021.24(a)(1)(i) and (ii). Therefore, definitions are not necessary. “Specialty services” was a general term and it was meant to serve as an example of public awareness programs for regional EMS councils for EMSOF funding. The Department also deleted the examples given in this section, “first aid” and “CPR,” to make this section more general in scope.

If the Department were to add a definition for “911 system,” the Department would likely look to the definition as provided by PEMA in 35 Pa.C.S. §§ 5301—5398 (relating to emergency telephone service). If that definition were incorporated in this regulation, the Department would need to define “enhanced 911 service” and “wireless E-911 system” because those words are included in the definition of “911 system.” These terms are not needed as they are not used in the Department’s regulations. Therefore, the Department replaced “911 system” in § 1021.24(a)(1)(i) with “call-taking” and “dispatching,” terms that are defined in the Department’s regulations and deal more closely with the Department’s oversight of EMS agency dispatch centers.

Comment

IRRC noted that the regulatory definition of “ambulance” differed from the definition of “ambulance” in section 8103 of the EMS System Act. IRRC noted that unlike the statutory definition, the regulatory definition in proposed § 1021.2 (relating to definitions) did not include the term “water vehicle.”

Response

The Department agrees that the regulatory definition should match the statutory definition. Therefore, the regulatory definition of “ambulance” has been revised to match the statutory definition.

Comment

A commentator questioned the definition of “facility,” which is defined as “a physical location at which an entity operates a health care facility licensed under Federal or State law.” The commentator thought the definition was vague and questioned the reference within the definition to licensure under Federal law, although the commentator

believed that hospitals within the Veteran’s Administration might be licensed under Federal law. The commentator was also concerned that the definition could be interpreted to exclude a psychiatric hospital as a receiving facility in an emergency situation, even though a psychiatric hospital could well be the appropriate receiving facility, depending on the nature of the illness of the individual.

Response

The Department did not change the definition of “facility” in response to this comment. The definition of “facility” mirrors the definition of “facility” in section 8103 of the EMS System Act. The Department can expand upon a statutory definition in a regulation but cannot change it. The commentator is correct. A Veteran’s Administration facility is licensed under Federal law and is, therefore, a “facility” under the EMS System Act. A psychiatric facility is licensed under State law and is, therefore, a “facility” under the EMS System Act. It is also a “receiving facility” because it is “a facility to which an ambulance may transport a patient who requires prompt medical care in addition to that provided by EMS providers who respond to an emergency.”

Comment

A commentator suggested that “hospital” should be defined in a manner consistent with the Health Care Facilities Act (HCFA) (35 P.S. §§ 448.101—448.904b). The commentator was concerned that while the first sentence of the definition of “hospital” is consistent with the definition for “hospital” in the HCFA, the second sentence of the definition in § 1021.2 is unclear and does not appear to be consistent with the definition of “hospital” in statute or other regulations.

Response

The Department did not change the definition of “hospital.” The Department compared the definition of “hospital” in the HCFA to the definition of “hospital” in the EMS System Act (as the definition of “hospital” in the EMS System Act forms the basis for the definition of “hospital” in § 1021.2), paying particularly close attention to the second sentence of the definition, per the suggestion of the commentator. In section 8103 of the EMS System Act, the second sentence of the definition for “hospital” states “The term includes a facility for the diagnosis and treatment of disorders within the scope of specific medical specialties. The term does not include a facility caring exclusively for the mentally ill.” In section 802.1 of the HCFA (35 P.S. § 448.802a), the second sentence of the definition for “hospital” states “The term includes facilities for the diagnosis and treatment of disorders within the scope of specific medical specialties, but not facilities caring exclusively for the mentally ill.” The definitions are virtually identical; therefore, a change to § 1021.2 is not required.

Comment

IRRC noted that “medical command” was not defined. As this term is used throughout the regulations, IRRC commented that a definition for this term would improve the clarity of the regulations and assist the regulated community with compliance.

Response

The Department agrees and added the definition of “medical command” in the final-form rulemaking. The definition is modeled after the definition of “medical command” in former § 1001.2. In addition, the Department deleted the definition of “medical command order”

from the final-form rulemaking. With the addition of the more specific term “medical command,” which includes orders given by a medical command physician, “medical command order” was superfluous. References to “medical command order” in the regulations have been replaced with “medical command.”

Comment

IRRC commented on the Department’s proposed definition of “PSAP—public safety answering point.” IRRC was concerned that the Department’s definition contained substantive requirements that are not appropriate for definitions.

Response

The Department agrees with IRRC’s comment. The Department revised this definition to mirror the definition in 35 Pa.C.S. § 5302 (relating to definitions).

Comment

IRRC commented on the Department’s definition of “specialty receiving facility.” IRRC requested clarification on the process the Department will use to make this designation and whether this process is in a regulation. IRRC also requested clarification regarding whether a facility would have to request this designation from the Department and how the regulated community would know if a facility had been identified as a “specialty receiving facility.”

Response

The Department deleted the definition of “specialty receiving facility” because the reference to specialty receiving facilities in § 1029.21(b) was deleted. With the deletion of “specialty receiving facilities” from § 1029.21(b), a definition is no longer required. The Department will continue to consider issues surrounding specialty receiving facilities and will, if necessary, reintroduce this concept and provide a definition in a future rulemaking.

Department-initiated changes for § 1021.2

The Department added definitions of “ambulance crew” and “EMS vehicle crew” since those terms are used throughout Chapter 1027 (relating to EMS agencies). The only difference between the two terms is that an “ambulance crew” refers to staff of an ambulance only, while the term “EMS vehicle crew” refers to staff of any EMS vehicle.

The Department revised the definition of “EMS—emergency medical services” to mirror the definition in section 8103 of the EMS System Act.

The Department revised the definition of “EMS agency—emergency medical services agency” to include a BLS water ambulance, an intermediate ALS water ambulance, an ALS water ambulance and an EMS agency dispatch center. The Department also reordered the list to match the order of other lists in the regulations.

The Department revised the definition of “EMS vehicle—emergency medical services vehicle” to include a water ambulance.

The Department revised the definition of “medical command facility” to mirror the definition in section 8103 of the EMS System Act.

The Department revised subparagraph (iii) of the definition of “medical coordination” to clarify that medical coordination includes medical command physicians giving medical command to EMS providers. The Department

also revised this definition to ensure parallel construction of each of the numbered clauses.

The Department added a definition of “water ambulance.”

§ 1021.41. EMS patient care reports

Comment

A commentator noted that § 1021.41 does not require a medication and intervention report to be submitted during the transfer of the patient to the care of the receiving facility and suggested that a report should be required.

Response

The Department did not change § 1021.41 in response to this comment as the Department requires medication and intervention information to be submitted by the EMS provider to the receiving facility. Section 1021.41 states the Department will specify the types of patient information that are essential for immediate transmission for patient care by publishing a notice in the *Pennsylvania Bulletin*. The authority for publication of certain types of patient information is in section 8106(f) of the EMS System Act.

In the notice published in the *Pennsylvania Bulletin* currently, the Department requires an ambulance service to provide to the person at the hospital assuming responsibility for the patient the patient information designated in the PCR as essential for patient care, regardless whether the EMS provider is able to provide all of the information solicited by the EMS PCR. A separate medication and intervention report as requested by the commentator is not needed because the report that is already required under § 1021.41 elicits the necessary information. This information includes medication and intervention information such as: procedures; medications given; gender; age; condition code number; chief complaint; chief complaint organ system; primary symptom; provider’s primary impression; cause of injury; vehicular injury indicators; first monitored rhythm of the patient; medication allergies; current medications; blood pressure; pulse rate; respiratory rate; medication given; and medication dosage.

Department-initiated changes for § 1021.41

Proposed § 1021.41(a) required the EMS agency to submit an EMS PCR report to the regional EMS council that is assigned responsibility for the region in which the EMS agency initially encounters the patient. In reviewing this section, the Department realized that this requirement would cause problems for EMS agencies that encounter patients outside of the region in which they typically operate. EMS agencies are often asked to treat a patient outside of the region in which they operate because of the unavailability of EMS agencies within a particular region, inadequate staffing or an emergency situation in which multiple EMS agencies are needed to respond, for example. Based on the wording of the proposed subsection, depending on the emergency scenario, an EMS agency would have been required to submit EMS PCR reports to multiple regions, causing undue hardship and unnecessary confusion for EMS agencies. The Department revised this subsection to require EMS PCR reports to be filed with the regional EMS council in which the EMS agency is licensed to operate. This revision maintains the requirements for ambulance services under former § 1001.41(a). While this revision will ease the burden on EMS agencies, the Department recognizes that the regional EMS council

where the patient was initially encountered still has an interest in reviewing EMS PCR reports that were generated by patient care that occurred within that particular EMS region. Therefore, the Department added a second provision to this subsection that allows the regional EMS council where the patient was initially encountered to request a copy of the EMS PCR report from the EMS agency that treated the patient. Regional EMS councils may want to review these reports for quality assurance purposes, training purposes or pursuant to an investigation or complaint request. Requesting the report from the EMS agency is not a requirement and is purely voluntary for the regional EMS council where the patient was initially encountered. Regional EMS councils can decide which EMS PCR reports they need to review.

The Department also revised § 1021.41(d) to clarify that the EMS provider who has assumed primary responsibility for the patient is required to complete an EMS PCR for that patient. As proposed, this subsection required each EMS agency to have a policy for designating which member of the responder crew would be responsible for completing the EMS PCR form. The Department felt that it would be better to have a uniform policy concerning the person who is responsible for filling out the EMS PCR form, as this will eliminate any confusion that may arise as to who should complete the form.

Department-initiated changes to § 1021.42

The Department revised § 1021.42(a)(6) by deleting the slash mark between “entry” and “retrieval” and by adding “data” before “retrieval.”

§ 1021.61. Components of Statewide quality improvement program

Comment

A commentator suggested that health care facilities, specifically hospitals, should have input in the Statewide EMS quality improvement program. The commentator believed that seeking input from EMS agencies and health care facilities, including hospitals that serve as receiving facilities, is an important part of the Statewide EMS quality improvement program. IRRC noted the commentator’s comment in its comments to the Department.

Response

The Department did not change § 1021.61 (relating to components of Statewide quality improvement program) in response to this comment as the EMS System Act already provides for input from organizations that represent hospital administrators and other health care providers concerned with EMS. Section 1021.61 provides for the Advisory Board to work in conjunction with the Department to identify the necessary components for a Statewide quality improvement program for the Statewide EMS system. The Advisory Board is authorized under section 8108(b)(2) of the EMS System Act (relating to State Advisory Board) to “advise the department concerning manpower and training, communications, EMS agencies, content of regulations, standards and policies promulgated by the department under this chapter and other subjects deemed appropriate by the department.” In addition, under section 8108(b)(3) of the EMS System Act the Advisory Board is to “serve as the forum for discussion on the content of the Statewide EMS system plan, or any proposed revisions thereto, and advise the department as to the content of the plan.”

The Advisory Board is required under section 8108(a) of the EMS System Act to be geographically representative

of the provider organizations that represent EMS providers, firefighters, regional EMS councils, physicians, hospital administrators and other health care providers concerned with EMS. Therefore, hospital administrators and other health care providers have a voice through provider organizations that serve on the Advisory Board and one of the main functions of the Advisory Board is to discuss and propose revisions to the Statewide EMS system plan.

For Fiscal Year 2011-2012, the Board of Directors of the Advisory Board was comprised of several hospital and health care organizations, including representatives for the Hershey Medical Center, the Hospital & Healthcare Association of Pennsylvania, UPMC Presbyterian and York Hospital. See http://www.pehsc.org/board_members.htm. Hospital and health care organizations play an active role in the development of the Statewide EMS system plan through their representation on the Advisory Board.

§ 1021.62. Regional quality improvement programs

Comment

IRRC commented with regard to § 1021.62(1) (relating to regional quality improvement programs), requiring regional EMS councils to conduct quality improvement audits of regional EMS systems. IRRC requested that the Department specify how often these audits shall be conducted.

Response

The Department has not changed § 1021.62 in response to this comment. Regional EMS councils shall conduct an audit of the regional EMS systems per the terms of the grants that are entered into between the Department and the individual regional EMS councils. Currently, regional quality improvement committees must meet every 90 days and then have 30 days to submit a report to the Department.

The Department needs the flexibility to be able to negotiate changes to the terms of the grants as circumstances warrant to better protect the general public. This section merely puts entities on notice that quality improvement audits will be required of any regional EMS council. The grant specifies the time frames when the requirements must be met. If the Department were to codify audit requirements, the Department would not be able to act quickly to make changes to the audit process as the Department deems necessary.

Comment

IRRC also commented on § 1021.62(5). This paragraph states that regional EMS councils shall submit to the Department reports as prescribed by the Department. IRRC is concerned that this paragraph is vague and that the Department should enhance it or delete it.

Response

The Department agrees with this comment and deleted § 1021.62(5). Reporting responsibilities for regional EMS councils are in the grants entered into between the Department and each regional EMS council. Regional EMS councils are apprised by the grant agreement the reports that they are required to submit to the Department and the information that is required to be in those reports. Therefore, the paragraph is not necessary.

§ 1021.82. Requirements

Comment

A commentator questioned the requirement in this section requiring trauma centers to have a dedicated

telephone number. The commentator noted that this requirement is already in the trauma center regulations.

Response

The commentator did not specify nor cite to the regulations referred to in the comment. Therefore, the Department can only surmise that the commentator is referring to the Pennsylvania Trauma Systems Foundation's (Trauma Foundation) standards for trauma center accreditation. These standards require a formal consultation process, identified by the institution, to ensure appropriate 24-hour telephone consultation for levels I and II adult and pediatric trauma centers. This process must provide access to the appropriate physician, subspecialty or allied health professional and assist with clinical triage or patient transfer, or both, when necessary. See 2012 Standards for Trauma Center Accreditation, Adult or Pediatric Levels I, II, and III at www.ptsf.org.

Section 1021.82(1) (relating to requirements) requires trauma centers to maintain a dedicated telephone number for communication between the trauma center and a transferring hospital. The Department believes that a dedicated telephone number is important to ensure that trauma centers are integrated into the Statewide EMS system. The requirement for a dedicated telephone number for trauma centers has been a part of the EMS regulations since the first set of regulations was promulgated under the prior EMS Act. See 19 Pa.B. 2859, 2860. That a Trauma Foundation standard contains a similar requirement is not a reason to revise the requirement in this regulation. The Department does not have authority to enforce Trauma Foundation standards. Moreover, the Trauma Foundation could revise or eliminate this particular standard. The EMS System Act did not grant the Department the authority to enforce third-party standards so the Department must codify its own standards to effectuate its responsibilities under the EMS System Act.

§ 1021.83. Complaints

Comment

Section 1021.83 (relating to complaints) states that the Department will investigate complaints regarding the delivery of services by trauma centers and the Department will forward the results of the investigation to the Trauma Foundation along with a recommendation for action. A commentator was concerned regarding the possibility of duplicative complaint investigations conducted by the Bureau and the Department's Division of Acute and Ambulatory Care that regulates hospitals. IRRC also commented on this section and requested that the Department explain how these investigations will be conducted and whether there is duplication. IRRC further noted that if there is duplication, the Department should explain why the duplication is needed and how the cost of the duplication may be justified.

Response

Section 1021.83 is promulgated under section 8105(b)(15) of the EMS System Act. Section 8105(b)(15) of the EMS System Act requires the Department to investigate complaints concerning the delivery of services by trauma centers and report the investigation results to the Trauma Foundation. This requirement is not new as there was a similar requirement in former § 1001.83. This requirement was in place since the original EMS regulations were promulgated in 1989 under the prior EMS Act.

While the Bureau and the Division of Acute and Ambulatory Care may have overlapping areas of author-

ity, the functions of the two offices differ. The Bureau's function is to regulate the Commonwealth's EMS system. Therefore, an investigation performed by the Bureau will focus on EMS services and not hospital services. During an investigation, the Bureau will interview EMS providers to determine whether violations of the EMS System Act or regulations occurred. To the extent that the Bureau interviews hospital personnel, the focus of those interviews will be on how EMS was provided by EMS providers. The investigation will not concern hospital personnel not licensed by the Bureau, nor will the Bureau interview hospital personnel to see if there were violations of regulations outside of the Bureau's jurisdiction. However, if in its investigation the Bureau uncovers possible issues outside of its jurisdiction, it will refer those issues to the entity with the appropriate oversight authority.

§ 1021.103. Governing body

Comment

IRRC commented on § 1021.103(d) (relating to governing body) that stated that a regional EMS council's governing body must make available to the public its annual report. IRRC sought clarification whether a governing body could satisfy this requirement by placing this annual report on the council's or governing body's web site and, if so, whether the section should be revised accordingly.

Response

The Department agrees with this comment and revised this section to provide that a regional EMS council's governing body may meet this requirement by posting the annual report on the regional EMS council's web site no later than 30 days after the end of the fiscal year, which is the same time frame imposed by the grant agreement for regional EMS councils to submit annual reports to the Department.

Department-initiated changes to § 1021.103.

The Department revised § 1021.103(d) to require the governing body to make the annual report available to the Department in hard copy or electronic format. The Department also added a requirement that the annual report shall be provided to the Department and to the public within 30 days after the end of the fiscal year.

§ 1021.104. Responsibilities of regional EMS councils

Comment

A commentator questioned whether § 1021.104 (relating to responsibilities of regional EMS councils) requires hospitals to complete an EMS plan.

Response

The Department agrees that § 1021.104(5), as proposed, was not clear. The Department revised this paragraph to clarify that regional EMS councils are to provide assistance to hospitals, as requested, when the hospital is developing its own emergency care plan under § 117.11 (relating to emergency services plan). Section 117.11 was promulgated by the Department under the HCFA and it requires a hospital to have a comprehensive written plan for emergency care based on community need and the capability of the hospital. In reviewing § 1021.104(5), the Department determined that the language used in the current regulation, with minor revisions, is clearer in scope. In addition, that provision has been in place since the first EMS regulations were promulgated in 1989. Therefore, the Department revised § 1021.104(5) to closely track former § 1001.123(5).

Chapter 1023. Personnel

Comment

IRRC commented on Chapter 1023 (relating to personnel) regarding the roles, responsibilities and minimum qualifications for personnel within the EMS system. Specifically, IRRC noted that some EMS personnel are required to complete an application for certification while others are not. In addition, some personnel are required to complete a triennial renewal of that certification while others are not required to do so. IRRC specifically referenced EMS agency medical directors (§ 1023.1), medical command physicians (§ 1023.2), medical command facility medical directors (§ 1023.3), regional EMS medical directors (§ 1023.4 (relating to regional EMS medical director)) and the Commonwealth EMS Medical Director (§ 1023.5 (relating to Commonwealth EMS Medical Director)). IRRC pointed out that while medical command physicians and medical command facility medical directors are required to complete an application for certification and are subject to triennial registration of their certification, EMS agency medical directors, regional EMS medical directors and the Commonwealth EMS Medical Director are not. IRRC questioned whether the health and safety of the citizens of this Commonwealth are adequately protected without similar requirements for each position.

Response

Section 8126 of the EMS System Act requires medical command physicians and medical command facility medical directors to complete an application for certification and be subject to triennial registration of their certification.

Section 8125 of the EMS System Act sets forth the minimum qualifications for an EMS agency medical director but does not require a separate application for the EMS agency medical director nor does it require Department certification. Even though an application process and certification are not required, an EMS agency must identify its EMS agency medical director on its EMS agency license application to ensure that the person meets the qualification in section 8125 of the EMS System Act and § 1023.1. Thus, the Department does have indirect oversight of EMS agency medical directors through the EMS agency licensure process. Finally, the Department can take disciplinary action against an EMS agency if the EMS agency is not staffed by responsible persons and the EMS agency refuses to remove those persons. See section 8142(a)(8) of the EMS System Act (relating to emergency medical services agency license sanctions).

Section 8109(c)(11) of the EMS System Act (relating to regional emergency medical services councils) mandates that regional EMS councils are to designate a regional EMS medical director. The EMS System Act does not require a separate application for the regional EMS medical director nor does it require Department certification. However, the Department does have indirect control over the regional EMS medical director through the contract or grant that is entered into with the regional EMS council under section 8112 of the EMS System Act. If the regional EMS council employed a regional EMS medical director that does not abide by the requirements under the EMS System Act and the regulations, the Department can choose not to renew the contract or grant with that regional EMS council.

The Commonwealth EMS Medical Director is one person selected and employed by the Department to advise

and formulate policy on matters pertaining to emergency medical services. See the definition of "Commonwealth EMS medical director" in section 8103 of the EMS System Act. As an at-will employee of the Department, the Commonwealth EMS Medical Director can be removed outside of the disciplinary process in the EMS System Act for certified EMS providers.

§ 1023.21. General rights and responsibilities

Comment

A commentator questioned § 1023.21(b) that requires: (1) an applicant for EMS provider or EMSVO certification to report to the Department misdemeanor, felony and other criminal convictions and disciplinary sanctions that have been imposed on the license or other authorization of the applicant to practice an occupation or profession; and (2) an applicant for EMSVO certification to report a conviction of an offense involving reckless driving or driving under the influence of alcohol or drugs. Section 1023.21(b)(4) imposes an ongoing obligation on both the EMS provider and the EMSVO to report the same information "within 30 days after each conviction, discipline and exclusion." The commentator is concerned that the obligation to report a conviction for reckless driving or driving under the influence of alcohol or drugs applies only to EMS providers that operate EMS ambulance vehicles. The commentator believed the obligation to report should be imposed without regard to the type of vehicle the individual might operate, and that the Department should ensure that operators of QRS, rescue, squad, police and fire vehicles should be held to the same standard.

Response

The obligation on an EMSVO to make a report regarding convictions for reckless driving, driving under the influence of alcohol or drugs or other conviction that results in the EMSVO having his driver's license suspended applies regardless the type of EMS vehicle the EMSVO operates. The obligation is triggered not by the type of vehicle that the individual operates but certification as an EMSVO. EMSVOs, regardless whether they operate an ambulance, QRS, rescue or squad vehicle or other vehicle, are subject to the requirement to report convictions for reckless driving or driving under the influence of alcohol or drugs or driver's license suspensions due to the use of drugs or alcohol or a moving traffic violation.

§ 1023.31. Continuing education requirements

Comment

IRRC commented on § 1023.31(a) and noted that, unlike the continuing education sections pertaining to EMS providers, this subsection fails to specify subject areas appropriate for continuing education for EMSVOs.

Response

The Department agrees with this comment and made revisions to § 1023.31(a) to reflect that an EMSVO shall complete continuing education requirements in subjects regarding effective driving of a ground EMS vehicle.

§ 1023.51. Certified EMS instructors

Comment

A commentator questioned § 1023.51(a)(3). Specifically, the commentator questioned why the educational requirements for certified EMS instructors in § 1023.51(a)(3) differ from the requirements in section 8124(a)(3) of the EMS System Act. Under proposed § 1023.51(a)(3), a certified EMS instructor was required to successfully

complete an EMS instructor's course approved by the Department or possess, at a minimum, a bachelor's degree in education or a teacher's certification in education. Under section 8124(a)(3) of the EMS System Act, however, a certified EMS instructor can also have a doctorate or master's degree. IRRC noted the commentator's comment in its comments to the Department. IRRC sought clarification for the Department's reason for deviating from the EMS System Act and whether an individual with a doctorate or master's degree would satisfy the requirements regarding certified EMS instructors.

Response

The Department agrees with IRRC and the commentator. The Department revised § 1023.51(a)(3) to mirror the language in section 8124(a)(3) of the EMS System Act.

Department-initiated changes to Chapter 1023

In § 1023.1(a)(1)(vi), the reference in the second sentence to "this paragraph" has been changed to "this subparagraph."

The Department revised § 1023.2 to clarify that, in addition to documenting patient information and medical command orders when they receive calls from EMS providers for assistance, medical command physicians also are required to document patient information and medical command orders when the medical command physician is providing medical command while actually at the scene of patient care. The change made to this section does not change the requirements for EMS providers to complete EMS PCR reports as required under § 1021.41.

The Department revised § 1023.21(b) to include the requirement that EMSVOs shall report to the Department a driver's license suspension due to the use of drugs or alcohol or from a moving traffic violation. This addition mirrors section 8122(a)(7)(ii) of the EMS System Act.

The Department added § 1023.21(c)(6) to mirror section 8113(e)(6) of the EMS System Act.

The Department revised § 1023.21(e)(2) by replacing "later" with "more" to clarify the requirement. The Department revised § 1023.21(e)(3) by replacing "and" with "or" to clarify the requirement.

The Department revised § 1023.21(h) to clarify that EMSVOs operate "ground EMS vehicles" and not "EMS vehicles." The definition of EMSVOs specifies that the Department licenses individuals to operate ground EMS vehicles, which is further defined in section 8103 of the EMS System Act. An "EMS vehicle" is defined to include ground EMS vehicles, water ambulances; and air ambulances. While the Department licenses water ambulances and air ambulances, it does not license the drivers of those vehicles. For the same reason, the Department revised the reference in § 1023.22(d)(5) of "EMS vehicles" to "ground EMS vehicles."

The Department revised § 1023.22(d)(3) to clarify the requirements an EMSVO shall meet when his EMSVO registration expires. The Department added language to distinguish the requirements for securing a new registration of EMSVO certification within 2 years of the registration's expiration and those for securing a new registration when more than 2 years have passed since the registration expired. For new registrations sought more than 2 years after the registration expired, the Department deleted the requirement that the EMSVO complete continuing education requirements due to the fact that the emergency vehicle operator course that the EMSVO is required to take will provide the needed education for the

EMSVO. The statutory authority to promulgate this regulation is section 8122(b)(4) of the EMS System Act.

The Department revised the order in which EMS providers are addressed in the regulations to coincide with the order in which they are addressed in the EMS System Act. PHRNs are addressed under final-form § 1023.28 (relating to prehospital registered nurse) and PHPEs are addressed under final-form § 1023.29 (relating to prehospital physician extender). The Department also revised the order PHRNs and PHPEs are addressed for purposes of continuing education. PHRNs are addressed under final-form § 1023.31(f) and PHPEs are addressed under final-form § 1023.31(g).

The Department changed the heading of § 1023.31(a) from "EMS vehicles operators" to "EMSVOs" and the heading of § 1023.31(f) from "prehospital registered nurses" to "PHRNs." The Department made these changes to maintain continuity in the manner of referencing EMS provider types and EMS vehicle operators by using their abbreviated titles.

The Department added § 1023.31(j) regarding the proration of continuing education requirements for EMS providers on a 2-year registration cycle, including those that also have an EMSVO certification. The statutory authority to promulgate this regulation is in sections 8113(n)(2) and 8122(b)(3) of the EMS System Act. Those sections require the Department to prorate the continuing education requirements of an EMS provider (on a 2-year registration cycle) for the period following the EMS provider's first registration of certification. The Department added the language applicable to all EMS providers on a 2-year registration cycle in § 1023.31(j) and deleted portions of § 1023.31(d)(1), (e)(1), (f)(1), (g)(1) and (h)(1) that dealt with the same subject. The Department also revised § 1023.31(f)(1), (g)(1) and (h)(1) regarding the 27 hours of continuing education that a PHRN, PHPE and PHP shall fulfill in clinical patient care and other core continuing education courses to ensure consistency among the regulations addressing core continuing education courses.

The Department revised § 1023.32(a) (relating to credit for continuing education) to clarify that EMS providers and EMSVOs may not receive additional continuing education credit for repeating a course in the same registration cycle and that continuing education credits in excess of the amount required in a given registration cycle will not carry over from one registration cycle to the next. The statutory authority to add this language is in section 8113(d) of the EMS System Act, which gives the Department authority to coordinate the education of EMS providers.

The Department revised § 1023.52. After consulting with the State Fire Commissioner, the Department learned that the State Fire Commissioner no longer offers a course for a "basic rescue practices technician." Therefore, the Department deleted proposed subsection (a) and the definition of "basic rescue practices technician" in § 1021.2. A "basic vehicle rescue technician" is now called a "vehicle rescue technician." The Department made this change in §§ 1021.2 and 1023.52. The Department renumbered this section accordingly.

Chapter 1025. Education

Department-initiated changes to § 1025.1

Following publication of the proposed rulemaking, the Department noted an omission in § 1025.1(b)(1) (relating to accreditation and operational requirements of EMS educational institutes). The Department intended to per-

mit educational institutes that are accredited by the Department to offer BLS educational courses to offer educational courses for AEMTs. In the proposed rule-making, however, only ALS educational institutes were permitted to offer courses for AEMTs. The Department revised § 1025.1(b)(1) to permit BLS educational institutes to offer educational courses for EMRs, EMTs and AEMTs. In addition, the Department revised § 1025.1(b)(2) to permit ALS educational institutes to offer any educational course listed under § 1025.1(b)(1) in addition to education courses for paramedics.

Following publication of the proposed rulemaking, the Department noted that the operating procedures imposed on a EMS educational institute, including, among other things, the requirement that the institute adopt and implement a nondiscrimination policy and maintain a file on each enrolled student in § 1025.1(l) were not in logical order, thus making the section potentially confusing. Therefore, the Department reordered the operating procedures in subsection (l). The contents of each paragraph remain unchanged except for the addition of language to paragraph (10) to clarify that a student is required to complete an update to the form that is specified in paragraph (8).

§ 1025.22. Responsibilities of continuing education sponsors

Comment

IRRC commented that the provision in § 1025.22(f) (relating to responsibilities of continuing education sponsors) requiring continuing education sponsors to retain records for “at least” 4 years from the presentation of the course is vague.

Response

The Department agrees with this comment and revised this section to replace “at least” with “a minimum of.” The Department also revised this section to clarify that the 4 years run from the completion of the course, not the presentation of the course.

Chapter 1027. EMS agencies

Department-initiated changes to Chapter 1027

After adding “water ambulance” to the definition of “ambulance” in §§ 1021.2 and 1027.1, the Department determined that a section within Chapter 1027 was needed to address the regulation of water ambulances. The Department added § 1027.42 regarding water ambulance services. Similar to ground ambulance services, water ambulance services can be licensed as BLS, intermediate ALS or ALS water ambulance services. Therefore, as stated in subsection (c), final-form §§ 1027.33—1027.35 apply to those types of water ambulances, except for the requirement regarding EMSVOs. The Department also noted in § 1027.42(b) that water ambulance services are subject to any regulation regarding ambulances, EMS agencies and EMS vehicles except when specifically exempted. The Department included § 1027.42(b) so the regulated community would understand that there may be other provisions within the regulations that apply to water ambulance services in addition to those referenced in § 1027.42(c).

§ 1027.1. General provisions

Comment

A commentator requested clarification regarding the requirement for providing EMS service 24 hours a day, 7 days a week in § 1027.1(b)(3). The commentator suggested adding a definition with criteria that include

response time requirements that can be used to determine compliance. The commentator noted that without criteria that include a minimum response time, the requirement for EMS service 24 hours a day, 7 days a week has no impact on the system and compliance cannot be determined.

Response

The Department did not change to § 1027.1 in response to this comment. Section 1027.1(b)(3) provides that an applicant for an EMS agency license must meet staffing standards for the vehicles that it seeks to operate and the services that it seeks to provide. The EMS agency shall also provide EMS services 24 hours a day, 7 days a week, unless the EMS agency participates in a county-level or broader-level EMS response plan approved by the Department or one of the exceptions in final-form § 1027.6 (proposed § 1027.5) applies. The requirements do not include a minimum response time.

The Department is not able to set minimum response times for EMS agencies. This Commonwealth as a whole is very diverse in geography. This Commonwealth has both urban and rural areas. It also has densely populated areas and sparsely populated areas. The Department could not adequately dictate to each municipality in this Commonwealth the mandatory response time for each city, town and borough. A response time adequate for one municipality may not be adequate for another. The Department believes that it is best left up to each municipality to determine the appropriate response times for EMS services within their boundaries.

Department-initiated changes to § 1027.1

The Department added BLS water ambulance service, intermediate ALS water ambulance service, ALS water ambulance service and EMS agency dispatch center to the types of EMS services requiring licensure under § 1027.1(a).

The Department revised the term “intermediate squad service” used in the proposed rulemaking. The term should have read “intermediate ALS squad service” as set forth in § 1021.2.

The Department revised § 1027.1(e)(2) to reflect that ambulance services and QRSs may continue to operate as an ambulance service or a QRS without an EMS agency medical director until April 10, 2014. In the proposed rulemaking, the Department stated that ambulance services and QRSs could continue to operate under the prior EMS Act. The prior EMS Act has been repealed, so the Department does not have authority to provide for this. However, the EMS System Act provides that the final-form regulations for EMS agencies do not take effect for 180 days after the publication date of this final-form rulemaking. Therefore, the current regulations pertaining to ambulance services and QRSs will remain in effect for 180 days after the publication date of this final-form rulemaking.

§ 1027.3. Licensure and general operating standards

Comment

A commentator suggested that municipalities, not public safety answering points (PSAP), should set response times for EMS providers to be en route to an EMS call.

Response

The Department did not change § 1027.3 in response to this comment. Section 1027.3(g)(2) does not give PSAPs the authority to set response times. It merely requires an EMS agency to communicate with the PSAP if it is going

to be delayed or otherwise cannot provide the requested level of service after receiving a dispatch call from the PSAP.

The Department neither regulates nor empowers PSAPs. The authority to regulate PSAPs is vested in PEMA. However, the Department does recognize that PSAPs are the entities that dispatch EMS agency services either because the PSAP has the authority to make the dispatch decision or because it implements dispatch protocols that have been prescribed by some other entity. In general, a PSAP dispatches an EMS agency to an EMS call. If the PSAP does not get a response from the EMS agency in a certain amount of time, the PSAP may call the EMS agency again or it may dispatch another EMS agency. Municipalities are not precluded, however, from setting their own prescribed dispatch times and relaying this information to the appropriate PSAPs.

As stated, this section merely requires an EMS agency to inform the PSAP that it is unable to respond to a call or will be delayed. The PSAP needs to know if the EMS agency will be delayed, or that it does not have the equipment needed to respond, so that the PSAP is able to dispatch another EMS agency to the call.

Comment

A commentator suggested that the Department should include language in § 1027.3(g)(4) to permit municipal-based EMS agencies to reserve resources for response within its community unless otherwise agreed to by the municipality and approved by the Department. The commentator argued that as written this section requires a municipality to use municipal resources to serve a surrounding area even if there is not an agreement among municipalities specifying the terms and conditions for the provision of services.

Response

The Department has not changed § 1027.3 in response to this comment. Section 1027.3(g) requires EMS agencies to communicate with PSAPs regarding unavailability, delayed responses and response to calls for emergency assistance as dispatched by a PSAP. Section 1027.3(g)(4) does not permit an EMS agency to refuse to respond to a dispatch based upon a desire to keep some portion of its resources in reserve. The requirements under § 1027.3(g) are similar in scope to former § 1005.10(e).

The Department does not mandate that a particular entity agree to cover set geographic areas. When an entity applies for a license to become an EMS agency, the entity shall list the municipalities it wishes to serve. See § 1027.2(a)(6) (relating to license and registration applications). Therefore, it is up to the EMS agency to determine the areas of this Commonwealth it will cover. PSAPs are made aware of the municipalities that each EMS agency has elected to cover. This enables the PSAP to know which EMS agencies are available when an emergency arises and allows the PSAPs to effectively dispatch EMS agencies from neighboring municipalities when coverage is needed.

An EMS agency has multiple options regarding the municipalities it will cover. If an EMS agency cannot cover a neighboring municipality on a given night, for example, subsection (g)(1) requires the EMS agency to communicate with the PSAP concerning its unavailability. However, if the EMS agency has not communicated its unavailability, the EMS agency shall respond to a PSAP dispatch provided the EMS agency is able.

An EMS agency has the option to revise the scope of its EMS agency license with the Department if it no longer

wishes to serve a particular municipality. The EMS agency will be removed from the list of EMS agencies serving the area and PSAPs may not call the EMS agency to respond to calls in that municipality.

Comment

A commentator questioned proposed § 1027.3(h) setting forth requirements for an EMS agency that operates its own EMS agency dispatch center. The commentator is concerned that by having EMS agency dispatch centers, the 911 system could get fragmented and this would be contrary to efficient emergency medical service delivery. The commentator suggests that the 911 system should be used for emergency calls and that an alternative to 911 should only be encouraged for nonemergency services.

Response

The Department has not made a change to § 1027.3(h) (final-form § 1027.4) in response to this comment. The Department's authority to promulgate regulations addressing EMS agency dispatch centers comes from section 8129(i) of the EMS System Act. Under section 8129(i) of the EMS System Act, an EMS agency can elect to operate an EMS agency dispatch center and calls for EMS may be made to the EMS agency dispatch center instead of dialing 911. For the first time, EMS agency dispatch centers will be regulated by the Department as part of an EMS agency's license.

Limiting the calls made to an EMS agency dispatch center to calls in nonemergency situations is not possible because there is not a clear distinction between what is, and what is not, an emergency. What is considered an emergency to one person may be considered a nonemergency to another person. The Department cannot make a distinction between the two terms and expect an individual to determine whether he should call a 911 center or an EMS agency dispatch center. Patient safety would be at risk if the Department were to attempt to make the distinction in the regulation.

Comment

IRRC asked the Department to clarify its statutory authority to require an EMS agency to bear the costs associated with the training, certification and recertification of the EMS agency's dispatch center's call-takers and dispatchers. IRRC also questioned how the training, certification and recertification of an EMS agency dispatch center's call-takers and dispatchers will be implemented.

Response

It is not a requirement that an EMS agency operate its own dispatch center. A dispatch center operated by an EMS agency is voluntary, as there is already a 911 system in place that can be used. However, if an EMS agency chooses to operate its own dispatch center, the EMS agency or its employees shall pay the costs of training, certifying and recertifying the employees. If an EMS agency chooses to operate a dispatch center separate from the 911 system, it shall ensure compliance with applicable standards and sufficient resources to cover the costs of running this service.

An EMS agency's dispatch center will be a part of the EMS agency license, and thus subject to discipline under section 8142 of the EMS System Act. The Department has coordinated with PEMA for PEMA to certify call-takers and dispatchers under PEMA's authority in 35 Pa.C.S. § 5303(a)(6). The Department drafted final-form § 1027.4 to allow time for PEMA to fully develop the training requirements for EMS agencies and to give EMS agencies

the time to come into compliance with this section. Section 1027.4(a) provides that an EMS agency that chooses to operate its own dispatch center has until October 13, 2015, to use call-takers and dispatchers certified by PEMA. In addition, final-form § 1027.4(c)(2) provides that EMS agencies have until July 9, 2014, to use the EMD program employed by the emergency communications center of the county in which the EMS agency dispatch center is located. In sum, these effective dates give EMS agencies 9 months from the effective date of the final-form rulemaking in which to begin using the same dispatch program used by the county in which the EMS agency dispatch center is located and 2 years from the effective date of the final-form rulemaking in which to use call-takers and dispatchers that are certified by PEMA.

Comment

IRRC asked the Department to explain the anticipated cost to the entire EMS agency community for training, certification and recertification of an EMS agency dispatch center's call-takers and dispatchers.

Response

In responding to this comment, the Department consulted with PEMA regarding certification pre-requisites and costs of training call-takers and dispatchers. The initial EMD certification requires the applicant to be able to read and write at a high school graduate or GED level and complete an approved EMD course in which the applicant must complete a written certification exam and obtain a passing score. Once the applicant passes an EMD course, PEMA will provide the applicant with an additional Commonwealth EMD test. This test is completed on the current learning management system at no additional cost to the EMS agency or the applicant. The applicant must also be certified in CPR.

The EMD course is approximately 24 to 40 hours in length with a cost of approximately \$200, depending on which Nationally-recognized program the EMS agency uses. The EMS agency or applicant would also bear the cost for the applicant to complete a CPR course with a cost of approximately \$35, depending on which program the EMS agency uses. The Department estimates that these requirements will affect fewer than ten EMS agencies currently, since most EMS agencies are using the county dispatch center for their emergency responses instead of their own EMS agency dispatch center.

Comment

IRRC commented on proposed § 1027.3(h)(5), which referenced and required compliance with PEMA's regulations in 4 Pa. Code §§ 120d.104 and 120d.105 (relating to time frames and procedures for quality assurance reviews; and quality assurance review standards) and stated that "PEMA," "911 communications centers" and "remote dispatch points" were replaced with "Department" and "EMS agency dispatch centers," as appropriate. Section 120d.104 of 4 Pa. Code sets forth the requirements for quality assurance reviews for 911 communication centers. Section 120d.105 of 4 Pa. Code sets forth the quality assurance standards for call-takers and dispatchers that work at the 911 communication centers. IRRC felt that the regulated community would be better served if the Department incorporated the provisions of 4 Pa. Code §§ 120d.104 and 120d.105 within the EMS regulations rather than incorporating them by reference.

Response

The Department agrees with this comment and revised § 1027.3 accordingly. Due to the breadth and scope of

PEMA's requirements, the Department decided to separate EMS agency dispatch centers from § 1027.3 and added final-form § 1027.4. Because of this decision, proposed §§ 1027.4—1027.13 have been renumbered as final-form §§ 1027.5—1027.14. In addition, the Department decided to not insert PEMA's requirements in the regulation word-for-word but instead use them as a guideline. The Department made this decision partly because EMS agency dispatch centers do not operate exactly like 911 communication centers. Under final-form § 1027.4, EMS agencies that wish to operate an EMS agency dispatch center will be required to meet certain standards for call-taking and dispatching. Section 1027.4(c)(3) and (4) provides minimum requirements that EMS agency dispatch centers shall meet when developing their call-taking and dispatching standards that are to be based on Nationally-accepted EMD standards. The Department will not dictate which Nationally-accepted EMS standards an EMS agency dispatch center shall use in developing standards, as there are several, including those from the National Highway Traffic Safety Administration, the Association of Public Safety Communications Officials, the National Academy of Emergency Medical Dispatch and PowerPhone, Inc., among others.

As with the proposed regulation, final-form § 1027.4(c)(2) requires EMS agency dispatch centers to use the EMD program used by the emergency communications center of the county in which the EMS agency dispatch center is located. This requirement will ensure coordination between the EMS agency dispatch center and the county communications center, particularly in the scenario when the EMS agency dispatch center refers a call for EMS to the 911 communications center because the EMS agency does not have the resources to adequately address the call. If they use the same EMD program, the EMS agency dispatch center and the county communications center will use the same computer program, verbiage and classification system for EMS calls, thus lessening the possibility of confusion between the two agencies.

Section 1027.4(c)(6) sets forth the qualifications and duties of an EMS agency dispatch center's quality assurance reviewer. The quality assurance reviewer shall ensure that an EMS agency dispatch center is adhering to its own standards and protocols as well as the Department's regulations. The quality assurance reviewer will do this in part by conducting quality assurance reviews of the dispatch center's call-takers and dispatchers.

As a result of these revisions, the Department was required to add several new definitions to § 1021.2. The Department added definitions of "call-taker," "call-taking," "dispatcher," "dispatching," "emergency medical dispatch," "emergency dispatch calls," "emergency medical dispatch protocols," "performance appraisal," "quality assurance action," "quality assurance review," "quality assurance reviewer," "radio activity" and "standard operating procedures." These definitions are based in part on the definitions used by PEMA in 4 Pa. Code § 120d.102 (relating to definitions) and revised as needed for EMS agency dispatch centers. The Department also revised the definition of "EMS agency dispatch center" to reiterate that final-form § 1027.4 does not apply to entities certified by PEMA under 35 Pa.C.S. §§ 5301—5398. PEMA licenses county and municipal 911 centers. The Department will be licensing EMS agency's that wish to operate EMS agency dispatch centers.

The Department also added a requirement under final-form § 1027.4(c)(9) that EMS agencies ensure that per-

sons are not denied access to EMS because of their inability or limited ability to communicate in the English language, including hearing impaired and deaf persons. This provision is derived from Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §§ 2000d—2000d-7), which applies to access to Federally-assisted and Federally-conducted programs and activities. The Department is expanding this requirement to apply to all EMS agency dispatch centers, regardless whether they receive Federal funding or Federal payments through Medicare or Medicaid. Finally, after the addition of final-form § 1027.4 addressing EMS agency dispatch centers, the Department found it necessary to revise § 1027.3(l) regarding an EMS agency's quality improvement committee. Section 1027.3(l) requires that an EMS agency that operates an EMS agency dispatch center must require the quality improvement committee to be responsible for the quality improvement of the EMS agency dispatch center. This section also requires the quality improvement committee to participate in the county PSAP quality assurance process. These revisions were incorporated to ensure committee oversight of EMS agency dispatch centers and also ensure that the EMS agency quality improvement committees will work closely with the county PSAP quality assurance process to improve communications and interactions between the EMS agency and the county.

Department-initiated changes to § 1027.3

The Department revised § 1027.3(d) to reflect legislation that was enacted by the General Assembly after publication of the proposed rulemaking. The Child Labor Act (43 P.S. §§ 40.1—40.14) repealed the Child Labor Law (43 P.S. §§ 41—66.1). The Department recognized this change in the regulation.

As proposed, § 1027.3(f) stated that “an EMS agency shall also provide the Department with advance notice, 30 days if possible, of any change in its management personnel to include as a new member of its management team a person who has reported to it information required under this subsection.” This wording was taken from former § 1005.10(d)(3). In reviewing the language following the proposed rulemaking, the Department determined that use of “if possible” made the provision difficult to enforce and a potential longer-term issue for the Department and EMS agencies. Therefore, the Department revised this sentence to require EMS agencies to provide the Department with notice of any change in its management personnel at least 30 days in advance.

Final-form § 1027.3(i) (proposed § 1027.3(j)) addresses the use of lights and sirens by EMS vehicles. The Department determined that the subsection as proposed was difficult to understand and required EMS providers to decide whether the use lights and a siren would enable the provider to get a patient to a proper facility in less time. The Department substituted language similar to § 1005.10(g), which was in place since 2000. Since former § 1005.10 was in effect since 2000, EMS providers are already familiar with its requirements. Further, former § 1005.10 was more straightforward as it only required EMS providers to determine that a patient presents, or in good faith is perceived to present, a combination of circumstances resulting in a need for immediate medical intervention and that the need for immediate medical intervention is beyond the capabilities of the ambulance crew using available supplies and equipment and, if so, the EMS provider may use lights and a siren.

§ 1027.6. Statewide EMS response plan

Comment

A commentator suggested that the Department should revise proposed § 1027.5 (final-form § 1027.6), permitting an exception to the requirement that an EMS agency operate 24 hours a day, 7 days a week if the EMS agency operates in accordance with a county-level or broader-level EMS response plan approved by the Department. The commentator requested that municipalities also should approve county-level or broader-level response plans, particularly if a municipality will be expected to contribute resources because an EMS agency in the other municipality does not operate 24 hours a day, 7 days a week. In addition, the commentator believed that the regulation should specify that approved response plans must provide EMS 24 hours a day, 7 days a week in all areas covered by the plan.

Response

The Department has not made changes to the proposed section in response to this comment. The municipality is responsible for ensuring that EMS and fire services are provided within the municipality. Nonetheless, the Department will be reviewing the feasibility of any county-level or broader-level EMS response plan and welcomes input from the effected municipalities. The Department does have the authority to reject a county-level or broader-level response plan if it determines that it is not in the public interest to approve a plan.

As for the suggestion that the Department should specify that an approved plan must provide for EMS 24 hours a day, 7 days a week in all areas covered by the plan, a change is not required as this is already a requirement. Section 1027.1(b)(3) already requires coverage by each EMS agency 24 hours a day, 7 days a week unless the EMS agency is a part of a county-level or broader-level EMS response plan, unless it operates exclusively as an air ambulance service, or in certain situations when it is operating as a tactical EMS service. Under a county-level or broader-level EMS response plan, the EMS agencies that make up this plan will not all be required to provide EMS 24 hours a day, 7 days a week. However, the plan as a whole must provide for coverage around the clock under its response plan. If a response plan submitted for Department approval does not ensure EMS 24 hours a day, 7 days a week within the area that the response plan covers, the Department could not approve the plan because it does not meet statutory and regulatory requirements.

Department-initiated changes to § 1027.6.

The Department revised final-form § 1027.6(1) to include water ambulances under the exception to the rule that an EMS agency operate 24 hours a day, 7 days a week. Water ambulances, particularly during winter, do not operate 24 hours a day, 7 days a week, yet the proposed regulation did not provide for this exception. The Department addressed this omission.

The Department added final-form § 1027.6(4) to provide that an EMS agency that operates an intermediate ALS ambulance service may operate it less than 24 hours a day, 7 days a week so long as the EMS agency operates a BLS ambulance service or an ALS ambulance service at the same location through which it is licensed to provide the intermediate ALS ambulance service. This exception was added because for purposes of dispatching, a BLS ambulance or an ALS ambulance will be dispatched first because those types of ambulance services will be able to handle most EMS situations. Thus, requiring an EMS

agency also to operate an intermediate ALS ambulance 24 hours a day, 7 days a week could present an unnecessary financial burden for EMS agencies. However, if the EMS agency only operates an intermediate ALS ambulance service, or if it maintains its BLS or ALS ambulances at a separate location from its intermediate ALS ambulance, then it will be required to operate the intermediate ALS ambulance 24 hours a day, 7 days a week.

Department-initiated changes to § 1027.11

Following publication of the proposed rulemaking, the Department noted that the first sentence of final-form § 1027.11(a) (relating to plan of correction) (proposed § 1027.10) should reference “the act or this subpart,” not “the act or this chapter.” The Department made the necessary revision.

Department-initiated changes to § 1027.31

The Department revised § 1027.31(6) (relating to general standards for providing EMS) to provide that an EMS vehicle seeking assistance in attending to the needs of a patient may contact a PSAP or its own EMS agency dispatch center for additional assistance.

Department-initiated changes to § 1027.32

The Department revised § 1027.32(c) (relating to quick response service) to include the term “intermediate ALS squad vehicle.”

Department-initiated changes to § 1027.33

The Department revised § 1027.33(a) and (b) and deleted § 1027.33(c)(2) regarding standards that a BLS ambulance service must meet when operating at the AEMT service level. To operate at the AEMT level of care, the EMS agency must meet the requirements for an intermediate ALS ambulance service under final-form § 1027.34. The statutory authority to make this revision is section 8129(l) of the EMS System Act, which authorizes the Department to change staffing standards for ambulances through regulation.

§ 1027.35. Advanced life support ambulance service

Comment

A commentator questioned the minimum staffing requirements in final-form § 1027.35(b) (proposed § 1027.34). When an ALS crew is responding to a call to provide EMS to a patient who requires EMS above the skill level of an AEMT, the minimum staffing requirement is an EMSVO, a provider at or above the EMT level, and a provider above the AEMT level. The alternative is a two-person crew so long as the EMSVO is also one of the EMS providers and an EMS provider above the AEMT level is available to attend to the patient during patient transport. The commentator observed that a rural ambulance service cannot utilize an EMR to drive the ambulance for an ALS response and cannot use an EMSVO to drive the ambulance unless the EMSVO is at or above the EMT level. The commentator is concerned that the staffing requirements limit the use of EMRs and the use of an EMSVO who is not trained at or above the EMT level.

Response

While the Department understands staffing issues may be a challenge to EMS agencies generally, the Department cannot promulgate a regulation contrary to the EMS System Act. The Department followed the parameters in the EMS System Act when it promulgated final-form § 1027.35(b). While the Department may change staffing standards under section 8129(l) of the EMS System Act, the Department has chosen not to do so at this time.

The Department notes that section 8140 of the EMS System Act (relating to conditional temporary licenses) authorizes the Department to issue a conditional temporary license to an EMS agency that is unable to provide service 24 hours a day, 7 days a week. An EMS agency can seek a conditional temporary license due to its inability to meet staffing standards at all times or its inability to participate in a county-level or broader-level emergency response plan approved by the Department. Upon approval of the conditional temporary license by the Department, the EMS agency can operate under a conditional temporary license for up to one year. The conditional temporary license may be renewed as many times as the Department determines that it is in the public interest to do so.

Department-initiated changes to § 1027.35.

Final-form § 1027.35(b) (proposed § 1027.34) was meant to mirror section 8130(b)(1) of the EMS System Act (relating to advanced life support ambulances) and to set forth the minimum staffing requirements for an ALS ambulance crew when responding to a call to provide EMS to a patient who requires EMS “above the skill level of an AEMT.” Following publication of the proposed rulemaking, the Department noted that the reference to “above the skill level of an EMT” in final-form § 1027.35(b) was incorrect and the reference should have been to “above the skill level of an AEMT” per section 8130(b)(1) of the EMS System Act. The Department made this change.

The Department revised final-form § 1027.35(d) (proposed § 1027.34) and renumbered it as final-form § 1027.35(e) to clarify that an ALS ambulance service needs to meet the standards in § 1027.33 when responding to a call for a patient who requires EMS below the AEMT level of care. While section 8130(b)(2) of the EMS System Act only requires an ALS ambulance service to meet the minimum staffing requirements for a BLS ambulance when responding to a call that requires EMS at or below the AEMT level of care, section 8129(l) of the EMS System Act authorizes the Department by regulation to revise minimum staffing standards for ALS ambulance services. While a BLS ambulance service can employ an AEMT if it wishes to respond to patients who require EMS at the skill level of an AEMT, it is only required to staff its BLS ambulance with EMS providers at the EMR and EMT levels. Due to this minimum staffing requirement, the Department did not want to have a gap in EMS service if an ALS ambulance service responded to a patient who needed EMS at the skill level of an AEMT with only an EMR and an EMT. This circumstance would then require the PSAP or EMS agency dispatch center to dispatch another unit to care for the patient, thus delaying proper care to the patient.

To provide for those instances in which an ALS ambulance service responds to a patient who requires EMS at the skill level of an AEMT, the Department added final-form § 1027.35(d), which requires an ALS ambulance service to meet the standards in final-form § 1027.34.

Department-initiated changes to § 1027.38

The Department revised final-form § 1027.38(a) to incorporate language that mirrors section 8132(a) of the EMS System Act (relating to advanced life support squad vehicles) regarding the purpose of an ALS squad service.

Department-initiated changes to §§ 1027.39, 1027.40 and 1027.41

Following publication of the proposed rulemaking, the Department noted that the language in final-form §§ 1027.39(d), 1027.40(f) and 1027.41(b)(1) concerning expanded scopes of practice differed. This was not the intention of the Department. Therefore, the Department revised these sections to make the language, and the interpretation of requirements, consistent.

§ 1027.41. Special operations EMS services

Comment

Under § 1027.41, EMS agencies shall meet minimum staffing requirements and staff members shall complete an educational program approved by the Department. An EMS agency will have to show that its EMS providers have the requisite training for the EMS agency to be able to offer special operations EMS services. A commentator requested that the Department consider using the Nationally-recognized American Safety & Health Institute's wilderness medicine curriculum as one of the approved courses to certify wilderness EMS responders in this Commonwealth.

Response

As licensure of special operations EMS services is new to the EMS system in this Commonwealth, the Department is still considering various programs through which EMS agencies may offer special operations EMS services. The Department will consider the curriculum suggested by the commentator, as well as other curriculum, for special operations EMS services. The Department is willing to meet with interested stakeholders to implement educational requirements and standards for special operations EMS services. The Department will publicize approved courses for special operations EMS services in the *Pennsylvania Bulletin* and on the Bureau's web site.

Comment

A commentator questioned whether ski patrollers who provide EMS services in this Commonwealth are subject to the regulations, in particular § 1027.41.

Response

The Department determined prior to publication of the proposed rulemaking not to impose regulatory requirements on ski patrol EMS services. Regulation of ski patrol services was not included in the final-form rulemaking submitted by the Department. Meanwhile, the Department will continue to monitor ski patrol services in this Commonwealth and work with interested stakeholders to establish a voluntary program in which ski patrol EMS services may participate.

Department-initiated changes to § 1027.41

Following publication of the proposed rulemaking, the Department noted that it referenced an incorrect subsection of the regulation. The reference in § 1027.41 should be to § 1027.3(j), not § 1027.3(h).

Chapter 1029. Medical command facilities and receiving facilities

§ 1029.21. Receiving facilities

Comment

Section 8128(b) of the EMS System Act authorizes the Department by regulation to recognize other types of facilities to serve as receiving facilities for purposes of serving patients who have special medical needs. Under this statutory authority, the Department proposed

§ 1029.21(b). Proposed § 1029.21(b) stated that the Department would publish a list in the *Pennsylvania Bulletin* of receiving facilities specializing in trauma, percutaneous coronary intervention, acute strokes and serious burns, and receiving facilities appropriate for other patients with special needs as described in the Statewide EMS protocols.

IRRC and another commentator commented on this section. The commentator was concerned that listing specialty receiving facilities through a notice in the *Pennsylvania Bulletin* would give the Department authority to determine where patients are transported without providing the criteria through regulation upon which the Department's decisions would be made. IRRC wanted clarification on the Department's specific statutory authority to establish, maintain and update a list of specialty receiving facilities by means of publication in the *Pennsylvania Bulletin*. IRRC also requested that the Department consider adding provisions to the regulation explaining the process that will be used to update the list and how the affected parties will have the opportunity to comment on any contemplated changes.

Response

The Department decided to delete the text in § 1029.21(b) concerning the Department's establishment of a list of specialty receiving facilities. The Department will continue to discuss this matter with interested parties and may address this issue in a future rulemaking.

Department-initiated changes to § 1029.21

Proposed § 1029.21 contained a provision mandating that a receiving facility had to be a fixed location. However, following publication of the proposed rulemaking and a review of section 8128(b) of the EMS System Act, the Department noted that while section 8128(b) of the EMS System Act requires a receiving facility to have a fixed location, a receiving facility can have temporary locations so long as it has at least one fixed location. Therefore, the Department revised § 1029.21(a) to comply with section 8128(b) of the EMS System Act.

Chapter 1031. Complaints, disciplinary actions, adjudications and appeals

Comment

IRRC recognized the Department's authority to discipline EMS providers, EMSVOs and EMS agencies. However, IRRC questioned the Department's statutory authority for imposing discipline on the other entities in Chapter 1031 (relating to complaints, disciplinary actions, adjudications and appeals). In addition, IRRC questioned the Department's statutory authority under §§ 1031.6 and 1031.9 (relating to temporary suspension of EMS provider and EMS vehicle operator certifications; and automatic suspension for incapacity). IRRC's comment addressed §§ 1031.6—1031.9 and 1031.11—1031.16.

Response

The Department's statutory authority to promulgate §§ 1031.6—1031.9 and 1031.11—1031.16 permitting disciplinary sanctions against certain EMS personnel derives from specific sections of the EMS System Act.

Section 8123(a) of the EMS System Act (relating to suspension of certification) authorizes the Department to temporarily suspend an EMS provider's or EMSVO's certification without a hearing if the Department deter-

mines that the person is a clear and immediate danger to the public health and safety. Section 1031.6 is promulgated under this statutory authority.

Section 8124(d) of the EMS System Act authorizes the Department to impose discipline against an EMS instructor under specified circumstances. If discipline is authorized, section 8124(e) of the EMS System Act empowers the Department to impose certain types of discipline against EMS instructors. Section 1031.7 (relating to discipline of EMS instructors) is promulgated under this statutory authority.

Section 8126(h) of the EMS System Act authorizes the Department to impose discipline against a medical command physician or a medical command facility medical director under specified circumstances. If discipline is authorized, section 8126(i) of the EMS System Act empowers the Department to impose certain types of discipline against medical command physicians and medical command facility medical directors. Section 1031.8 (relating to discipline of medical command physicians and medical command facility medical directors) is promulgated under this statutory authority.

Section 8123(b) of the EMS System Act authorizes the Department to automatically suspend a certification issued under the EMS System Act if the EMS provider has been adjudicated as incapacitated under 20 Pa.C.S. § 5511 (relating to petition and hearing; independent evaluation). Section 8123(b) of the EMS System Act also authorizes the Department to lift the suspension upon the person establishing to the Department that the person has been adjudicated to have regained capacity under 20 Pa.C.S. § 5517 (relating to adjudication of capacity and modification of existing orders). Section 1031.9 is promulgated under this statutory authority.

Section 8127(g) of the EMS System Act authorizes the Department to impose discipline against a medical command facility under specified circumstances. If discipline is authorized, section 8127(h) of the EMS System Act empowers the Department to impose certain types of discipline against medical command facilities. Section 1031.11 (relating to discipline of medical command facilities) is promulgated under this statutory authority.

Section 8113(d)(4) of the EMS System Act authorizes the Department to impose discipline against an EMS educational institute under specified circumstances. If discipline is authorized, that section also empowers the Department to impose certain types of discipline against EMS educational institutes. Section 1031.12 (relating to discipline of EMS educational institutes) is promulgated under this statutory authority.

Section 8113(d)(4) of the EMS System Act authorizes the Department to impose discipline against a provider of EMS continuing education under specified circumstances. If discipline is authorized, that section also empowers the Department to impose certain types of discipline against providers of EMS continuing education. Section 1031.13 (relating to discipline of providers of EMS continuing education) is promulgated under this statutory authority.

Section 8156(c) of the EMS System Act (relating to penalties) authorizes the Department to impose a civil money penalty against a person who owns or operates an EMS agency in this Commonwealth without having a license to operate that EMS agency. Further, that section also authorizes the Department to impose a civil money penalty against a person who provides EMS without an EMS provider's certification or other legal authority to provide EMS. Section 1031.14 (relating to civil money

penalty for practicing without a license or certification) is promulgated under this statutory authority.

Section 8106(f) of the EMS System Act authorizes the Department to impose a civil money penalty against a vendor of EMS PCR software under specified circumstances. Section 1031.15 (relating to discipline of vendors of EMS PCR software) is promulgated under this statutory authority.

Section 8129(f) of the EMS System Act authorizes the Department to deny, withdraw or condition approval to an entity to provide management services for an EMS agency under specified circumstances. Section 1031.16 (relating to discipline of management companies) is promulgated under this statutory authority.

§ 1031.1. Administrative and appellate procedure

Comment

IRRC commented on proposed § 1031.1(b) (relating to administrative and appellate procedure) regarding rules that supplement 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure) (GRAPP). To assist the regulated community with compliance, IRRC recommended that the Department include cross references to show which GRAPP provisions are being supplemented.

Response

After further consideration, the Department deleted proposed § 1031.1(b) from the final-form rulemaking. The Department will conduct formal proceedings under GRAPP, except when otherwise indicated in the regulations. To accommodate this revision, the Department has renumbered proposed subsection (c) as final-form subsection (b).

§ 1031.2. Complaints and investigations

Comment

A commentator was concerned about the language in § 1031.2 (relating to complaints and investigations), specifically, subsection (a). Section 1031.2(a) states that a person may file a complaint with the Department for a violation of the EMS System Act or the regulations by an individual or entity that is regulated by the Department under the act or this subpart or by an individual or entity believed to have provided EMS or other care under the EMS System Act or regulations without the proper license, certification or authorization to do so.

The commentator was concerned that this section could be broadly construed and could subject hospitals or other entities to multiple complaint investigations initiated by different bureaus within the Department. The commentator suggested that § 1031.2 should state that the Department's authority is to investigate complaints regarding EMS providers. The commentator suggested that the Department should clarify how complaints are investigated.

Response

The Department did not change this section in response to this comment. The wording of this section, which is modeled after section 8105(a)(14) of the EMS System Act, was purposeful to make plain the Department's investigative authority not only in circumstances when the applicability of the EMS System Act and its regulations are clear but also in circumstances when an individual or entity may be providing EMS without authorization to do so. The broad language that the commentator has pointed out, which is also in the EMS System Act, is necessary to give the Department the authority to levy civil money

penalties against an individual or entities that are engaged in EMS without a proper license or certification. See section 8156 of the EMS System Act. In addition, section 8156 of the EMS System Act provides for criminal penalties against individuals or entities that provide EMS without the proper license or certification. Therefore, the regulation cannot be limited to just EMS providers, as the Department has the authority to investigate possible violations against unlicensed entities or uncertified persons providing EMS without the authority to do so.

The Department cannot specify investigation procedures in its regulations because doing so could hamper investigations. Each incident lends itself to a different type of investigation and different procedures. The Bureau works with other entities, both within the Department and outside of the Department, in situations when jurisdictions may overlap. The Bureau's focus will be on the EMS System Act and its regulations. If the Bureau were to find possible violations outside of the scope of its authority, it will refer those issues to the appropriate office or agency.

Department-initiated changes to § 1031.2

The Department revised the first sentence in § 1031.2(a) to read "subpart" instead of "part." The Department revised the heading of § 1031.2(c) to read "status of complaint," not "status of complainant."

The Department revised § 1031.2(d) to clarify that it will not provide the name of a complainant to the person or entity being investigated, except under limited circumstances. The Department will withhold the complainant's name even if the Department determines that it will notify the subject of the complaint that a complaint was received. The Department added this section out of concern that complainants may not come forward or may fear for their personal safety if their names are not kept confidential. Withholding the name of the complainant also comports with section 708(b)(17) of the Right-to-Know Law (65 P. S. § 67.708(b)(17)), regarding exceptions to public records, which precludes access to records regarding an agency's noncriminal investigation, including complaints submitted to an agency.

The Department also revised § 1031.2(e) to clarify that it will not provide to the complainant communications between the Department and a person involved in the investigation, including the subject of the complaint. This includes the results of the investigation, except when disclosure of the results of the investigation is required by law. As with the revision to subsection (d), the revision to subsection (e) comports with section 708(b)(17)(vi)(A) of the Right-to-Know Law, which exempts access to a record that would reveal the "institution, progress or result of an agency investigation, except the imposition of a fine or civil penalty, the suspension, modification or revocation of a license, permit, registration, certification or similar authorization issued by an agency. . . ."

Department-initiated changes to § 1031.3

The Department revised § 1031.3(b) (relating to discipline of EMS providers) to clarify that it has the authority to impose one or more disciplinary sanctions against an EMS provider. The Department has this statutory authority under section 8121(d) of the EMS System Act (relating to certification sanctions).

Department-initiated changes to § 1031.4

The Department revised § 1031.4 (relating to petition for certification after revocation) to mirror section 8121(d) of the EMS System Act. The Department wanted to

clarify that a person who applies for reinstatement is actually applying for a new certification as opposed to reinstatement of a certification that had been previously revoked. The Department also revised the heading to this section to clarify that a person is filing a petition for certification after their original certification has been revoked.

Department-initiated changes to § 1031.6

The Department revised § 1031.6 to mirror the language used in section 8123(a) of the EMS System Act. Specifically, the Department replaced "emergency" with "temporary."

Department-initiated changes to § 1031.7

The Department revised § 1031.7(b) to clarify that it has the authority to impose one or more disciplinary sanctions against an EMS instructor. The Department has statutory authority under section 8124(e) of the EMS System Act.

Department-initiated changes to § 1031.8

The Department revised § 1031.8(b) to clarify that it has the authority to impose one or more disciplinary sanctions against a medical command physician or a medical command facility medical director. The Department has statutory authority under section 8126(i) of the EMS System Act.

Department-initiated changes to § 1031.10

The Department revised the heading of § 1031.10(a) (relating to discipline of EMS agencies) to "grounds for discipline" to mirror the headings of the other sections of Chapter 1031 addressing discipline. The Department revised § 1031.10(b) to clarify that it has the authority to impose one or more disciplinary sanctions against an EMS agency. The Department has statutory authority under section 8142(b) of the EMS System Act.

Department-initiated changes to § 1031.11

The Department revised the heading of § 1031.11(a) to "grounds for discipline" to mirror the headings of the other sections of Chapter 1031 addressing discipline. The Department revised § 1031.11(b) to clarify that it has the authority to impose one or more disciplinary sanctions against a medical command facility. The Department has statutory authority under section 8127(h) of the EMS System Act.

Department-initiated changes to § 1031.12

The Department revised this section to follow the wording of section 8113(d) of the EMS System Act regarding the grounds for discipline and the types of discipline the Department may seek against EMS educational institutes.

Department-initiated changes to § 1031.13

The Department revised § 1031.13 to follow the wording in section 8113(d) of the EMS System Act regarding the grounds for discipline and the types of discipline the Department may seek against EMS continuing education sponsors.

Chapter 1033. Special event EMS

Comment

IRRC requested clarification on how Chapter 1033 (relating to special event EMS) will be administered in conjunction with final-form § 1027.41(e) (proposed § 1027.38(e)), regarding mass-gathering EMS service.

Response

The focus of mass-gathering EMS services, which are a part of special operations EMS services under final-form § 1027.41, is the actual mass-gathering, such as a concert or a sporting event. By contrast, special event EMS deals with issues beyond the actual event. For example, special event EMS may include planning for the event and traffic flow issues for the event. Mass-gathering EMS and special event EMS are needed in combination to protect the health and safety of the citizens of this Commonwealth. At a music concert, for example, mass-gathering EMS would focus on the music concert and the people attending the concert and ensuring the availability of EMS to those persons who might require it. Special event EMS, on the other hand, would focus on the broader EMS issues, including the traffic flow patterns and other traffic safety issues should the need arise to evacuate the music concert because of an emergency situation.

Mass-gathering EMS services require a license to operate as a special operations EMS service under section 8136 of the EMS System Act. Special event EMS services under a special event EMS plan are optional under § 1033.1(a) (relating to special event EMS planning requirements) and those entities who opt to prepare a plan and submit it to the Department for approval do not need a specific special event EMS license. An entity that is responsible for the management and administration of a special event may submit a special event EMS plan to the Department if the entity needs assistance in developing the plan. An entity that opts to submit a plan for approval shall comply with the special event EMS regulations and follow the final plan that is approved by the Department.

C. Fiscal Impact

Regulated community

There could be additional costs to some EMS agencies because of the requirement that EMS agencies operate 24 hours a day, 7 days a week. However, the requirement that EMS agencies operate 24 hours a day, 7 days a week is imposed by the EMS System Act, not the regulations. Permission to operate less than 24 hours a day, 7 days a week requires a determination by the Department that operating less than 24 hours a day, 7 days a week is not contrary to the public interest. The costs incurred by those EMS agencies that are operating other than on a full-time basis will be less than those EMS agencies operating on a full-time basis.

EMS agencies are required to have a medical director. Currently, all ALS operations and about 80% of the BLS operations have a medical director. There may be additional costs to EMS agencies that do not currently have a medical director. Once again, this requirement is imposed by the EMS System Act, not the regulations, and costs will vary depending upon several factors. These factors include whether the medical director will be paid or serve on a voluntary basis and whether the medical director will be overseeing a densely populated urban area or a less populated rural area. EMS agencies in the more densely populated areas of this Commonwealth likely will have to pay more for their medical directors than EMS agencies in less densely populated areas.

Based on information the Department received from regional EMS councils, the majority of EMS agencies have volunteer agency medical directors and a majority of the EMS agencies that contract for a medical director have a part-time medical director that is paid \$50 to \$85 per hour for approximately 10 to 20 hours of work per

month. While the top-salaried medical director earns approximately \$130,000 per year, the medical director has job duties in addition to those as medical director.

Regulation of EMS agency dispatch centers, per the EMS System Act and the regulations, is new. The Department consulted with PEMA for guidance on training and recertification costs for call-takers and dispatchers for EMS agency dispatch centers, as PEMA oversees training of call-takers and dispatchers for 911 dispatch centers and will certify call-takers and dispatchers for EMS agency dispatch centers as required under section 8129(i)(1) of the EMS System Act. The initial EMD certification requires the applicant to be able to read and write at a high school graduate or GED level and enroll in an approved EMD course, complete a written certification exam and obtain a passing score. Once the applicant passes an EMD course, PEMA will provide the applicant with an additional Commonwealth EMD test. This test is completed at no additional cost to the EMS agency or the applicant. The EMD course is approximately 24 to 40 hours in length with a cost of approximately \$200, depending on which Nationally-recognized program the EMS agency uses. The applicant also must be certified in CPR. The EMS agency or applicant would also bear the cost for the applicant to complete a CPR course with a cost of approximately \$35, depending on which program the EMS agency uses. The Department estimates that these requirements will affect fewer than ten EMS agencies currently, since most EMS agencies are using the county dispatch center for their emergency responses instead of their own EMS agency dispatch center. Certification costs will be paid for by either the EMS agency or the applicant as part of his work requirements.

Local government

There will be neither significant additional costs nor savings to local governments because the changes as a result of the regulations do not affect local governments. Although some of the regional EMS councils are a unit of a county government, regional EMS councils will continue to operate as they have been under the current regulations. In addition, while some local governments have their own EMS providers, those providers will be performing essentially the same work under the EMS System Act and the regulations that they are currently performing. If a local government chooses to add more EMS providers or expand the scope of EMS that it provides, that decision will be made by the local government and will not be one imposed by the EMS System Act or the regulations.

State government

There will be an increase in costs to the Department associated with its duty to license and certify EMS providers and other persons and entities involved in the EMS system. However, these additional costs are imposed by the EMS System Act, not the regulations. There are new costs associated with issuing certifications and registrations for EMSVOs, EMRs, AEMTs, PHPEs, medical command physicians and medical command facility medical directors. Issuance of certifications and registrations will require the development of additional patches and decals to recognize the new levels of certification at an estimated cost of \$1,500 per new type of EMS provider certification, approximately \$6,000 total. The Department will manage this cost within the Bureau's annual budget.

There will be a need for enhancement to the EMSRS software and AAS software. In the process of making enhancements required under the regulations, the De-

partment will make required improvements to the EMSRS and AAS to meet National standards for EMS credentialing. The work will be accomplished by one staff position funded from Federal grants through the Department's Bureau of Public Health Preparedness.

The Department's disciplinary authority has been expanded under the EMS System Act to include the ability to impose civil money penalties and this authority has been addressed in the final-form rulemaking. Depending upon the type of entity against which a civil money penalty is imposed, fines can be \$1,000 to \$5,000 per violation. When the provisions for civil money penalties take effect, civil money penalties could generate at least \$10,000 per year for EMSOF.

Additional State savings will be realized in the contract and grant award process because the Department will not be required to devote staff time to justify sole source contracting with regional EMS councils when those grants expire every 3 years. Section 8112(l) of the EMS System Act provides that the Department may renew a contract or grant with a regional EMS council without engaging in competitive bidding if the Department determines that the regional EMS council has met its responsibilities under the grant or contract.

Various provisions of the EMS System Act require an applicant for EMS provider or EMSVO certification to report to the Department misdemeanor, felony and other criminal convictions that are not summary or equivalent offenses and disciplinary sanctions that have been imposed upon a license, certification or other authorization of the applicant to practice an occupation or profession. An applicant for EMSVO certification is to report to the Department any other conviction of an offense involving reckless driving or driving under the influence of alcohol or drugs, or a conviction that results in a driver's license suspension due to drugs or alcohol or a moving traffic violation. The regulations require the applicant to arrange for the custodian of the criminal charging, judgment and sentencing documents for each conviction and the custodian of adjudications or other documents imposing discipline against the applicant to provide the Department with a certified copy of those records. Self-reporting will save the Department the cost and time in requesting and receiving the required documents to review in deciding whether to grant, deny or impose conditions on a certification.

The EMS System Act, as well as the regulations, requires the medical director of an EMS agency to conduct an initial and annual assessment of each EMS provider of the EMS agency at or above the AEMT level to determine whether to allow the EMS provider to provide EMS at the skill level at which the provider is certified. Once this assessment is completed and a decision rendered, there is no right of appeal to the Department as there was previously under the prior EMS Act. The elimination of the administrative appeal process to the Department provides a cost savings for the Department, but that savings is difficult to calculate.

D. Paperwork Requirements

There are paperwork requirements under the regulations that were not imposed by the prior EMS Act. The regulations foster the use of electronic transmission of documents. In addition, there are changes regarding the submission of paper documents.

Section 1021.41(a) requires EMS agencies to prepare and submit an EMS PCR form for each call for assistance to which the agency responds. Under the prior EMS Act,

an EMS provider was required to complete and submit the EMS PCR to the receiving facility within 24 hours. Under the final-form rulemaking, the EMS provider is to submit the completed EMS PCR to the receiving facility within 72 hours after the EMS agency concluded patient care. EMS agencies that paid staff an overtime rate to complete the full EMS PCR within 24 hours will realize a cost savings.

Section 1021.41(c) requires an EMS agency transporting a patient to a receiving facility to verbally, and in writing or by other means, report to the individual at the receiving facility assuming responsibility for the patient the patient information that is essential for immediate transmission for patient care. Transfer of patient information, verbally and in writing, must occur prior to the ambulance departing from the receiving facility. The Department will publish a notice in the *Pennsylvania Bulletin* specifying the types of essential patient care information that shall be transmitted to the receiving facility at the time of patient delivery. This patient transfer document is not new, as it has been developed and employed in a pilot project to address the transfer of a patient to a higher level of care.

Paperwork responsibilities associated with special operations EMS services will be different from those for standard EMS services. Under § 1027.41, an EMS agency that offers special operations EMS will need to maintain a log of every patient encounter, but the documentation form for the patient may differ, depending on the level of EMS provided to the patient. The special operations EMS agency will only be required to complete a full EMS PCR for a patient transported by ambulance if the patient receives EMS at a level that exceeds the scope of practice of an EMT. Otherwise, the agency will complete the less extensive written transfer of care form referenced in § 1021.41(c). If the special operations EMS agency does not transport the patient, it will need to complete an EMS PCR only for a patient who refuses EMS or dies while under the care of the special operations EMS service.

E. Statutory Authority

The Department derives its authority to promulgate the final-form rulemaking from the EMS System Act. In addition, section 7 of Act 37 provides that the EMS System Act shall be liberally construed to authorize the Department to promulgate regulations to carry out the EMS System Act. Section 7 of Act 37 also states that the absence of express authority to adopt regulations in a provision of the EMS System Act may not be construed to preclude the Department from adopting a rulemaking to carry out that provision. Further, section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)) provides the Department with general authority to promulgate its regulations.

Specific sections of the EMS System Act also authorize the promulgation of regulations. Section 8103 the EMS System Act defines a few terms in a manner that expressly permits the Department to expand the definition by regulation. The terms "EMS agency—emergency medical services agency" and "EMS provider—emergency medical services provider" are defined in a manner to permit the Department to expand the scope of those definitions by regulation.

Section 8105 of the EMS System Act includes several provisions allowing the Department to carry out responsibilities by adopting regulations. Subsection (b)(2) authorizes the Department to establish by regulation standards

and criteria governing the awarding and administration of contracts and grants by the Department for the initiation, maintenance and improvement of regional EMS systems. Subsection (b)(4) empowers the Department to collect, under the Department's regulations, information about patients admitted to various facilities. Subsection (b)(11) authorizes the Department to promulgate regulations to establish standards and criteria for EMS systems.

Section 8106 of the EMS System Act authorizes the Department to promulgate regulations concerning EMS PCR information that an EMS agency must submit to the Department or a regional EMS council.

Sections 8113 of the EMS System Act authorizes the Department to develop standards through regulation for the accreditation and reaccreditation of EMS educational institutes, for the approval of continuing education courses, for the accreditation of entities that provide continuing education courses and for taking and passing EMS provider certification examinations. This section prescribes the form or process for EMS provider certification through regulation. This section also permits the Department to change those standards through regulation.

Sections 8114—8120 of the EMS System Act, pertaining to the certification and registration requirements for the various types of EMS providers and the scope of their practice, authorize the Department to expand the functions of each type of EMS provider through regulation. These sections also prescribe the application process for EMS provider certification and recertification through regulation.

Section 8122 of the EMS System Act contains provisions similar to those in sections 8113—8120 of the EMS System Act that authorize the Department through regulation to prescribe the manner in which applications for EMSVO certification and registration of the certification are to be submitted and requirements for registering a certification after the registration has expired through regulation.

Section 8124 of the EMS System Act authorizes the Department to adopt regulations to set standards for EMS instructors in providing instruction in EMS educational institutes.

Section 8125 of the EMS System Act authorizes the Department to prescribe the roles and responsibilities of an EMS agency medical director by regulation.

Section 8126 of the EMS System Act authorizes the Department to prescribe the process that applications for certification and registration of the certification for medical command physicians and facility medical directors are to be submitted.

Section 8127 of the EMS System Act authorizes the Department to prescribe the process that applications for certification and registration for certification for medical command facilities are to be submitted. This section also authorizes the Department to promulgate by regulation requirements, in addition to those in this section, for a medical command facility to ensure that it operates in an effective and efficient manner to achieve the purposes for which it is certified.

Section 8128 of the EMS System Act authorizes the Department, through regulations, to establish parameters for special facilities to receive patients transported by ambulance who have special medical needs.

Section 8129 of the EMS System Act authorizes the Department to prescribe the process that EMS agency certifications and registration of those certifications are to be submitted. This section also authorizes the Department to specify by regulation other vehicles and services the operation of which will require an EMS agency license. This section provides that the Department may, by regulation, establish other criteria an applicant for an EMS agency license shall demonstrate its EMS agency medical director satisfies based upon the types of EMS vehicles the applicant is applying to operate and the types of services it is applying to provide. This section also authorizes the Department to specify types of EMS vehicles that must display a Department-issued inspection sticker as prescribed by the Department by regulation and further provides that the Department, by regulation, may require other types of EMS vehicles to display a Department-issued inspection sticker. Section 8129 of the EMS System Act also authorizes the Department to promulgate regulations to revise the staffing standards for EMS agencies that are designated in sections 8130—8135 of the EMS System Act. Finally, this section authorizes the Department to promulgate regulations setting forth requirements for EMS agencies in the Commonwealth based upon the types of EMS vehicles they operate and the services they provide.

Section 8136 of the EMS System Act authorizes the Department to promulgate regulations to provide for specific types of special operations teams. This section permits the Department, by regulation, to prescribe additional training and expertise requirements for the EMS agency medical director and the EMS providers who staff a special operations EMS service. This section authorizes the Department to employ regulations to establish staffing, equipment, supply and other requirements for special operations EMS services.

Section 8138 of the EMS System Act authorizes the Department to promulgate regulations to establish EMS vehicle and service standards for EMS vehicles and services not specified in the EMS System Act.

F. *Effective Date / Sunset Date*

Several of the final-form regulations will go into effect when published in the *Pennsylvania Bulletin*. Other regulatory sections, including the statutory provisions to which they relate, will not go into effect until 180 days after the final-form rulemaking is published. Under section 9(1) of Act 37, sections 8113(a), (c), (d) and (n), 8114—8120, 8122, 8129—8138 and 8140—8142 of the EMS System Act will be effective on April 10, 2014. Sections 1023.22—1023.32, 1023.52, 1025.1—1025.3, 1025.21—1025.23, 1027.1—1027.13, 1027.31—1027.42, 1027.52, 1031.5, 1031.10, 1031.12, 1031.13 and 1031.16 will be effective on April 10, 2014.

A sunset date will not be imposed. The Department will monitor the regulations to ensure that they meet EMS needs that are within the scope of the Department's authority to address through regulations.

G. *Regulatory Review*

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on October 11, 2011, the Department submitted a copy of the notice of proposed rulemaking, published at 41 Pa.B. 5865, to IRRC and the Chairpersons of the Senate Committee on Public Health and Welfare and the House Committee on Veterans Affairs and Emergency Preparedness for review and comment.

Under section 5(c) of the Regulatory Review Act, IRRC and the House and Senate Committees were provided

with copies of the comments received during the public comment period, as well as other documents when requested. In preparing the final-form rulemaking, the Department has considered all comments from IRRC, the House and Senate Committees and the public.

Under section 5.1(j.2) of the Regulatory Review Act (71 P.S. § 745.5a(j.2)), on August 21, 2013, the final-form rulemaking was deemed approved by the House and Senate Committees. Under section 5.1(e) of the Regulatory Review Act, IRRC met on August 22, 2013, and approved the final-form rulemaking.

H. Contact Person

Questions regarding this final-form rulemaking may be submitted to Richard L. Gibbons, Director, Bureau of Emergency Medical Services, Department of Health, Room 606, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120-0701. Persons with disabilities who require an alternative format of this final-form rulemaking (for example, large print, Braille or audio-tape) should contact Richard Gibbons at the previously listed address or (717) 787-8740 to make the necessary arrangements. Speech or hearing impaired persons may use VTT at (717) 783-6514 or the Pennsylvania AT&T Relay Service at (800) 654-5984 (TT).

I. Findings

The Department finds that:

(1) Public notice of the intention to adopt the regulations adopted by this order has been given under sections 201 and 202 of the act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. §§ 1201 and 1202), known as the Commonwealth Documents Law, and the regulations thereunder, 1 Pa. Code §§ 7.1 and 7.2.

(2) A public comment period was provided as required by law and the comments were considered.

(3) The adoption of the regulations in the manner provided by this order is necessary and appropriate for the administration of the authorizing statutes.

J. Order

The Department, acting under the authorizing statutes, orders that:

(a) The regulations of the Department, 28 Pa. Code, are amended by deleting §§ 1001.1—1001.7, 1001.21—1001.28, 1001.41, 1001.42, 1001.61, 1001.62, 1001.65, 1001.81—1001.84, 1001.101, 1001.121—1001.125, 1001.141—1001.143, 1001.161, 1003.1—1003.5, 1003.21—1003.23, 1003.23a, 1003.24, 1003.25a, 1003.25b, 1003.26—1003.34, 1005.1, 1005.2, 1005.2a, 1005.3—1005.7, 1005.7a, 1005.8—1005.15, 1007.1, 1007.2, 1007.7, 1007.8, 1009.1, 1009.2, 1009.4—1009.6, 1011.1, 1011.3, 1011.4, 1013.1—1013.8, 1015.1 and 1015.2 and by adding §§ 1021.1—1021.8, 1021.21—1021.28, 1021.41—1021.43, 1021.61—1021.64, 1021.81—1021.83, 1021.101—1021.104, 1021.121—1021.123, 1021.141, 1023.1—1023.5, 1023.21—1023.34, 1023.51, 1023.52, 1025.1—1025.3, 1025.21—1025.23, 1027.1—1027.14, 1027.31—1027.42, 1027.51, 1027.52, 1029.1—1029.6, 1029.21, 1031.1—1031.16 and 1033.1—1033.7 to read as set forth in Annex A.

(Editor's Note: Final-form §§ 1027.4, 1027.34, 1027.36, 1027.37 and 1027.42 were not included in the proposed rulemaking published at 41 Pa.B. 5865. Accordingly, final-form §§ 1027.5—1027.14, 1027.35 and 1027.38—1027.41 were renumbered from the proposed rulemaking.)

(b) The Secretary shall submit this order and Annex A to the Office of General Counsel and the Office of Attorney General for approval as required by law.

(c) The Secretary shall submit this order and Annex A to IRRC, the Senate Committee on Public Health and Welfare and the House Committee on Veterans Affairs and Emergency Preparedness for their review and action as required by law.

(d) The Secretary shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.

(e) This final-form rulemaking takes effect as follows:

The rescission of §§ 1001.1—1001.7, 1001.21—1001.28, 1001.41, 1001.42, 1001.61, 1001.62, 1001.65, 1001.81—1001.84, 1001.101, 1001.121—1001.125, 1001.141—1001.143, 1001.161, 1003.1—1003.5, 1003.23a, 1003.27, 1003.28, 1009.1, 1009.2, 1009.4—1009.6 and 1013.1—1013.8 takes effect upon publication in the *Pennsylvania Bulletin*.

The rescission of §§ 1003.21—1003.23, 1003.24, 1003.25a, 1003.25b, 1003.26, 1003.29—1003.34, 1005.1, 1005.2, 1005.2a, 1005.3—1005.7, 1005.7a, 1005.8—1005.15, 1007.1, 1007.2, 1007.7, 1007.8, 1011.1, 1011.3, 1011.4, 1015.1 and 1015.2 takes effect on April 10, 2014.

Sections 1021.1—1021.8, 1021.21—1021.28, 1021.41—1021.43, 1021.61—1021.64, 1021.81—1021.83, 1021.101—1021.104, 1021.121—1021.123, 1021.141, 1023.1—1023.5, 1023.21, 1023.33, 1023.34, 1023.51, 1027.51, 1029.1—1029.6, 1029.21, 1031.1—1031.4, 1031.6—1031.9, 1031.11, 1031.14, 1031.15 and 1033.1—1033.7 take effect upon publication in the *Pennsylvania Bulletin*.

Sections 1023.22—1023.32, 1023.52, 1025.1—1025.3, 1025.21—1025.23, 1027.1—1027.13, 1027.31—1027.42, 1027.52, 1031.5, 1031.10, 1031.12, 1031.13 and 1031.16 take effective on April 10, 2014.

Section 1027.14 takes effect on October 7, 2014.

Sections 8113(a), (c), (d) and (n), 8114—8120, 8122, 8129—8138 and 8140—8142 of the EMS System Act take effective on April 10, 2014.

MICHAEL WOLF,
Secretary

(Editor's Note: For the text of the order of the Independent Regulatory Review Commission relating to this document, see 43 Pa.B. 5435 (September 7, 2013).)

(Editor's Note: See 43 Pa.B. 6179 (October 12, 2013) for a notice relating to this final-form rulemaking.)

Fiscal Note: Fiscal Note 10-190 remains valid for the final adoption of the subject regulations.

Annex A

TITLE 28. HEALTH AND SAFETY

PART VII. EMERGENCY MEDICAL SERVICES

Subpart A. EMS SYSTEM

CHAPTER 1001. (Reserved)

Sec.	
1001.1—1001.7.	(Reserved).
1001.21—1001.28.	(Reserved).
1001.41.	(Reserved).
1001.42.	(Reserved).
1001.61.	(Reserved).
1001.62.	(Reserved).
1001.65.	(Reserved).
1001.81—1001.84.	(Reserved).
1001.101.	(Reserved).
1001.121—1001.125.	(Reserved).
1001.141—1001.143.	(Reserved).
1001.161.	(Reserved).

CHAPTER 1003. (Reserved)

Sec.	
1003.1—1003.5.	(Reserved).
1003.21—1003.23.	(Reserved).
1003.23a.	(Reserved).
1003.24.	(Reserved).
1003.25a.	(Reserved).
1003.25b.	(Reserved).
1003.26—1003.34.	(Reserved).

CHAPTER 1005. (Reserved)

Sec.	
1005.1.	(Reserved).
1005.2.	(Reserved).
1005.2a.	(Reserved).
1005.3—1005.7.	(Reserved).
1005.7a.	(Reserved).
1005.8—1005.15.	(Reserved).

CHAPTER 1007. (Reserved)

Sec.	
1007.1.	(Reserved).
1007.2.	(Reserved).
1007.7.	(Reserved).
1007.8.	(Reserved).

CHAPTER 1009. (Reserved)

Sec.	
1009.1.	(Reserved).
1009.2.	(Reserved).
1009.4—1009.6.	(Reserved).

CHAPTER 1011. (Reserved)

Sec.	
1011.1.	(Reserved).
1011.3.	(Reserved).
1011.4.	(Reserved).

CHAPTER 1013. (Reserved)

Sec.	
1013.1—1013.8.	(Reserved).

CHAPTER 1015. (Reserved)

Sec.	
1015.1.	(Reserved).
1015.2.	(Reserved).

CHAPTER 1021. ADMINISTRATION OF THE EMS SYSTEM

Subchap.

A.	GENERAL PROVISIONS
B.	AWARD AND ADMINISTRATION OF EMSOF FUNDING
C.	COLLECTION OF DATA AND INFORMATION
D.	QUALITY IMPROVEMENT AND PEER REVIEW
E.	TRAUMA CENTERS
F.	REGIONAL EMS COUNCILS
G.	ADVISORY BOARD
H.	EMS RESEARCH

Subchapter A. GENERAL PROVISIONS

Sec.	
1021.1.	Purpose.
1021.2.	Definitions.
1021.3.	Applicability.
1021.4.	Exceptions.
1021.5.	Investigations.
1021.6.	Comprehensive EMS system plan.
1021.7.	Comprehensive regional EMS system plan.
1021.8.	EMS data collection.

§ 1021.1. Purpose.

The purpose of this subpart is to facilitate improvement of the Statewide EMS system into a comprehensive and flexible system through coordination of the regional EMS systems, to synchronize the Statewide and regional systems with EMS systems in neighboring states and to otherwise implement the Department's responsibilities under the act consistent with the Department's rule-making authority.

§ 1021.2. Definitions.

The following words and terms, when used in this subpart, have the following meanings, unless the context clearly indicates otherwise:

*ACLS course—Advanced cardiac life support course—*A course in advanced cardiac life support sanctioned by the American Heart Association.

*AEMT—Advanced emergency medical technician—*An individual who is certified by the Department as an advanced EMT.

ALS—Advanced life support.

*ALS ambulance—Advanced life support ambulance—*An ambulance that is staffed and equipped to provide EMS above the AEMT level and used in the transport of patients.

ALS squad vehicle—Advanced life support squad vehicle—

(i) A vehicle that is maintained or operated to transport EMS providers above the AEMT level, and equipment and supplies, to rendezvous with the crew of an ambulance for the purpose of providing advanced EMS to patients.

(ii) The vehicle is not used in the transport of patients.

*APLS course—Advanced pediatric life support course—*A course in advanced pediatric life support sanctioned by the American Academy of Pediatrics and the American College of Emergency Physicians.

*ATLS course—Advanced trauma life support course—*A course in advanced trauma life support sanctioned by the American College of Surgeons Committee on Trauma.

*Act—*35 Pa.C.S. §§ 8101—8157 (relating to Emergency Medical Services System Act).

*Advanced EMS—Advanced emergency medical services—*EMS exceeding the scope of practice of an EMT, as authorized by the Department.

*Advisory Board—*The State Advisory Board, which is the Board of Directors of the Pennsylvania Emergency Health Services Council.

*Air ambulance—*A rotorcraft specifically designed, constructed or modified and equipped, used or intended to be used and maintained or operated for the purpose of providing emergency medical care to and air transportation of patients.

*Ambulance—*A ground, water or air vehicle which is maintained or operated for the purpose of providing EMS to and transportation of patients.

*Ambulance crew—*EMS providers that staff an ambulance to provide emergency medical services.

BLS—Basic life support.

*BLS ambulance—Basic life support ambulance—*An ambulance that is equipped to provide EMS at or below the AEMT level and used in the transport of patients.

BLS squad vehicle—Basic life support squad vehicle—

(i) A vehicle that is maintained or operated to transport EMS providers, and equipment and supplies, to rendezvous with the crew of an ambulance for the purpose of providing to patients EMS at or below the AEMT level.

(ii) The vehicle is not used in the transport of patients.

Basic EMS—Basic emergency medical services—EMS included within, but not exceeding, the scope of practice of an EMT.

Bureau—

(i) The Bureau of Emergency Medical Services of the Department.

(ii) If the Department is reorganized, the office within the Department assigned primary responsibility for administering the act.

CPR—Cardiopulmonary resuscitation—Artificial circulation which is performed as a procedure when cardiac arrest occurs.

CPR course—Cardiopulmonary resuscitation course—A course of instruction in CPR meeting the Emergency Cardiac Care Committee National Conference on CPR and Emergency Cardiac Care standards. The course shall encompass one- and two-rescuer adult, infant and child CPR, and obstructed airway methods.

Call-taker—An EMS agency dispatch center employee who is responsible for taking calls from callers seeking EMS and gathering the essential information from callers to determine whether EMS is needed and, if required, the location to which EMS resources need to be sent.

Call-taking—The act of answering emergency calls from the public and obtaining the information necessary to dispatch EMS resources to the reported location of the emergency.

Commonwealth EMS Medical Director—Commonwealth Emergency Medical Services Medical Director—A physician who is approved by the Department to advise and formulate policy on matters pertaining to EMS.

Continuing education—Learning activities intended to build upon the education and experience of EMS providers and EMSVOs to enhance and strengthen the quality of services provided.

Continuing education course—A unit of continuing education for which the Department will grant an EMS provider or EMSVO continuing education credit.

Continuing education sponsor—An entity or institution that is accredited by the Department as a sponsor of continuing education courses.

Conviction—A judgment of guilt, a plea of guilty or a plea of nolo contendere.

Department—The Department of Health of the Commonwealth.

Dispatcher—An EMS agency dispatch center employee who is responsible for taking the information gathered by the call-taker and determining the appropriate EMS response and dispatching the EMS resources needed to respond to the EMS needs of the patient.

Dispatching—The act of alerting and directing the response of EMS resources to the desired locations.

EMR—Emergency medical responder—An individual who is certified by the Department as an emergency medical responder.

EMS—Emergency medical services—Either of the following:

(i) The medical care, including medical assessment, monitoring, treatment, transportation and observation, which may be provided to a person in responding to an actual or reported emergency to either of the following:

(A) Prevent or protect against loss of life or a deterioration in physiological or psychological condition.

(B) Address pain or morbidity associated with the person's condition.

(ii) The transportation of an individual with medical assessment, monitoring, treatment or observation of the individual who, due to the individual's condition, requires medical assessment, monitoring, treatment or observation during the transport.

EMS agency—Emergency medical services agency—An entity that engages in the business or service of providing EMS to patients within this Commonwealth by operating one or more of the following:

- (i) An ambulance service.
- (ii) An air ambulance.
- (iii) An ALS ambulance.
- (iv) An ALS squad vehicle.
- (v) An intermediate ALS ambulance.
- (vi) An intermediate ALS squad vehicle.
- (vii) A BLS ambulance.
- (viii) A BLS squad vehicle.
- (ix) A QRS.
- (x) An ALS water ambulance.
- (xi) An intermediate ALS water ambulance.
- (xii) A BLS water ambulance.
- (xiii) An EMS agency dispatch center.

(xiv) A special operations EMS service, which includes a tactical EMS service, a wilderness EMS service, an urban search and rescue service, and a mass-gathering EMS service.

(xv) Another vehicle or service that provides EMS outside of a health care facility as prescribed by the Department by regulation.

EMS agency dispatch center—Emergency medical services agency dispatch center—

(i) A communications center owned, operated or controlled by an EMS agency that dispatches EMS resources due to a PSAP routing emergency callers to it for that purpose or due to the EMS agency receiving calls through an EMS agency provided telephone number through which the EMS agency invites persons to request the EMS agency's response to an emergency.

(ii) This term does not include a communications center licensed by the Pennsylvania Emergency Management Agency under 35 Pa.C.S. Chapter 53 (relating to emergency telephone service).

EMS agency medical director—Emergency medical services agency medical director—A physician who is employed by, contracts with or volunteers with an EMS agency either directly or through an intermediary to evaluate the quality of patient care provided by the EMS providers utilized by the EMS agency and to provide medical guidance and advice to the EMS agency.

EMS agency medical director course—Emergency medical services agency medical director course—A course adopted by the Department for EMS agency medical directors which provides education in EMS medical direction.

EMS educational institute—Emergency medical services educational institute—An institute accredited by the Department to provide education required for the certification of an EMS provider by the Department.

EMS PCR—Emergency medical services patient care report—A report that provides standardized data and information relating to patient assessment and care.

EMS provider—Emergency medical services provider—The term includes the following:

- (i) An EMR.
- (ii) An EMT.
- (iii) An AEMT.
- (iv) A paramedic.
- (v) A PHRN.
- (vi) A PHPE.
- (vii) A PHP.
- (viii) An individual prescribed by regulation of the Department to provide specialized EMS.

EMS provider educational course—An educational course approved by the Department, other than a CPR course, the successful completion of which is a requirement for securing an EMS provider certification.

EMS system—Emergency medical services system—The arrangement of personnel, facilities and equipment for the delivery of EMS in a geographic area to prevent and manage emergencies.

EMS vehicle—Emergency medical services vehicle—A ground EMS vehicle, a water ambulance or an air ambulance.

EMS vehicle crew—Emergency medical services vehicle crew—EMS providers that staff an EMS vehicle to provide emergency medical services.

EMSOF—Emergency Medical Services Operating Fund—Moneys appropriated to the Department under section 8153(a) of the act (relating to support of emergency medical services) and which are not assigned to the Catastrophic Medical and Rehabilitation Fund.

EMSVO—Emergency medical services vehicle operator—An individual who is certified by the Department to operate a ground EMS vehicle.

EMT—Emergency medical technician—An individual who is certified by the Department as an emergency medical technician.

EVOC—Emergency vehicle operator's course.

Emergency—A physiological or psychological illness or injury of an individual so that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate EMS to result in one of the following:

- (i) Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy.
- (ii) Serious impairment of a bodily function.
- (iii) Serious dysfunction of a bodily organ or part.

Emergency department—An area of the hospital dedicated to offering emergency medical evaluation and initial treatment to individuals in need of emergency care.

Emergency dispatch calls—Emergency incidents to which an EMS agency dispatch center dispatches EMS resources.

Emergency medical dispatch—The dispatching of emergency medical services agencies.

Emergency medical dispatch protocols—A system or program that enables patients to be assessed and treated by telephone by utilizing currently accepted emergency medical dispatch standards.

Facility—A physical location at which an entity operates a health care facility licensed under Federal or State law.

First responder—An individual who is certified by the Department as a first responder.

Ground EMS vehicle—Ground emergency medical services vehicle—The term includes the following:

- (i) A BLS ambulance.
- (ii) A BLS squad vehicle.
- (iii) An intermediate ALS ambulance.
- (iv) An intermediate ALS squad vehicle.
- (v) An ALS ambulance.
- (vi) An ALS squad vehicle.

Hospital—An institution having an organized medical staff which is primarily engaged in providing to inpatients by or under the supervision of physicians, diagnostic and therapeutic services or rehabilitation services for the care or rehabilitation of injured, disabled, pregnant, diseased, sick or mentally ill persons. The term includes a facility for the diagnosis and treatment of disorders within the scope of specific medical specialties, but not a facility caring exclusively for the mentally ill.

Intermediate ALS ambulance—Intermediate advanced life support ambulance—An ambulance that is staffed and equipped to provide EMS at the AEMT level and used in the transport of patients.

Intermediate ALS squad vehicle—Intermediate advanced life support squad vehicle—

- (i) A vehicle that is maintained or operated to transport EMS providers at the AEMT level, and equipment and supplies, to rendezvous with the crew of an ambulance for the purpose of providing advanced EMS to patients.
- (ii) The vehicle is not used in the transport of patients.

Medical advisory committee—An advisory body formed to advise a regional EMS council or the Advisory Board on issues that have potential impact on the delivery of emergency medical care.

Medical audit—A mechanism to evaluate patient care.

Medical command—

- (i) Medical oversight, including orders, given by a medical command physician to an EMS provider to do either of the following:

(A) Provide immediate medical care or transportation to prevent loss of life or aggravation of physiological or psychological illness or injury.

(B) Withdraw or withhold treatment.

- (ii) Medical command is given in a prehospital setting, interfacility transport setting or emergency care setting in a hospital.

Medical command course—The course adopted by the Department for medical command physicians which provides an overview of the EMS system and process of medical command.

Medical command facility—A distinct unit which contains the necessary equipment and personnel for providing medical command to and control over EMS providers.

Medical command facility medical director—A medical command physician who meets the criteria established by the Department to assume responsibility for the direction and control of the equipment and personnel at a medical command facility.

Medical command physician—A physician who is certified by the Department to give medical command to EMS providers.

Medical coordination—A system which involves the medical community in all phases of the regional EMS system and consists of the following elements:

- (i) Designation of a regional EMS medical director.
- (ii) Oversight to ensure implementation of all medical requirements, with special emphasis on patient triage and medical treatment protocol.
- (iii) Effective emergency medical planning and recommendation for Department recognition of online command facilities with medical command physicians who give medical command to EMS providers.
- (iv) Transfer and medical treatment protocols.
- (v) Technologic innovations that support the training and operations of the physicians giving orders to EMS providers.
- (vi) Technologic innovations that support the training and operations of the EMS program and an effective process for accountability—for example, records, case review and audits.

Medical monitoring—Performing continuous or periodic observations of an individual's condition or continuation of an ordered treatment plan for an individual to prevent pain, suffering or the exacerbation of a preexisting condition.

Medical observation—Performing continuous or periodic observations of an individual's stable condition to determine whether there is a change in that condition.

Medical record—Documentation of the course of a patient's condition and treatment, maintained to provide communication among health care providers for current and future patient care.

PALS course—Pediatric advanced life support course—A course in advanced pediatric life support sanctioned by the American Heart Association and the American Academy of Pediatrics.

PHP—Prehospital emergency medical services physician—A physician who is certified by the Department as a prehospital EMS physician.

PHPE—Prehospital physician extender—A physician assistant who is certified by the Department as a prehospital physician extender.

PHRN—Prehospital registered nurse—A registered nurse who is certified by the Department as a prehospital registered nurse.

PSAP—Public safety answering point—

- (i) The Pennsylvania Emergency Management Agency-approved first point at which calls for emergency assistance from individuals are answered.
- (ii) A PSAP is operated 24 hours a day.

Paramedic—An individual who is certified by the Department as a paramedic.

Patient—An individual for whom an EMS provider is responsible for one of the following:

- (i) Providing EMS on behalf of an EMS agency.
- (ii) Required to provide EMS on behalf of an EMS agency because the individual's condition requires or may require medical observation, monitoring, assessment or treatment for an illness, disease, injury or other disability.

Peer review—The evaluation by health care providers of the quality and efficiency of services ordered or performed by EMS providers and physicians who direct or supervise EMS providers under the act and the regulations of the Department.

Peer review committee—A committee of health care providers who engage in peer review under the act.

Performance appraisal—A yearly written evaluation of a call-taker's or dispatcher's job performance measured against established EMS agency dispatch center expectations, policies and standards.

Physician—An individual who has a currently registered license to practice medicine or osteopathic medicine in this Commonwealth.

QRS—Quick response service—An operation in which EMS providers of an EMS agency:

- (i) Respond to an actual, reported or perceived emergency.
- (ii) Provide EMS to patients pending the arrival of other EMS providers and resources that have been dispatched to the scene.

Quality assurance action—An action taken by a quality assurance reviewer or EMS agency dispatch center supervisor after a quality assurance review to correct or improve call-taking or dispatching deficiencies identified by the quality assurance review.

Quality assurance review—A quality assurance process that is used to assess the job performance of a call-taker or dispatcher.

Quality assurance reviewer—An EMS agency employee who conducts quality assurance reviews of the EMS agency dispatch center's radio activity to determine adherence to the EMS agency dispatch center's standards.

Radio activity—Call-taking, dispatching and communicating on a public safety radio frequency.

Receiving facility—A facility to which an ambulance may transport a patient who requires prompt medical care in addition to that provided by EMS providers who respond to an emergency.

Regional EMS council—Regional emergency medical services council—A nonprofit incorporated entity or appropriate equivalent that is assigned by the Department to:

- (i) Plan, develop, maintain, expand and improve EMS systems within a specific geographical area of this Commonwealth.
- (ii) Coordinate those systems into a regional EMS system.

Regional EMS medical director—Regional emergency medical services medical director—The medical director of a regional EMS council.

Registered nurse—An individual who has a current original or renewed license to practice nursing in this Commonwealth as a registered nurse.

Residency program—Training approved or recognized by the State Board of Medicine or the State Board of Osteopathic Medicine as a program of graduate medical training for physicians.

Rural area—An area outside urbanized areas as defined by the United States Bureau of the Census.

Scope of practice—The EMS that an individual who is certified by the Department as an EMS provider is permitted to perform under the certification.

Service area—The geographic area in which an EMS agency routinely provides EMS.

Special event—A planned and organized activity or contest, which places participants or attendees, or both, in a defined geographic area in which the potential need for EMS exceeds local EMS capabilities or where access by emergency vehicles might be delayed due to crowd or traffic congestion at or near the event.

Special vehicle rescue technician—An individual who is certified by the Department as possessing the training and skills to perform special rescue operations as taught in the special vehicle rescue training program approved by the Department.

Standard operating procedures—A set of policies and procedures developed and adopted by an EMS agency dispatch center to aid in directing the daily operations of the telecommunications staff.

Statewide EMS protocols—*Statewide emergency medical services protocols*—Written EMS protocols adopted by the Department that have Statewide application to the delivery of EMS by EMS providers.

Trauma center—A facility accredited as a trauma center by the Trauma Foundation.

Trauma Foundation—The Pennsylvania Trauma Systems Foundation, a nonprofit Pennsylvania corporation whose function is to accredit trauma centers.

Vehicle rescue technician—An individual who is certified by the Department as possessing the training and skills to perform a rescue from a vehicle as taught in a vehicle rescue technician program approved by the Department.

Water ambulance—A watercraft specifically designed, constructed or modified and equipped, used or intended to be used and maintained or operated for the purpose of providing emergency medical care to, and water transportation of, patients.

§ 1021.3. Applicability.

This subpart affects persons and activities regulated by the Department under the act.

§ 1021.4. Exceptions.

(a) The Department may grant exceptions to, and departures from, this subpart when the policy objectives and intentions of the Department as reflected in this subpart are otherwise met or when compliance would create an unreasonable hardship, but would not impair the health, safety or welfare of the public. Exceptions or departures from this subpart will not be granted if compliance with the standard is required by statute.

(b) Requests for exceptions to this subpart shall be made in writing to the Department. The requests, whether approved or not approved, will be documented and retained on file by the Department in accordance with its document retention schedule. Approved requests shall be retained on file by the applicant during the period the exception remains in effect.

(c) A granted request will specify, if relevant, the period during which the exception is operative. The duration of an exception may be extended if the reasons for the original exception continue. Requests for an exception extension shall be made in writing to the Department.

(d) An exception granted may be revoked by the Department for just cause. Just cause includes, for example, failure to meet the conditions for the exception. Notice of the revocation will be in writing and include the reason for the action of the Department and a specific date upon which the exception will be terminated.

(e) In revoking an exception, the Department will provide for a reasonable time between the date of the written notice or revocation and the date of termination of an exception for the holder of the exception to come into compliance with this subpart. Failure to comply after the specified date may result in enforcement or disciplinary proceedings.

(f) The Department may, on its own initiative, grant an exception to this subpart if the requirements in subsection (a) are satisfied.

§ 1021.5. Investigations.

The Department may investigate any person, entity or activity for compliance with the act and this subpart.

§ 1021.6. Comprehensive EMS system plan.

(a) The Department, with the advice of the Advisory Board, will develop and annually update a Statewide EMS System Plan, which will include both short-range and long-range goals and objectives for the coordinated delivery of EMS in this Commonwealth.

(b) The plan will contain:

(1) An inventory of EMS resources available in this Commonwealth.

(2) An assessment of the effectiveness of the existing Statewide EMS system and a determination of the need for changes to the Statewide EMS system.

(3) Performance measures for delivery of EMS to persons in this Commonwealth.

(4) Methods to be used in achieving stated performance measures.

(5) A schedule for achievement of the stated performance measures.

(6) A method for monitoring and evaluating whether the stated Statewide performance measures are being achieved.

(7) Estimated costs for achieving the stated performance measures.

(c) The Department will incorporate regional EMS system plans into the Statewide EMS System Plan.

(d) The Department will adopt a Statewide EMS System Plan, updates to the plan after public notice, an opportunity for comment and its consideration of comments received. The Department will make the plan available to the General Assembly and concerned agencies, entities and individuals who request a copy.

§ 1021.7. Comprehensive regional EMS system plan.

(a) A regional EMS council shall develop and annually update a regional EMS system plan for coordinating and improving the delivery of EMS in the region for which it has been assigned responsibility.

(b) The plan must contain:

(1) An inventory of EMS resources available in the region.

(2) An assessment of the effectiveness of the existing regional EMS system and a determination of the need for enhancement of the regional EMS system.

(3) A statement of goals and specific measurable objectives for delivery of EMS to persons in the region.

(4) Identification of interregional problems and recommended measures to resolve those problems.

(5) Methods to be used in achieving stated performance measures.

(6) A schedule for achievement of the stated performance measures.

(7) A method for evaluating whether the stated performance measures have been achieved.

(8) Estimated costs for achieving the stated performance measures.

(9) Other information as requested by the Department.

(c) A regional EMS council shall, in the course of preparing a regional EMS system plan and updates to the plan, provide public notice and an opportunity for comment. It shall consider the comments before submitting a proposed plan to the Department.

(d) A regional EMS system plan will become final after it is approved by the Department. The regional EMS council shall make the plan available to concerned agencies, entities and individuals who request a copy.

§ 1021.8. EMS data collection.

(a) *Reasons for EMS data collection.* The Department, either directly or through regional EMS councils or the Advisory Board, may collect EMS data for the purpose of evaluating the effectiveness of the Statewide and regional EMS system plans and the need to revise those plans and pursue future EMS system initiatives. This will include collecting EMS data to determine the status of the Statewide and regional EMS systems, the degree of compliance with the requirements in the act and this subpart, and the effectiveness of the Statewide and regional EMS systems in reducing morbidity and mortality when the EMS systems are involved.

(b) *Duty to provide EMS data and records.* Persons regulated by the Department under the act, as well as PSAPs and others dispatchers of EMS resources, shall provide data and access to records, including audio records, without charge, as reasonably requested by the Department, the regional EMS councils or the Advisory Board when they are acting for and on behalf of the Department, to aid the Department, the regional EMS councils and the Advisory Board in conducting the activities referenced in subsection (a) and engaging in an investigation authorized under the act and this subpart.

Subchapter B. AWARD AND ADMINISTRATION OF EMSOF FUNDING

Sec.

- 1021.21. Purpose.
- 1021.22. Entities eligible to receive EMSOF funds through contracts or grants.
- 1021.23. Award of contract or grant to a regional EMS council.
- 1021.24. Use of EMSOF funding by a regional EMS council.
- 1021.25. Allocation of EMSOF funds to regional EMS councils.
- 1021.26. Technical assistance.
- 1021.27. Subcontracting.
- 1021.28. Contracts and grants with the Advisory Board.

§ 1021.21. Purpose.

This subchapter implements sections 8112 and 8153 of the act (relating to contracts and grants; and support of emergency medical services), which set forth the standards and criteria governing the award and administration of contracts and grants under the act that are funded by EMSOF funds.

§ 1021.22. Entities eligible to receive EMSOF funds through contracts or grants.

The following entities are eligible to directly receive EMSOF funds from the Department through contracts and grants:

- (1) Regional EMS councils.
- (2) The Advisory Board.

(3) Other entities to assist the Department in complying with the act.

§ 1021.23. Award of contract or grant to a regional EMS council.

(a) EMSOF funds shall be used by a regional EMS council to plan, initiate, maintain, expand or improve a regional EMS system in a manner that is consistent with the Statewide and relevant regional EMS system plans. To apply for a contract or grant for these purposes, a regional EMS council or entity that seeks to become a regional EMS council shall submit to the Department a contract or grant application on a form prescribed by the Department in which the applicant:

(1) Provides information on the organizational structure of the regional EMS council and its provisions to ensure representation of appropriate entities.

(2) Addresses planning, maintenance and improvement of the applicable regional EMS system.

(3) Demonstrates the qualifications of the applicant to plan, maintain and improve a regional EMS system.

(b) To be awarded a contract or grant to serve as a regional EMS council, the applicant shall demonstrate to the Department's satisfaction that it has:

(1) An appropriate organizational structure.

(2) Made provision for the representation of appropriate entities to meet the requirements in §§ 1021.102 and 1021.103 (relating to structure of regional EMS councils; and governing body).

(3) The qualifications and commitment to plan, maintain and improve a regional EMS system.

(c) Upon expiration of a contract or grant with a regional EMS council, the Department, without undertaking a competitive bidding process, may enter into a new contract or grant with the same entity for that entity to continue to serve as a regional EMS council, if that entity in carrying out the prior contract or grant demonstrated its ability and commitment to the Department's satisfaction to plan, maintain and improve the regional EMS system consistent with the terms of the prior contract or grant.

§ 1021.24. Use of EMSOF funding by a regional EMS council.

(a) A regional EMS council may receive EMSOF funding from the Department for the following purposes:

(1) Providing public education, information, health promotion and prevention programs regarding EMS, including:

(i) Public education programs, instruction regarding call-taking and dispatching and how to access EMS systems.

(ii) Public information programs, including passenger and driver safety and EMS system awareness programs.

(iii) Health promotion programs, including wellness of EMS workforce and EMS safety programs that promote a culture of safe practices among EMS providers.

(iv) Prevention programs, including passenger restraint systems, prudent heart living and general health awareness, and safety practices to prevent errors in patient care and injuries to EMS providers.

(2) Purchasing ambulances, other EMS vehicles, medical equipment and rescue equipment which enables or enhances the delivery of EMS.

(i) Ambulances and other EMS vehicles will be considered for funding if the funds will be used for the initial acquisition of vehicles or parts, or the addition or replacement of existing vehicles or parts, by an EMS agency or an entity that qualifies for initial licensure as an EMS agency.

(ii) Medical equipment will be considered for funding if the funds will be used to purchase medical equipment for EMS agencies.

(iii) Rescue equipment will be considered for funding if the funds will be used to purchase rescue equipment for EMS agencies or rescue services recognized by the Department or the State Fire Commissioner.

(3) Conducting and ensuring the reasonable availability of training and testing programs for EMS providers. Priority consideration with respect to training will be given to training programs leading to the certification of EMS providers and the continuing education of EMS providers.

(4) Inspecting and investigating EMS agencies, educational institutes and medical facilities, and conducting other inspections and investigations to assist the Department in carrying out its regulatory responsibilities under the act.

(5) Purchasing communications equipment and services, including medical command communications equipment, and alerting equipment for EMS purposes.

(6) Purchasing equipment for emergency departments, if the equipment is used or intended to be used in equipment exchange programs with EMS agencies. The equipment purchased must be of a type used by EMS agencies in the EMS provided to patients in a prehospital or interhospital setting. It must be the type of equipment that can be easily or safely removed from the patient upon arrival or during treatment at a receiving facility.

(7) Maintaining and operating a regional EMS council. Items eligible for funding include:

(i) Salaries, wages and benefits of staff.

(ii) Travel.

(iii) Equipment and supplies.

(iv) Leasing office space.

(v) Other costs incidental to the conduct of the business of a regional EMS council which are found by the Department to be necessary and appropriate.

(8) Collecting and analyzing data necessary to evaluate the effectiveness of EMS systems in providing EMS and

to administer quality improvement programs. These costs may include the processing of both prehospital and hospital data and include:

(i) Data collection.

(ii) Data entry.

(iii) Data processing of information.

(iv) Data analysis and evaluation.

(v) Data interpretation and dissemination.

(9) Facilitating the merger of EMS agencies or assisting an EMS agency to acquire another EMS agency when the Department determines circumstances exist to the extent that the transaction and financial assistance are needed to serve the public interest.

(10) Recruitment and retention of EMS providers by EMS agencies.

(11) Other costs determined by the Department to be appropriate and necessary for the implementation of a comprehensive regional EMS system.

(b) The Department will set forth additional priorities for funding on a yearly basis in a notice published in the *Pennsylvania Bulletin*.

(c) Funds appropriated to the Department from the EMSOF will not be made available for the following:

(1) Acquisition, construction or rehabilitation of facilities or buildings, except renovation as may be necessary for the implementation or modification of 911 and EMS communication systems.

(2) Purchase of hospital equipment, other than communications equipment for medical command and receiving facilities, unless the equipment is used or intended to be used in an equipment exchange program with EMS agencies.

(3) Maintenance of ambulances, other EMS vehicles and equipment.

(4) Costs deemed by the Department as inappropriate for carrying out the purposes of the act.

(5) Costs which are normally borne by patients, except for extraordinary costs as determined by the Department.

(d) As approved by the Department, a regional EMS council may make purchases and other expenditures of funds on behalf of EMS agencies, recognized rescue services, accredited educational institutes and medical command facilities for cost-savings purposes. The Department may distribute funds to these entities to make these purchases and other expenditures of funds.

(e) The Department, by contract, grant or notice published in the *Pennsylvania Bulletin*, may require a regional EMS council or entity to which a regional EMS council distributes funds to provide matching funds in specified percentages as a condition for receiving EMSOF funds.

§ 1021.25. Allocation of EMSOF funds to regional EMS councils.

The Department will consider the following factors in determining the amount of EMSOF funding regional EMS councils receive:

(1) The total amount of funds available.

(2) Conformity of the application for funding to the Statewide EMS System Plan.

(3) Financial need of the regional EMS system.

(4) Funds available to the regional EMS council for the purpose in the application for funding, including non-State contributions, Federal grants or Federal contracts pertaining to EMS. Non-State contributions include cash and in-kind services provided to the contractor or toward the operation of a regional EMS system by private, public or government entities, including the Federal government.

(5) Geographic area.

(6) Population of the geographic area served by the applicant.

(7) Special rural needs of the geographic area served by the applicant.

(8) Potential duplication of services.

(9) Priorities of the Department.

(10) Other factors set forth by the Department in a notice published in the *Pennsylvania Bulletin*.

§ 1021.26. Technical assistance.

(a) Regional EMS councils that obtain contracts or grants from the Department may request technical assistance from the Department, if necessary, for the purpose of carrying out their contracts or grants. Special consideration will be given to regional EMS councils that serve rural areas to assist with matters such as recruitment, retention of EMS providers, EMS agency management and the use of EMS agency equipment.

(b) Technical assistance from the Department may also be available to subcontractors or other recipients of funds from the regional EMS council when technical assistance resources are not available from the regional EMS council.

(c) Examples of technical assistance resources include:

(1) Communications assistance.

(2) Public education resources.

(3) Information management sources.

§ 1021.27. Subcontracting.

(a) A regional EMS council may receive the Department's written approval to subcontract certain of its duties to other entities as deemed necessary and appropriate for the proper execution of the contract or grant with the Department.

(b) A regional EMS council may not execute a subcontract until the Department determines in writing that the subcontract is necessary and appropriate.

§ 1021.28. Contracts and grants with the Advisory Board.

Sections 1021.22—1021.27 do not apply to contracts or grants between the Department and the Advisory Board. The Department will enter into a contract or grant with the Advisory Board to perform the services the Advisory Board is required to perform under the act. The Department may contract with the Advisory Board for it to assist the Department in complying with other provisions of the act.

Subchapter C. COLLECTION OF DATA AND INFORMATION

Sec.

1021.41. EMS patient care reports.

1021.42. Dissemination of information.

1021.43. Vendors of EMS patient care reports.

§ 1021.41. EMS patient care reports.

(a) EMS agencies shall collect, maintain and electronically report complete, accurate and reliable patient data and other information as solicited on the EMS PCR form for calls for assistance in the format prescribed by the Department. An EMS agency shall file the report for calls to which it responds that result in EMS being provided. The report shall be made by completing an EMS PCR within the time prescribed by the EMS agency's written policies, no later than 72 hours after the EMS agency concludes patient care, and then submitting it, within 30 days, to the regional EMS council that is assigned responsibilities for the region in which the EMS agency is licensed. Upon request, the EMS agency shall provide a copy of the EMS PCR to the regional EMS council that is assigned responsibilities for the region in which the EMS agency encountered the patient. An entity located out-of-State, but licensed as an EMS agency by the Department, shall file its EMS PCRs with the regional EMS council with which it has been directed to file its EMS PCRs by the Department. The Department will publish a list of the data elements and the form specifications for the EMS PCR form in a notice in the *Pennsylvania Bulletin* and on the Department's web site. The reporting shall conform to the requirements in the notice published in the *Pennsylvania Bulletin*. The Department will maintain a list of software it has determined to satisfy the requirements for electronic reporting.

(b) When an EMS provider relinquishes primary responsibility for the care of a patient to another EMS provider, the EMS provider relinquishing that responsibility shall provide the other EMS provider with the patient information that has been collected.

(c) When an EMS agency transports a patient to a receiving facility, before its ambulance departs from the receiving facility, the EMS agency having primary responsibility for the patient shall verbally and in writing, or other means by which information is recorded, report to the individual at the receiving facility assuming responsibility for the patient, the patient information that is essential for immediate transmission for patient care. The Department will publish a notice in the *Pennsylvania Bulletin* specifying the types of patient information that are essential for patient care. The EMS agency shall provide the completed EMS PCR to the receiving facility to which the patient was transported within 72 hours after the EMS agency concluded patient care. Upon request of any other facility that subsequently provides health care services to the patient related to the reason the patient was transported to the original receiving facility, the EMS agency shall provide the completed EMS PCR to that facility within 24 hours of the request or within 72 hours after the EMS agency concluded patient care, whichever is later. The EMS agency shall submit the data to the facility in a mutually acceptable manner to the facility and the EMS agency which ensures the confidentiality of information in the EMS PCR.

(d) The EMS provider who assumes primary responsibility for the patient shall complete an EMS PCR for the patient and ensure that the EMS PCR is accurate and complete and completed within the time prescribed by the EMS agency under subsection (a). When a patient is transported to a receiving facility, an EMS provider of the EMS agency having primary responsibility for the patient shall also ensure that before the ambulance departs from the receiving facility essential patient information is reported to the receiving facility as required under subsection (c).

(e) The EMS agency shall retain a copy of the EMS PCR for a minimum of 7 years.

§ 1021.42. Dissemination of information.

(a) A person who collects, has access to or knowledge of information collected under § 1021.41 (relating to EMS patient care reports), by virtue of that person's participation in the Statewide EMS system, may not provide the EMS PCR, or disclose the information contained in the report or a report or record thereof, except:

(1) To another person who by virtue of that person's office as an employee of the Department or a regional EMS council is entitled to obtain the information.

(2) For research or EMS planning purposes approved by the Department, subject to strict supervision by the Department to ensure that the use of the data is limited to the specific research or planning and that appropriate measures are taken to protect patient confidentiality.

(3) To the patient who is the subject of the report or to a person who is authorized to exercise the rights of the patient with respect to securing the information, such as a person appointed as the patient's health care agent under a health care power of attorney.

(4) Under an order of a court of competent jurisdiction, including a subpoena when it constitutes a court order, except when the information is of a nature that disclosure under a subpoena is not authorized by law.

(5) For the purpose of quality improvement or peer review activities, with strict attention to patient confidentiality.

(6) For the purpose of data entry, data retrieval and billing, with strict attention to patient confidentiality.

(7) As authorized under § 1021.41.

(8) To a health care provider to whom a patient's medical record may be released under law.

(b) The Department or a regional EMS council may disseminate nonconfidential, statistical data collected from EMS PCRs to EMS agencies and other participants in the Statewide EMS system for improvement of services.

§ 1021.43. Vendors of EMS patient care reports.

(a) An EMS agency shall submit EMS PCRs as required under § 1021.41 (relating to EMS patient care reports) by using only a software program approved by the Department.

(b) A vendor may not sell or otherwise provide or offer reporting forms or software marketed as appropriate for use in making EMS PCRs unless the vendor submits the product to the Department for review and receives the Department's approval. This also applies to a substantive modification the vendor makes to the reporting form or software. The vendor shall apprise the Department of the modification before marketing the modified form or software regardless of whether the vendor considers the modification to be substantive. EMS agencies may ascertain which vendor products have been approved by the Department under this subsection by contacting the Bureau.

(c) If the Department makes changes to the minimum data elements of the EMS PCR, the Department will publish a notice of the changes in the *Pennsylvania Bulletin*. The effective date of the changes will not be less than 60 days after publication of the notice.

(d) After publication of the changes, a vendor may not market as appropriate for making EMS PCRs a product that had been approved by the Department prior to the Department publishing the notice of changes, unless the vendor clearly discloses that the forms or software were approved prior to the publication of the changes and may only be used to make EMS PCRs until the changes go into effect.

(e) A vendor may store EMS PCR data on its server for data entry or processing purposes arranged by an EMS agency or a regional EMS council to facilitate the transmission of EMS PCR information among the EMS agency, a receiving facility and the regional EMS council, but may not transmit or provide access to that data to any other entity, except the Department, and may not use the data for any other purpose.

Subchapter D. QUALITY IMPROVEMENT AND PEER REVIEW

Sec.

1021.61. Components of Statewide quality improvement program.

1021.62. Regional quality improvement programs.

1021.63. Peer review.

1021.64. Cooperation.

§ 1021.61. Components of Statewide quality improvement program.

(a) The Department, in conjunction with the Advisory Board, will identify the necessary components for a Statewide EMS quality improvement program for the Statewide EMS system. The Statewide EMS quality improvement program shall be operated to monitor the delivery of EMS.

(b) The Department will develop and update a Statewide EMS Quality Improvement Plan in which it will establish goals and reporting thresholds.

§ 1021.62. Regional quality improvement programs.

A regional EMS council, after considering input from participants in and persons served by the regional EMS system, shall develop, update and implement a regional EMS quality improvement program to monitor the delivery of EMS, which addresses, at a minimum, the quality improvement components identified by the Department. A regional EMS council quality improvement program shall:

(1) Conduct quality improvement audits of the regional EMS system including reviewing the quality improvement activities conducted by the EMS agency medical directors and medical command facilities within the region.

(2) Have a regional quality improvement committee that, in conjunction with the regional medical advisory committee, shall recommend to the regional EMS council ways to improve the delivery of EMS within the region based upon State and regional goals.

(3) Develop and implement a regional EMS quality improvement plan to assess the EMS system in the region.

(4) Investigate complaints concerning the quality of care rendered and forward recommendations and findings to the Department.

§ 1021.63. Peer review.

(a) *Persons subject to peer review.* Peer review under this section may be conducted of EMS providers, EMS agency medical directors and medical command physicians.

(b) *Purpose.* The purpose of peer review conducted under this section is to evaluate the quality and efficiency of services performed under this part by EMS providers,

EMS agency medical directors and medical command physicians. This includes reviews to:

(1) Evaluate and improve the quality of EMS rendered.

(2) Determine whether the direction and supervision of EMS providers was in accordance with accepted standards.

(3) Determine whether the EMS provided or not provided was in accordance with accepted standards of care.

(c) *Composition of peer review committee.* A peer review committee established under this section may include health care providers such as EMS providers, EMS agency medical directors and other physicians, nurses, physician assistants, EMS agency managers and administrators, hospital personnel with expertise in quality assurance and PSAP dispatchers and administrators.

(d) *Proceedings and records of a peer review committee.* The proceedings and records of a peer review committee conducted under this section have the same protections from discovery and introduction into evidence in civil proceedings as they would under the Peer Review Protection Act (63 P. S. §§ 425.1—425.4). A person who attends a meeting of a peer review committee has the same right as a person who attends a meeting of a review organization under the Peer Review Protection Act with respect to not testifying in a civil action as to evidence or other matters produced or presented during the peer review proceeding or as to findings, recommendations, evaluations, opinions or other actions of the peer review committee or other records thereof. These protections do not apply to records that are reviewed in peer review, but were not created for the sole purpose of being reviewed in a peer review proceeding. A person who testifies before a peer review committee or who is a member of a peer review committee is not protected from testifying as to matters within that person's knowledge, except as to that person's testimony before the peer review committee, matters learned by that person through that person's participation in the peer review committee's proceeding or opinions formed by that person as a result of the peer review proceeding.

(e) *Persons who provide information to a peer review committee.* A person who provides information to a peer review committee conducting peer review under this section has the same protections from civil and criminal liability as a person who provides information to a review organization under the Peer Review Protection Act.

(f) *Members and employees of a peer review committee and persons who furnish professional services to a peer review committee.* An individual who is a member or employee of a peer review committee or who provides professional services to a peer review committee conducting peer review under this section has the same protections from civil and criminal liability for the performance of any duty, function or activity required of the peer review committee as a person who performs the duty, function or activity under the Peer Review Protection Act.

§ 1021.64. Cooperation.

Each individual and entity licensed, certified, recognized, accredited or otherwise authorized by the Department to participate in the Statewide EMS system shall cooperate in the Statewide and regional EMS quality improvement programs and peer reviews conducted under the act and this subchapter and shall provide information, data, reports and access to records, including audio records, as reasonably requested by quality improvement and peer review committees to conduct reviews.

Subchapter E. TRAUMA CENTERS

Sec.
1021.81. Purpose.
1021.82. Requirements.
1021.83. Complaints.

§ 1021.81. Purpose.

The purpose of this subchapter is to integrate trauma centers into the Statewide EMS system by providing access to trauma centers and for the effective and appropriate utilization of resources.

§ 1021.82. Requirements.

To ensure that trauma centers are integrated into the Statewide EMS system, trauma centers shall:

(1) Maintain a dedicated telephone number to allow for access by referring hospitals to make arrangements for the most appropriate and expeditious mode of transportation to the trauma center, as well as allow for direct consultation between the two facilities prior to transfer and during the course of treatment of the patient.

(2) Develop and implement outreach education programs to be offered to referring hospitals and emergency services dealing with management of major and multiple systems trauma patients and the capabilities of the trauma center.

(3) Develop and institute a system to ensure the provision of patient outcome and treatment information to the transferring facility and the EMS agency involved in transporting the patient to the transferring facility, if the patient was transferred to the trauma center, or to the EMS agency involved in transporting the patient to the trauma center if the patient was not transferred to the trauma center by another facility, on each patient transported to the trauma center by ambulance.

(4) Maintain a medical command facility to allow for communication between a transporting ground ambulance or air ambulance and the trauma center to ensure that patient information and condition updates are available to the trauma center and that medical consultation is available to the transporting ambulance crew. The capabilities shall be in accordance with regional and Statewide EMS telecommunications plans.

§ 1021.83. Complaints.

The Department will investigate complaints related to the delivery of services by trauma centers and forward the results of the investigation to the Trauma Foundation with a recommendation for action.

Subchapter F. REGIONAL EMS COUNCILS

Sec.
1021.101. Designation of regional EMS councils.
1021.102. Structure of regional EMS councils.
1021.103. Governing body.
1021.104. Responsibilities of regional EMS councils.

§ 1021.101. Designation of regional EMS councils.

(a) The Department will designate a regional EMS council that satisfies the structural and representation requirements in § 1021.102 (relating to structure of regional EMS councils) for each geographic area of this Commonwealth that the Department designates as a regional EMS geographic area for regional EMS system purposes.

(b) The designation of the geographical area will be based on the capability to:

(1) Provide definitive care services to the majority of general, emergent and critical patients.

(2) Establish community-wide and regional care programs.

(3) Interact and liaison with hospitals, other health care facilities and important public health and public safety entities.

(c) The Department will evaluate the performance and effectiveness of each regional EMS council on a periodic basis to ensure that each council is appropriately meeting the needs of the EMS region to which it is assigned in planning, developing, maintaining, expanding, improving and upgrading the regional EMS system.

§ 1021.102. Structure of regional EMS councils.

(a) Regional EMS councils shall be organized by one of the following:

(1) A unit of general local government with an advisory council.

(2) A representative public entity administering a compact or other area wide arrangement or consortium.

(3) A public or private nonprofit entity.

(b) If the regional EMS council is a unit of local government it shall have an advisory council which is determined by the Department to be representative of health care consumers, the health professions, and major private, public and volunteer agencies, organizations and institutions concerned with providing EMS.

(c) A regional EMS council shall have a governing body.

(d) A regional EMS council shall have a director who is approved by the Department.

(e) A regional EMS council shall have a medical director and establish committees which are necessary to carry out the responsibilities of the regional EMS council.

§ 1021.103. Governing body.

(a) If the regional EMS council is a public or private nonprofit organization, its governing body shall satisfy the representation requirements in § 1021.102 (relating to structure of regional EMS councils).

(b) If the governing body consists of a board, it shall adopt written policies which include:

(1) A method of selection for board membership.

(2) Qualifications for board membership.

(3) Criteria for continued board membership.

(4) Frequency of meetings.

(c) The duties of the governing body shall include:

(1) Selecting a director who will be responsible for the daily operations of the regional EMS council.

(2) Selecting a regional EMS medical director.

(3) Describing the organizational structure.

(4) Establishing appropriate committees, including a quality improvement committee and a medical advisory committee.

(i) A majority of the members of the medical advisory committee shall be physicians.

(ii) The regional medical advisory committee shall assist the regional EMS medical director in matters of medical coordination and ensure that EMS is provided within the region in a manner that considers patient safety and the quality of EMS.

(5) Monitoring and ensuring the regional EMS council's compliance with contracts and grants from the Department.

(d) The governing body shall make available to the public an annual report no later than 30 days after the end of the fiscal year. This requirement may be met by posting the annual report on the regional EMS council's web site. The governing body also shall provide the Department with an electronic or hard copy of the annual report within the same time frame. The annual report must include:

(1) Activities and accomplishments of the preceding year.

(2) A financial statement of income and expenses.

(3) A statement disclosing the names of officers and directors.

(e) A staff member of a regional EMS council may not serve as a voting member of the governing body.

§ 1021.104. Responsibilities of regional EMS councils.

In addition to other responsibilities imposed upon regional EMS councils by this subpart, regional EMS councils have responsibility for:

(1) Organizing, maintaining, implementing, expanding and improving the EMS system within the geographic area for which the regional EMS council has been assigned responsibilities.

(2) Developing and implementing comprehensive EMS plans, as approved by the Department.

(3) Advising PSAPs and municipal and county governments as to EMS resources available for dispatching and recommending dispatching criteria that may be developed by the Department, or by the regional EMS council as approved by the Department.

(4) Developing, maintaining, implementing, expanding and improving programs of medical coordination. The programs are subject to approval by the Department.

(5) Assisting hospitals, upon their request, with issues regarding EMS when hospitals are developing their plans for emergency services as required under § 117.11 (relating to emergency services plan).

(6) Assisting the Department in achieving a unified Statewide EMS system and regional EMS system components and goals as described in section 8105 of the act (relating to duties of department).

(7) Assisting the Department in the collection and maintenance of standardized data and information provided through EMS PCR's.

(8) Providing EMS agencies with data summary reports.

(9) Ensuring the reasonable availability of training programs, including continuing education programs, for EMS providers. The programs must include those that lead to certification of EMS providers by the Department. Regional EMS councils may also develop and implement additional educational programs.

(10) Monitoring EMS provider, EMS agency, EMS agency medical director, medical command physician, medical command facility medical director and medical command facility compliance with minimum standards established by the Department.

(11) Facilitating the integration of medical command facilities into the regional EMS system in accordance with policies and guidelines established by the Department.

(12) Developing and implementing regional protocols for issues of regional importance that are not addressed by the Statewide EMS protocols. Protocols shall be developed in consultation with the regional EMS council's medical advisory committee and approved by the Department. Protocols must:

(i) Be consistent with the Department's established protocol format.

(ii) Address matters the Department directs regional EMS councils to address.

(iii) Be distributed to EMS agencies within the region.

(iv) Be reviewed annually and revised as necessary in consultation with the regional EMS council's medical advisory committee.

(v) Be consistent with Chapter 1023 (relating to personnel) which governs the scope of practice of EMS providers.

(vi) Be based upon accepted standards of emergency medical care, with consideration given to maximizing patient safety.

(13) Assisting Federal, State and local agencies, upon request, in the provision of onsite mitigation, technical assistance, situation assessment, coordination of functions or post-incident evaluations, in the event of a potential or actual disaster, mass casualty situation or other substantial threat to public health.

(14) Maintaining an inventory of EMS resources, including EMS providers, available in the EMS region and promoting the recruitment, retention and recognition of EMS providers.

(15) Designating a regional EMS medical director.

(16) Supervising the regional EMS medical director to ensure that the roles and responsibilities in § 1023.4 (relating to regional EMS medical director) are carried out.

(17) Assisting EMS providers, other persons and EMS agencies operating in the regional EMS system to meet the licensure, certification, registration and continuing education requirements established under the act and this subpart, and assisting the Department in ensuring that those requirements are met.

(18) Having a conflict of interest policy and requiring its employees and officials to agree to the policy in writing.

(19) Assisting the Department in carrying out the act and this part and adhering to policy direction established by the Department.

(20) Performing other duties deemed appropriate by the Department for the initiation, expansion, maintenance and improvement of the regional and Statewide EMS system which are in accordance with the Statewide EMS System Plan.

Subchapter G. ADVISORY BOARD

Sec.

1021.121. Duties and purpose.

1021.122. Meetings and members.

1021.123. Disasters.

§ 1021.121. Duties and purpose.

(a) The Advisory Board shall advise the Department on EMS issues that relate to the following:

(1) Manpower and training.

(2) Communications.

(3) EMS agencies.

(4) The content of EMS PCRs.

(5) The content of rules and regulations.

(6) Standards and policies promulgated by the Department.

(7) The permitted scope of continuing education courses.

(8) Other subjects as required by the act or deemed appropriate by the Department or the Advisory Board.

(9) The content of the Statewide EMS System Plan and proposed revisions to it.

(b) The Advisory Board shall adopt written policies which include:

(1) A method of selection for board membership.

(2) Qualifications for Advisory Board membership.

(3) Criteria for continued Advisory Board membership.

(4) Frequency of meetings.

(c) The Advisory Board shall:

(1) Select a director who is responsible for the daily operations of the Advisory Board and the Pennsylvania Emergency Health Services Council.

(2) Describe its organizational structure.

(3) Establish appropriate committees, including an EMS for children advisory committee to advise on a program to address the emergency medical needs of the pediatric population, and a medical advisory committee with a majority of its members being physicians.

(d) The Advisory Board shall make available to the public an annual report which must include:

(1) A description of its activities and accomplishments of the preceding year.

(2) A financial statement of income and expenses.

(3) A statement disclosing the names of officers and members of the Advisory Board.

§ 1021.122. Meetings and members.

(a) Meetings of the Advisory Board shall be held in accordance with 65 Pa.C.S. Chapter 7 (relating to Sunshine Act) or a successor act.

(b) A voting member of the Advisory Board shall serve a 3-year term. A voting member may not serve more than two consecutive terms.

(c) A simple majority of the voting members of the Advisory Board constitutes a quorum for the transaction of business.

(d) A member of the Advisory Board shall serve without compensation, except for reimbursement of reasonable expenses incurred by members while performing official duties.

(e) A staff member of the Pennsylvania Emergency Health Services Council may not serve as a voting member of the Advisory Board.

§ 1021.123. Disasters.

In the event of a potential or actual disaster, mass casualty situation or other substantial threat to public health, the Advisory Board shall, upon request, assist Federal, State and local agencies in the provision of

onsite mitigation, technical assistance, situation assessment, coordination of functions or post-incident evaluations. Recruitment of volunteer expertise available to the Advisory Board will be requested and utilized as conditions and circumstances necessitate.

Subchapter H. EMS RESEARCH

Sec.
1021.141. Research.

§ 1021.141. Research.

(a) Prior to engaging in a clinical investigation or study that relates to the provision of EMS, the principal investigator shall file with the Department a report of the planned investigation or study on a form prescribed by the Department. The principal investigator shall also file with the Department a report at the conclusion of the investigation or study and status reports as requested by the Department.

(b) A person who wants to secure from the Department or a regional EMS council and use, for research purposes, information collected by the Department or a regional EMS council through EMS PCR's, or information collected by the Department or a regional EMS council regarding patients who utilize emergency departments without being admitted to a hospital or who are admitted to a hospital through emergency departments, trauma centers or directly to special care units, shall submit the proposed research project to the Department. If the Department concludes that the proposed use of the information would serve the public interest, it may refer the proposal to the medical advisory committee of the Advisory Board or to one or more of the medical advisory committees of the regional EMS councils for review and recommendation.

(c) If access to and use of the information requested under subsection (b) is approved by the Department, the Department will release or direct the release of the information for the research project under conditions specified by the Department.

(d) A research proposal submitted under subsection (b) must include and address the following in a format specified by the Department:

(1) A specific statement of the hypothesis to be investigated and the clinical significance of the hypothesis.

(2) A specific description of the methodology to be used in the research.

(3) An estimated duration of the research.

(4) An explanation of how patient confidentiality will be protected.

(5) A letter from the principal investigator in which that person identifies himself as the principal investigator and assumes responsibility for compliance with the conditions imposed by the Department.

(6) A plan for providing the Department with progress reports, annually at a minimum, and a final report on the research.

(e) If institutional review board approval is required by law, the Department will not approve access to the requested information until it receives evidence of institutional review board approval.

(f) The Department may direct that the use of the information be terminated if the Department determines that the use of the information fails to satisfy the conditions under which the Department approved use of the information.

(g) An EMS agency or other person that intends to conduct research that would involve an EMS agency violating this part or an EMS protocol adopted or approved by the Department shall apply for an exception to the regulation or protocol under § 1021.4 (relating to exceptions).

(h) This section does not empower the Department to approve research that involves any act otherwise prohibited by law.

CHAPTER 1023. PERSONNEL

Subchap.

- A. ADMINISTRATIVE AND SUPERVISORY EMS PERSONNEL
- B. EMS PROVIDERS AND VEHICLE OPERATORS
- C. OTHER PERSONS ASSOCIATED WITH THE STATEWIDE EMS SYSTEM

Subchapter A. ADMINISTRATIVE AND SUPERVISORY EMS PERSONNEL

- Sec.
1023.1. EMS agency medical director.
- 1023.2. Medical command physician.
- 1023.3. Medical command facility medical director.
- 1023.4. Regional EMS medical director.
- 1023.5. Commonwealth EMS Medical Director.

§ 1023.1. EMS agency medical director.

(a) *Roles and responsibilities.* An EMS agency medical director is responsible for:

(1) Providing medical guidance and advice to the EMS agency, including:

(i) Reviewing the Statewide EMS protocols and Department-approved regional EMS protocols that are applicable to the EMS agency and ensuring that its EMS providers and other relevant personnel are familiar with the protocols applicable to the EMS agency.

(ii) Performing medical audits of EMS provided by the EMS agency's EMS providers.

(iii) Participating in and reviewing quality improvement and peer reviews of EMS provided by the EMS agency.

(iv) Reviewing regional mass casualty and disaster plans and providing guidance to the EMS agency regarding its provision of EMS under those plans.

(v) Providing guidance to the EMS agency, when applicable, with respect to the ordering, stocking and replacement of medications, and compliance with laws and regulations impacting upon the EMS agency's acquisition, storage and use of those medications.

(vi) Making an initial assessment of each EMS provider at or above the AEMT level to determine whether the EMS provider has the knowledge and skills to competently perform the skills within the EMS provider's scope of practice, and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level. This subparagraph does not apply if the EMS provider was working for the EMS agency at the same level prior to the physician becoming the medical director for the EMS agency and the EMS provider was credentialed at that EMS agency within the last 12 calendar months as being able to perform at the EMS provider's certification level.

(vii) Making an assessment, within 12 calendar months of the last assessment, of each EMS provider at or above the AEMT level to determine whether the EMS provider has demonstrated competency in the knowledge and skills to perform the skills within the EMS provider's scope of

practice, and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level.

(viii) Recommending to the EMS agency that an EMS provider not be permitted to provide EMS at the EMS provider's certification level if the EMS agency medical director determines that the EMS provider has not demonstrated competency in the knowledge and skills to perform the skills within the EMS provider's scope of practice, or a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level, and recommending restrictions on the EMS provider's practice for the EMS agency, if appropriate, to ensure patient safety.

(ix) Providing medical direction for the EMS agency dispatch center if the EMS agency operates an EMS agency dispatch center.

(2) Maintaining a liaison with the regional EMS medical director.

(3) Participating in the regional and Statewide quality improvement programs.

(4) Recommending to the relevant regional EMS council, when appropriate, EMS protocols for inclusion in the Statewide and regional EMS protocols.

(5) Recommending to the Department the suspension, revocation or restriction of an EMS provider's certification.

(b) *Minimum qualifications.* To qualify and continue to function as an EMS agency medical director, an individual shall:

(1) Be a physician.

(2) Satisfy one of the following:

(i) Have successfully completed an emergency medicine residency program accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.

(ii) Have successfully completed a residency program in surgery, internal medicine, family medicine, pediatrics or anesthesiology, accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine. The physician shall also have successfully completed or taught the ACLS course within the preceding 2 years and have completed, at least once, the ATLS course and PALS course or APLS course, or other programs determined by the Department to meet or exceed the standards of these programs.

(iii) Have served as an ALS medical director under the Emergency Medical Services Act (35 P. S. §§ 6921—6938) (repealed by the act of August 18, 2009 (P. L. 308, No. 37)) prior to February 16, 2010.

(3) Have a valid Drug Enforcement Agency number.

(4) Have completed an EMS agency medical director course or an EMS fellowship or other EMS training program that is determined by the Department to be equivalent. This training shall ensure that the EMS agency medical director has knowledge of:

(i) The scope of practice of EMS providers.

(ii) The provision of EMS under Statewide EMS protocols.

(iii) The interface between EMS providers and medical command physicians.

(iv) Quality improvement and peer review principles.

(v) Emergency medical dispatch principles and EMS agency communication capabilities.

(vi) EMS system design and operation.

(vii) Federal and State laws and regulations regarding EMS.

(viii) Regional and State mass casualty and disaster plans.

(ix) Patient and EMS provider safety principles.

§ 1023.2. Medical command physician.

(a) *Roles and responsibilities.* A medical command physician functions under the direction of a medical command facility medical director and the auspices of a medical command facility. A medical command physician is responsible for:

(1) Providing medical command to EMS providers whenever they seek direction.

(2) Issuing medical command consistent with Statewide protocols and protocols that are in effect either in the region in which EMS originates or the region from which the EMS providers who are providing EMS begin receiving medical command direction. For good cause, a medical command physician may give medical command that is inconsistent with these protocols.

(3) Documenting patient information received from EMS providers and medical command given to EMS providers, including when the medical command physician is providing medical command at the scene.

(b) *Minimum qualifications.* To qualify and continue to function as a medical command physician, an individual shall be serving as a medical command physician immediately prior to February 16, 2010, or:

(1) Complete an application for medical command physician certification on a form or through an electronic application process, as prescribed by the Department.

(2) Be a physician.

(3) Satisfy one of the following:

(i) Have successfully completed a residency program in emergency medicine accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.

(ii) Have had an emergency medicine practice in another jurisdiction and establish to the Department that the physician has a combination of training, education and emergency medicine practice that makes the physician qualified to serve as a medical command physician.

(iii) Have successfully completed or taught the ACLS course within the preceding 2 years and have completed or taught the ATLS course and either an APLS or PALS course or other program determined by the Department to meet or exceed the standards of these programs.

(4) Have an arrangement with a medical command facility to serve as a medical command physician for that facility after receiving certification as a medical command physician.

(5) Be practicing as an emergency medicine physician, be participating as a resident in a second or subsequent year in an emergency medicine residency program accredited by an accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine or have had at least 3 years of experience as a full-time emergency medicine physician.

(6) Have a current Drug Enforcement Agency (DEA) number or be an emergency medicine resident in an emergency medicine residency program accredited by an accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine who is authorized to use a hospital's DEA number for practice within the emergency medicine residency program.

(7) Have successfully completed the medical command course.

(c) *Triennial registration.* A medical command physician's certification is deemed registered for 3 years. Thereafter, a medical command physician shall triennially register the certification on a form or through an electronic process, as prescribed by the Department. The Department will issue a new registration within 30 days after the application for registration is filed if the application demonstrates that the medical command physician:

- (1) Maintains licensure as a physician.
- (2) Has an arrangement with a medical command facility to serve as a medical command physician for that facility.
- (3) Is practicing as an emergency medicine physician or has had at least 3 years of experience as a full-time emergency medicine physician.

(4) Has completed the most recent update or refresher course that the Department provided on Statewide and other applicable Department-approved EMS protocols.

§ 1023.3. Medical command facility medical director.

(a) *Roles and responsibilities.* A medical command facility medical director is responsible for the following for the medical command facility:

- (1) Medical command.
- (2) Quality improvement.
- (3) Liaison with regional EMS medical director.
- (4) Participation in prehospital training activities.
- (5) Clinical and continuing education training of EMS providers.

(6) Verifying to the Department that an applicant for medical command physician certification has an arrangement to serve as a medical command physician for the medical command facility under the direction of the medical command facility medical director and meets all medical command physician certification requirements.

(7) Monitoring the operation of the medical command facility and the performance of its medical command physicians to ensure that they are satisfying all statutory and regulatory requirements.

(8) Reviewing a departure from the Statewide EMS protocols of one of the facility's medical command physicians when requested by the Department and apprising the Department whether the medical command facility medical director believes there is good cause for the departure.

(b) *Minimum qualifications.* To qualify and continue to function as a medical command facility medical director, an individual shall be serving as a medical command facility medical director immediately prior to February 16, 2010, or:

(1) Complete an application for medical command facility medical director certification on a form or through an electronic application process, as prescribed by the Department.

(2) Currently serve as a medical command physician.

(3) Satisfy one of the following:

(i) Have completed a residency program in emergency medicine accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.

(ii) Have completed a residency program in surgery, internal medicine, family medicine, pediatrics or anesthesiology accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine and completed or taught the ACLS course within the preceding 2 years, the ATLS course and either an APLS or PALS course or other program determined by the Department to meet or exceed the standards of these programs.

(4) Have experience in prehospital and emergency department care of the acutely ill or injured patient.

(5) Have experience in providing medical command direction to EMS providers.

(6) Have experience in the training of EMS providers above and below the AEMT level.

(7) Have experience in the medical audit, review and critique of EMS providers above and below the AEMT level.

(8) Have an arrangement with a medical command facility to serve as its medical director after receiving certification as a medical command facility medical director.

(c) *Triennial registration.* A medical command facility medical director's certification is deemed registered for 3 years. Thereafter, a medical command facility medical director shall triennially register the certification on a form or through an electronic process, as prescribed by the Department. The Department will issue a new registration within 30 days after the application for registration is filed if the application demonstrates that the medical command facility medical director shall be:

(1) Serving as a medical command physician and a medical command facility medical director for a medical command facility.

(2) Providing prehospital and emergency department care of acutely ill or injured patients.

(3) Performing medical audit, review and critique of EMS providers above and below the AEMT level.

§ 1023.4. Regional EMS medical director.

(a) *Roles and responsibilities.* A regional EMS medical director shall carry out the following duties:

(1) Maintain liaison with the Commonwealth EMS Medical Director.

(2) Assist the regional EMS council, after consultation with the regional medical advisory committee, to establish and revise, subject to Department approval, regional EMS protocols.

(3) Assist the regional EMS council to develop, subject to Department approval, criteria to recommend to PSAPs for emergency medical dispatch, including criteria for prearrival instructions, level of care to be dispatched to respond to various clinical conditions, types of EMS resources to be sent and mode of EMS resource response.

(4) Serve as a member of the regional EMS council's quality improvement committee and as that committee's liaison to the regional EMS council's medical advisory committee.

(5) Serve on the State EMS Quality Improvement Committee.

(6) Serve as chairperson of the regional EMS council's medical advisory committee.

(7) Assist, as appropriate, the regional EMS council in its investigations, analysis of investigation information and recommendations to make to the Department on actions the Department should pursue, if any, against certifications, licenses, accreditations and other authorizations issued by the Department under the act.

(8) Review regional plans, procedures and processes for compliance with State standards of EMS.

(b) *Minimum qualifications.* A regional EMS medical director shall have the following qualifications:

(1) Be a physician.

(2) Experience in prehospital and emergency department care of the acutely ill or injured patient.

(3) Experience as a medical command physician and as an EMS agency medical director or as an ALS service medical director under the Emergency Medical Services Act (35 P. S. §§ 6921—6938) (repealed by the act of August 18, 2009 (P. L. 308, No. 37)).

(4) Completed a residency program in emergency medicine accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine or have served as a medical command physician in this Commonwealth prior to October 14, 2000.

(5) Experience in the training of EMS providers above and below the AEMT level.

(6) Experience in the medical audit, review and critique of EMS providers above and below the AEMT level.

(c) *Disclosure.* A regional EMS medical director shall disclose to a regional EMS council and the Department all financial or other interest in entities regulated by the Department under the act and in other matters which present a potential conflict of interest.

§ 1023.5. Commonwealth EMS Medical Director.

(a) *Roles and responsibilities.* The Commonwealth EMS Medical Director is responsible for:

(1) Providing medical advice and recommendations to the Department regarding the EMS system.

(2) Assisting in the development and implementation of a Statewide EMS quality improvement program.

(3) Evaluating and making recommendations on regional EMS quality improvement programs and on programs to improve patient and provider safety and provider wellness.

(4) Assisting the Department in revising or modifying the scope of practice of EMS providers.

(5) Providing advice and guidance to the Department on investigations and the pursuit of disciplinary actions against EMS providers and other persons and entities regulated by the Department under the act.

(6) Reviewing, evaluating and making recommendations for the Statewide EMS protocols.

(7) Reviewing, evaluating and making recommendations regarding regional EMS protocols that supplement Statewide EMS protocols.

(8) Providing direction and guidance to the regional EMS medical directors for training and quality improvement monitoring and assistance.

(9) Meeting with representatives and committees of regional EMS councils and the Advisory Board as necessary and as directed by the Department to provide guidance and direction.

(10) Reviewing, evaluating and making recommendations to the Department on requests, for research purposes, for data made confidential by the act.

(11) Assisting the Department in the development of regulations under the act.

(12) Providing other services relating to the Department's administration of the act as assigned by the Department.

(b) *Minimum qualifications.* The Commonwealth EMS Medical Director shall possess the same qualifications as a regional EMS medical director under § 1023.4 (relating to regional EMS medical director).

(c) *Disclosure.* The Commonwealth EMS Medical Director shall disclose to the Department all financial or other interest in EMS agencies and other entities regulated by the Department and other matters which present a potential conflict of interest.

(d) *Prohibition against dual service.* A physician may not simultaneously serve as the Commonwealth EMS Medical Director and a regional EMS medical director.

Subchapter B. EMS PROVIDERS AND VEHICLE OPERATORS

Sec.

- 1023.21. General rights and responsibilities.
- 1023.22. EMS vehicle operator.
- 1023.23. Ambulance attendant and first responder.
- 1023.24. Emergency medical responder.
- 1023.25. Emergency medical technician.
- 1023.26. Advanced emergency medical technician.
- 1023.27. Paramedic.
- 1023.28. Prehospital registered nurse.
- 1023.29. Prehospital physician extender.
- 1023.30. Prehospital EMS physician.
- 1023.31. Continuing education requirements.
- 1023.32. Credit for continuing education.
- 1023.33. Endorsement of course or examination.
- 1023.34. Reciprocity.

§ 1023.21. General rights and responsibilities.

(a) *Change of address.* An EMS provider, an EMSVO and an applicant for EMS provider or EMSVO certification shall ensure that the Department has a current address at which the person can be reached by mail. This applies to an EMS provider and an EMSVO whether or not that person maintains current registration of the EMS provider or EMSVO certification.

(b) *Reports of criminal convictions, discipline and exclusions.*

(1) An applicant for EMS provider or EMSVO certification shall report to the Department, on a form or through an electronic process, as prescribed by the Department, misdemeanor, felony and other criminal convictions that are not summary or equivalent offenses and disciplinary sanctions that have been imposed upon a license, certification or other authorization of the applicant to practice an occupation or profession. An applicant for an EMSVO certification shall also report to the Department any other conviction of an offense involving reckless driving or driving under the influence of alcohol or drugs. An applicant for an EMSVO certification shall also report to the Department a driver's license suspension due to the use of drugs or alcohol or from a moving traffic violation.

The applicant shall also arrange for the custodian of the criminal charging, judgment and sentencing document for each conviction and the custodian of an adjudication or other document imposing discipline against the applicant to provide the Department with a certified copy of those records. If the applicant has not been sentenced on a criminal conviction at the time of making application for certification, the applicant shall inform the Department and then arrange, within 5 days after the applicant is sentenced, for the custodian of the sentencing document to provide the Department with a certified copy of that document. If, after making application for EMS provider certification, but before the Department acts upon an application, the applicant is convicted of a reportable offense or has discipline imposed upon a license, certification or other authorization to practice an occupation or profession, the applicant shall report that information to the Department immediately in the manner prescribed in the application form.

(2) An applicant for EMS provider certification shall report to the Department, on a form or through an electronic process, as prescribed by the Department, an exclusion from a Federal or State health care program of the applicant, or of an entity in which the applicant had equity or capital, stock or profits equal to at least 5% of the value of the property or assets of the entity at the time of the exclusion. The applicant shall also provide the Department with a certified copy of the document by which the applicant is excluded from the health care program. A health care program is a program in which the State or Federal government serves as a payor for health care services, such as the Medicare and Medicaid programs. If, after making application for EMS provider certification, but before the Department acts upon an application, there is an exclusion from a Federal or State health care program that is reportable under this paragraph, the applicant shall report that information to the Department immediately in the manner prescribed in the application form.

(3) The Department will not act upon an application for certification that reports information under paragraph (1) or (2) until it receives a certified copy of each document that is required to be provided under those paragraphs, unless the applicant establishes that the document from which a certified copy would be made does not exist.

(4) An EMS provider and an EMSVO shall report the same type of information and arrange for the same documents to be provided to the Department, as required under paragraphs (1) and (2), within 30 days after each conviction, discipline and exclusion. This applies to an EMS provider and an EMSVO whether or not the person maintains current registration of the EMS provider's or EMSVO's certification.

(c) *Certification examinations.*

(1) An applicant for EMS provider certification shall take the required certification examinations within 1 year after completing the education required for the EMS provider certification.

(2) Except as otherwise provided in this section, a person who fails a written or practical skills certification examination may repeat the failed examination without retaking a passed certification examination.

(3) A person who fails a written certification examination three times shall complete a refresher course approved by the Department or repeat the education required for the EMS provider certification before retaking a written certification examination.

(4) A person who fails a practical skills certification examination three times shall complete a remedial course approved by the Department or repeat the education required for the EMS provider certification before retaking a practical skills certification examination.

(5) A person who either fails an EMS provider certification examination six times or does not pass all required EMS provider certification examinations within 2 years after completing the EMS provider education required for the EMS provider certification may not receive credit for an examination previously passed. If that person elects to continue to pursue EMS provider certification, that person will be required to repeat the EMS provider education program and take the EMS provider certification examinations in accordance with paragraphs (1)–(4).

(6) If the standards a person needs to satisfy to take a certification examination change after the person has failed the examination, the person may not retake the examination unless the person meets the new standards.

(d) *Exceptions to certification registration requirements for members of armed forces.* An EMS provider or EMSVO who returns from active military service and who had a certification registration expire during a tour of duty or will have a certification registration expire within 12 months after returning from active military service may secure an exception to the certification registration requirements as follows:

(1) An EMS provider who chooses to secure registration of the EMS provider's certification by satisfying continuing education requirements may apply for an exception to the period of time in which the EMS provider was required or would be required to satisfy the continuing education requirements, and the Department will grant the EMS provider an extended period of time to satisfy those requirements as the Department deems appropriate under the circumstances. If the EMS provider is certified at an AEMT level or higher, before the EMS provider may begin work for an EMS agency without a current registration, the EMS provider needs to be approved by the EMS agency's medical director, under § 1023.1(a)(1)(viii) (relating to EMS agency medical director) as having current competency in the knowledge and skills required to provide the level of EMS the EMS agency intends to assign to the EMS provider.

(2) An EMS provider who chooses to secure registration of the EMS provider's certification by satisfying continuing education requirements may ask the Department to endorse the EMS provider's relevant military training as satisfying some or all of the continuing education requirements.

(3) An EMSVO may apply for an exception to the period of time in which the EMSVO was required or would be required to satisfy the continuing education requirements, and the Department will grant the EMSVO an extended period of time to satisfy those requirements as the Department deems appropriate under the circumstances. An EMSVO may also ask the Department to endorse the EMSVO's relevant military training as satisfying some or all of the continuing education requirements.

(e) *Lapse of registration.*

(1) An EMS provider who does not secure a new registration of an EMS provider certification before a registration expires may secure a new registration within 2 years after the registration expires by completing a registration form or through an electronic process, as prescribed by the Department, if the information provided

establishes that the EMS provider has passed the written certification registration examination as well as the clinical patient care and other core continuing education requirements that would have been needed to timely secure the registration by satisfying the continuing education requirements for registering the certification.

(2) An EMS provider who does not secure a new registration of an EMS provider certification before a registration expires may secure a new registration more than 2 years after the registration expires by completing a registration form or through an electronic process, as prescribed by the Department, if the information provided establishes that the EMS provider has passed both the written and practical skills certification registration examinations and the clinical patient care and other core continuing education requirements for each registration of a certification that was missed.

(3) The paramedic certification registration examinations are the certification registration examinations for a PHPE, a PHRN or a PHP who seeks to register a certification after the registration of that certification lapses.

(4) A registration secured under this subsection will expire when the registration would have expired if past registrations would have been secured on a timely basis.

(f) *Authority derived from protocols and medical command.* An EMS provider shall provide EMS for an EMS agency within the EMS provider's scope of practice and, other than a PHP, under Statewide and regional EMS protocols and medical command.

(g) *Downgraded certification or practice.* An EMS provider who is certified at or above the AEMT level who chooses not to practice at that level or who is not permitted to practice at that level for an EMS agency by its EMS agency medical director under § 1023.1(a)(1)(vi) or (vii) and § 1027.3(m) (relating to licensure and general operating standards) has the following options with respect to EMS provider certification and registration of that certification:

(1) Upon expiration of the biennial registration period, the EMS provider may choose to maintain EMS provider certification at the EMS provider's current certification level, in which case the EMS provider would need to satisfy the requirements for the registration of that EMS provider certification to renew registration of that certification.

(2) Prior to or upon expiration of the registration period, the EMS provider may choose to transition to a lower level EMS provider certification than the EMS provider's current certification level, in which case the EMS provider would need to satisfy the requirements for the registration of that EMS provider certification to secure registration of that lower level EMS provider certification. If the EMS provider satisfies the registration requirements for that lower level of EMS provider certification, the Department will issue the EMS provider an EMS provider certification at that level, which will be deemed registered for 3 years or 2 years, depending upon the level of certification.

(3) When providing EMS, an EMS provider who transitions to a lower level EMS provider certification may not display a higher level insignia, patch, registration card or other indicia of the EMS provider's certification at the higher EMS provider level.

(4) An EMS provider who, for any period of time, has been precluded from practicing for an EMS agency at the

EMS provider's certification level under § 1027.3(m) shall report the action to other EMS agencies for which the EMS provider is providing or seeks to provide EMS and to all regional EMS councils having responsibility for the EMS regions in which those EMS agencies are headquartered.

(5) An EMS provider who transitions to a lower level EMS provider certification may later renew registration of the EMS provider's certification at the higher level by satisfying the requirements in subsection (e).

(h) *Identification.* If an EMS provider is asked to provide proof of authority to practice as an EMS provider when the EMS provider is providing EMS, or an EMSVO is asked to provide proof of authority to operate a ground EMS vehicle when the EMSVO is operating a ground EMS vehicle, the EMS provider or EMSVO shall present a card or certificate issued by the Department that shows current registration of the EMS provider's or EMSVO's certification.

(i) *Interaction with law enforcement officers.*

(1) If a law enforcement officer is at the scene of a police incident when an EMS provider arrives, the EMS provider may not enter the scene to provide EMS if the law enforcement officer so directs until the law enforcement officer advises that it is safe for the EMS provider to enter.

(2) An EMS provider shall have access to a patient at a police incident scene before the patient is removed from the scene by or at the direction of a law enforcement officer.

(3) If, under a medical treatment protocol or medical command, an EMS provider is required to transport to a receiving facility a patient whom a law enforcement officer has taken or wants to take into custody or whom the law enforcement officer believes needs to be spoken to immediately by the law enforcement officer, the EMS provider shall transport the patient to a receiving facility by ambulance. The EMS provider and EMSVO shall allow the law enforcement officer to accompany the patient in the ambulance if the law enforcement officer so chooses and may not interfere with the law enforcement officer employing security precautions deemed necessary by the law enforcement officer to ensure the safety of the officer and others. A law enforcement officer is not permitted to implement security precautions that unreasonably interfere with the provision of EMS to the patient.

§ 1023.22. EMS vehicle operator.

(a) *Roles and responsibilities.* An EMSVO operates ground EMS vehicles for an EMS agency, as authorized by an EMS agency.

(b) *Certification.* The Department will certify as an EMSVO an individual who meets the following qualifications:

(1) Completes an application for EMSVO certification on a form or through an electronic process, as prescribed by the Department.

(2) Is 18 years of age or older.

(3) Has a current driver's license.

(4) Is not addicted to alcohol or drugs.

(5) Is free from physical or mental defect or disease that may impair the person's ability to drive a ground EMS vehicle.

(6) Has successfully completed an emergency vehicle operator's course of instruction approved by the Department.

(7) Has not:

(i) Been convicted within the last 4 years prior to the date of application of driving under the influence of alcohol or drugs.

(ii) Within the last 2 years prior to the date of application been convicted of reckless driving or had a driver's license suspended due to use of drugs or alcohol or a moving traffic violation.

(8) Has successfully completed an EVOC following a disqualification from certification under paragraph (7), regardless of whether the person successfully completed the course previously.

(c) *Transition for operators of ground ambulances and squad vehicles.* A person who drove an ambulance or squad vehicle prior to April 10, 2014, and who satisfies the certification requirements under subsection (b), may serve as an EMSVO until July 9, 2014, without having secured a certification as an EMSVO.

(d) *Registration.*

(1) Except as otherwise provided in this subsection, an EMSVO's certification is deemed registered for 3 years. Thereafter, an EMSVO shall triennially register the certification by completing a form or through an electronic process, as prescribed by the Department. An EMSVO shall submit the form or complete the electronic process at least 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the EMSVO certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the EMSVO completes the form or the electronic process if the information provided establishes that the EMSVO has a current driver's license and has successfully completed the continuing education requirements for registration of an EMSVO certification in § 1023.31(a) (relating to continuing education requirements).

(2) If an EMSVO also has an EMS provider's certification, the registration of the EMSVO's certification will expire at the same time as the registration of the EMS provider's certification. If the EMSVO does not maintain current registration of the EMS provider's certification, the registration of the EMSVO's certification will continue on the same renewal cycle. If an EMSVO who is an EMS provider becomes certified as a higher-level EMS provider, the registration of the EMSVO's certification will expire at the same time as the registration of the higher-level EMS provider's certification.

(3) An EMSVO who attempts to secure a new registration of an EMSVO certification more than 2 years after the registration expires may secure a new registration by completing a registration form or through an electronic process, as prescribed by the Department, if the information provided establishes that the EMSVO has completed an EVOC within the preceding 2 years. An EMSVO who attempts to secure a new registration of an EMSVO certification within 2 years after the registration expires may secure a new registration by completing a registration form or through an electronic process, as prescribed by the Department, if the information provided establishes that the EMSVO has completed the continuing education requirements for the missed registration period.

(4) An EMSVO who is a member of the armed forces who is returning from active military service and whose EMSVO registration has expired or will expire within 12 months after returning from active military service may secure an exception to the registration requirements under § 1023.21(d) (relating to general rights and responsibilities).

(5) An EMSVO who operates a ground EMS vehicle exclusively for a QRS operated by an EMS agency does not have registration requirements.

§ 1023.23. Ambulance attendant and first responder.

An individual who is an ambulance attendant or who is certified as a first responder on April 10, 2014, will be deemed to be an EMR with a current registration and shall thereafter be subject to § 1023.24 (relating to emergency medical responder). The Department will issue an EMR certification to an individual who is certified as a first responder on April 10, 2014. The Department will issue an EMR certification to an individual who is qualified as an ambulance attendant on April 10, 2014, if that individual submits an application for EMR certification on a form or through an electronic process, as prescribed by the Department, which documents that the individual was qualified as an ambulance attendant under rescinded § 1003.21(b). An individual who qualifies for EMR certification by virtue of having been an ambulance attendant may serve as an EMR until April 11, 2016, without having obtained an EMR certification. The initial registration of an EMR certification of a person who qualified for that certification by having been a first responder will expire when that person's first responder certification would have expired. The initial registration of an EMR certification of a person who qualified for that certification by having been an ambulance attendant will expire when that person's qualifications as an ambulance attendant would have expired.

§ 1023.24. Emergency medical responder.

(a) *Roles and responsibilities.* An EMR performs for an EMS agency BLS skills involving basic interventions with minimum EMS equipment as follows:

(1) As a member of a QRS to stabilize and improve a patient's condition until a higher level EMS provider arrives at the scene. The EMR may then assist the higher level EMS provider if requested to do so.

(2) As a member of the crew of an ambulance or squad vehicle.

(3) As a member of a special operations EMS service.

(b) *Certification.*

(1) The Department will certify as an EMR an individual who meets the following qualifications:

(i) Completes an application for EMR certification on a form or through an electronic process, as prescribed by the Department.

(ii) Is 16 years of age or older.

(iii) Has successfully completed an EMS provider educational course for EMRs or by October 12, 2013, a first responder educational course previously approved by the Department as an educational course leading to first responder certification.

(iv) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.

(v) Has passed a written examination for EMR certification prescribed by the Department or passed an exami-

nation which the Department has determined to be equivalent in both content and manner of administration to the written examination for EMR certification.

(vi) Has passed a practical test of EMR skills for EMR certification prescribed by the Department or passed an examination which the Department has determined to be equivalent in both content and manner of administration to the practical test of EMR skills for EMR certification.

(2) The Department will also certify as an EMR an individual who completes an application on a form or through an electronic process, as prescribed by the Department, and who applies for EMR certification under § 1023.21(g) (relating to general rights and responsibilities).

(c) *Triennial registration.*

(1) An EMR's certification is deemed registered for 3 years. Thereafter, an EMR shall triennially register the certification by completing a form or through an electronic process, as prescribed by the Department. An EMR shall submit the form or complete the electronic process at least 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the EMR certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the EMR completes the form or the electronic process if the information provided establishes that the EMR has successfully completed one of the following:

(i) The EMR practical skills and written knowledge triennial registration examinations prescribed by the Department.

(ii) The continuing education requirements for triennial registration of an EMR certification in § 1023.31(b) (relating to continuing education requirements).

(2) An EMR who is a member of the armed forces who is returning from active military service and whose EMR registration has expired or will expire within 12 months after returning from active military service may secure an exception to the triennial registration requirements under § 1023.21(d).

(d) *Scope of practice.*

(1) An EMR's scope of practice includes skills in the following skill areas, as published in the *Pennsylvania Bulletin*, if the EMR has been educated to perform the following skills:

- (i) Airway/ventilation/oxygenation.
- (ii) Cardiovascular circulation.
- (iii) Immobilization.

(2) An EMR's scope of practice may be expanded to include BLS skills in other skill areas as the Department publishes in a notice in the *Pennsylvania Bulletin*. An EMR may not perform those additional skills unless the EMR has received education to perform those skills and is able to document having received the education in one of the following:

(i) A course approved by the Department that covers the complete curriculum for certification as an EMR.

(ii) A course which is determined by the Department to meet or exceed the standards of a course approved by the Department under subparagraph (i).

(iii) A course for which the EMR may receive continuing education credit towards triennial registration of the EMR's certification or, if the EMR was previously certi-

fied as a first responder, a course for which the EMR received continuing education credit towards first responder recertification prior to October 12, 2013.

(3) The Department will publish in the *Pennsylvania Bulletin*, at least biennially, a list of the skills the Department has approved as being within the scope of practice of an EMR.

§ 1023.25. **Emergency medical technician.**

(a) *Roles and responsibilities.* An EMT performs basic EMS skills involving basic interventions and equipment found on an EMS vehicle or within an EMT's scope of practice as follows:

(1) For an EMS agency as a member of the crew of an ambulance or squad vehicle.

(2) For an EMS agency as a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital setting until an ambulance arrives. The EMT may then assist the ambulance crew.

(3) As a member of a special operations EMS service.

(4) As a first aid or safety officer, or in a similar capacity, for or independent of an EMS agency. When serving in this capacity independent of an EMS agency, the EMT does not function under the direction of an EMS agency medical director or a medical command physician. The EMT shall perform skills as prescribed by applicable Statewide and regional EMS protocols and may not perform any skill for which the EMT is required to secure medical command direction under those protocols.

(b) *Certification.*

(1) The Department will certify as an EMT an individual who meets the following qualifications:

(i) Completes an application for EMT certification on a form or through an electronic process, as prescribed by the Department.

(ii) Is 16 years of age or older.

(iii) Has successfully completed an EMS provider educational course for EMTs.

(iv) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.

(v) Has passed a written examination for EMT certification prescribed by the Department.

(vi) Has passed a practical test of EMT skills for EMT certification prescribed by the Department.

(2) The Department will also certify as an EMT an individual who completes an application on a form or through an electronic process, as prescribed by the Department and who applies for EMT certification under § 1023.21(g) (relating to general rights and responsibilities).

(c) *Triennial registration.*

(1) An EMT's certification is deemed registered for 3 years. Thereafter, an EMT shall triennially register the certification by completing a form or through an electronic process, as prescribed by the Department. An EMT shall submit the form or complete the electronic process at least 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the EMT certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the EMT completes the form or the electronic process if the infor-

mation provided establishes that the EMT has successfully completed one of the following:

(i) The EMT practical skills and written knowledge triennial registration examinations prescribed by the Department.

(ii) The continuing education requirements for triennial registration of an EMT certification in § 1023.31(c) (relating to continuing education requirements).

(2) An EMT who is a member of the armed forces who is returning from active military service and whose EMT registration has expired or will expire within 12 months after returning from active military service may secure an exception to the triennial registration requirements under § 1023.21(d).

(d) *Scope of practice.*

(1) An EMT's scope of practice incorporates the scope of practice of an EMR and additional skills in the following skill areas, as published in the *Pennsylvania Bulletin*, if the EMT has been educated to perform the following skills:

- (i) Airway/ventilation/oxygenation.
- (ii) Cardiovascular circulation.
- (iii) Immobilization.
- (iv) Medication administration—routes.

(2) An EMT's scope of practice may be expanded to include basic EMS skills in other skill areas as the Department publishes in a notice in the *Pennsylvania Bulletin*. An EMT may not perform those additional skills unless the EMT has received education to perform those skills, and is able to document having received the education, in one of the following:

(i) A course approved by the Department that covers the complete curriculum for certification as an EMT.

(ii) A course which is determined by the Department to meet or exceed the standards of course approved by the Department under subparagraph (i).

(iii) A course for which the EMT may receive continuing education credit towards recertification.

(3) The Department will publish in the *Pennsylvania Bulletin*, at least biennially, a list of the skills the Department has approved as being within the scope of practice of an EMT.

§ 1023.26. Advanced emergency medical technician.

(a) *Roles and responsibilities.* An AEMT performs basic and advanced EMS skills which include interventions and administration of medications and vaccines with basic and advanced equipment found on an EMS vehicle or within an AEMT's scope of practice, as follows:

(1) For an EMS agency as a member of the crew of an ambulance or squad vehicle.

(2) For an EMS agency as a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital setting until an ambulance arrives. The AEMT may then assist the ambulance crew.

(3) As a member of a special operations EMS service.

(4) As a first aid or safety officer, or in a similar capacity, for or independent of an EMS agency. When serving in this capacity independent of an EMS agency, an AEMT does not function under the direction of an EMS agency medical director or a medical command physician. The AEMT shall perform skills as prescribed

by applicable Statewide and regional EMS protocols and may not perform the following:

(i) Skills other than those permitted at the EMT level of care.

(ii) A skill for which the EMT is required to secure medical command direction under those protocols.

(b) *Certification.*

(1) The Department will certify as an AEMT an individual who meets the following qualifications:

(i) Completes an application for AEMT certification on a form or through an electronic process, as prescribed by the Department.

(ii) Is 18 years of age or older.

(iii) Has successfully completed one of the following:

(A) An EMS provider educational course for AEMTs.

(B) An EMS provider educational course for EMTs and education, through continuing education courses, in skills required in the scope of practice of an AEMT for which the applicant did not receive education in the EMT course.

(iv) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.

(v) Has passed a written examination for AEMT certification prescribed by the Department.

(vi) Has passed a practical test of AEMT skills for AEMT certification prescribed by the Department.

(2) The Department will also certify as an AEMT an individual who completes an application on a form or through an electronic process, as prescribed by the Department and who applies for AEMT certification under § 1023.21(g) (relating to general rights and responsibilities).

(c) *Biennial registration.*

(1) When an AEMT certification is issued it is deemed registered through December 31 of that year if it is issued in an odd-numbered year, or through December 31 of the next odd-numbered year if it is issued in an even-numbered year. Thereafter, an AEMT shall biennially register the certification by completing a form or through an electronic process, as prescribed by the Department. An AEMT shall submit the form or complete the electronic process at least 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the AEMT certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the AEMT completes the form or the electronic process if the information provided establishes that the AEMT has successfully completed one of the following:

(i) The AEMT practical skills and written knowledge biennial registration examinations prescribed by the Department.

(ii) The continuing education requirements for biennial registration of an AEMT certification in § 1023.31(d) (relating to continuing education requirements).

(2) An AEMT who is a member of the armed forces who is returning from active military service and whose AEMT registration has expired or will expire within 12 months after returning from active military service may secure an exception to the biennial registration requirements under § 1023.21(d).

(d) *Scope of practice.*

(1) An AEMT's scope of practice incorporates the scope of practice of an EMT and additional skills in the following skill areas, as published in the *Pennsylvania Bulletin*, if the AEMT has been educated to perform the following skills:

- (i) Airway/ventilation/oxygenation.
- (ii) Cardiovascular circulation.
- (iii) Immobilization.
- (iv) Medication administration—routes.
- (v) IV initiation/maintenance fluids.

(2) An AEMT's scope of practice may be expanded to include ALS skills in other skill areas as the Department publishes in a notice in the *Pennsylvania Bulletin*. An AEMT may not perform those additional skills unless the AEMT has received education to perform those skills and is able to document having received the education in one of the following:

- (i) A course approved by the Department that covers the complete curriculum for an AEMT.
- (ii) A course which is determined by the Department to meet or exceed the standards of a course approved by the Department under subparagraph (i).
- (iii) A course for which an AEMT may receive continuing education credit towards biennial registration of the AEMT certification.

(3) The Department will publish in the *Pennsylvania Bulletin*, at least biennially, a list of the skills the Department has approved as being within the scope of practice of an AEMT.

§ 1023.27. Paramedic.

(a) *Roles and responsibilities.* A paramedic performs basic and advanced EMS skills which include interventions and administration of medications and vaccines with basic and advanced equipment found on an EMS vehicle found or within a paramedic's scope of practice, as follows:

- (1) For an EMS agency as a member of the crew of an ambulance or squad vehicle.
- (2) For an EMS agency as a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital emergency until an ambulance arrives at the scene. The paramedic may then assist the ambulance crew.
- (3) As a member of a special operations EMS service.
- (4) As a first aid or safety officer, or in a similar capacity, for or independent of an EMS agency. When serving in this capacity independent of an EMS agency, a paramedic does not function under the direction of an EMS agency medical director or a medical command physician. The paramedic shall perform skills as prescribed by applicable Statewide and regional EMS protocols, and may not perform the following:

- (i) Skills other than those permitted at the EMT level of care.
- (ii) A skill for which the EMT is required to secure medical command direction under those protocols.

(b) *Certification.* The Department will certify as a paramedic an individual who meets the following qualifications:

(1) Completes an application for paramedic certification on a form or through an electronic process, as prescribed by the Department.

(2) Is certified as an EMT or an AEMT by the Department or possesses an equivalent certification issued by another state.

(3) Is 18 years of age or older.

(4) Has a high school diploma or its equivalent.

(5) Has successfully completed an EMS provider educational course for paramedics.

(6) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.

(7) Has passed a practical test of paramedic skills for paramedic certification approved by the Department.

(8) Has passed a written examination for paramedic certification approved by the Department.

(c) *Biennial registration.*

(1) When a paramedic certification is issued it is deemed registered through December 31 of that year if it is issued in an odd-numbered year, or through December 31 of the next odd-numbered year if it is issued in an even-numbered year. Thereafter, a paramedic shall biennially register the certification by completing a form or through an electronic process, as prescribed by the Department. A paramedic shall submit the form or complete the electronic process at least 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the paramedic certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the paramedic completes the form or the electronic process if the information provided establishes that the paramedic has successfully completed one of the following:

(i) The paramedic practical skills and written knowledge biennial registration examinations prescribed by the Department.

(ii) The continuing education requirements for biennial registration of a paramedic certification in § 1023.31(e) (relating to continuing education requirements).

(2) A paramedic who is a member of the armed forces who is returning from active military service and whose paramedic registration has expired or will expire within 12 months after returning from active military service may secure an exception to the triennial registration requirements under § 1023.21(d) (relating to general rights and responsibilities).

(d) *Scope of practice.*

(1) A paramedic's scope of practice incorporates the scope of practice of an AEMT and additional skills in the following skill areas, as published in the *Pennsylvania Bulletin*, if the paramedic has been educated to perform the following skills:

- (i) Airway/ventilation/oxygenation.
- (ii) Cardiovascular circulation.
- (iii) Immobilization.
- (iv) Medication administration—routes.
- (v) IV initiation/maintenance fluids.

(2) A paramedic's scope of practice may be expanded to include advanced EMS skills in other skill areas as the Department publishes in a notice in the *Pennsylvania Bulletin*. A paramedic may not perform those additional

skills unless the paramedic has received education to perform those skills, and is able to document having received the education, in one of the following:

- (i) A course approved by the Department that covers the complete curriculum for certification as a paramedic.
- (ii) A course which is determined by the Department to meet or exceed the standards of a course approved by the Department under subparagraph (i).
- (iii) A course for which the paramedic may receive continuing education credit towards biennial registration of the paramedic certification.

(3) The Department will publish in the *Pennsylvania Bulletin*, at least biennially, a list of the skills the Department has approved as being within the scope of practice of a paramedic.

§ 1023.28. Prehospital registered nurse.

(a) *Roles and responsibilities.* A PHRN performs for an EMS agency basic and advanced EMS skills and additional skills within the scope of practice of a registered nurse under The Professional Nursing Law (63 P.S. §§ 211—225.5) as follows:

- (1) As a member of the crew of an ambulance or squad vehicle.
- (2) As a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital emergency until an ambulance arrives at the scene. The PHRN may then assist the ambulance crew.
- (3) As a member of a special operations EMS service.
- (4) As a first aid or safety officer, or in a similar capacity.

(b) *Certification.* The Department will certify as a PHRN an individual who meets the following qualifications:

- (1) Completes an application for PHRN certification on a form or through an electronic process, as prescribed by the Department.
- (2) Has a current license as a registered nurse with the State Board of Nursing.
- (3) Is 18 years of age or older.
- (4) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.
- (5) Has passed a practical test of PHRN skills for PHRN certification approved by the Department.
- (6) Has passed a written test of PHRN skills for PHRN certification approved by the Department.

(c) *Biennial registration.*

(1) When a PHRN certification is issued it is deemed registered through December 31 of that year, if it is issued in an odd-numbered year, or through December 31 of the next odd-numbered year, if it is issued in an even-numbered year. Thereafter, a PHRN shall biennially register the certification by completing a form or through an electronic process, as prescribed by the Department. A PHRN shall submit the form or complete the electronic process at least 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the PHRN certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the PHRN completes the form or the electronic process if the information provided establishes that the PHRN has satisfied the following:

(i) Has a current registered nurse license or current registration of that license.

(ii) Has completed the continuing education requirements for biennial registration of a PHRN certification in § 1023.31(f) (relating to continuing education requirements).

(2) A PHRN who is a member of the armed forces who is returning from active military service and whose PHRN registration has expired or will expire within 12 months after returning from active military service may secure an exception to the biennial registration requirements under § 1023.21(d) (relating to general rights and responsibilities).

(d) *Scope of practice.* A PHRN may perform skills within a paramedic's scope of practice and other skills authorized by The Professional Nursing Law, when authorized by a medical command physician or the applicable Statewide or Department-approved EMS protocol. A PHRN who has not been educated in a skill within a paramedic's scope of practice may not perform that skill unless and until the PHRN has received education to perform the skill and is able to document having received the education as required under § 1023.27(d)(2) (relating to paramedic) or otherwise documents having received the education to competently perform the skill.

§ 1023.29. Prehospital physician extender.

(a) *Roles and responsibilities.* A PHPE performs for an EMS agency basic and advanced EMS skills, and additional skills within the scope of practice of a physician assistant under the Medical Practice Act of 1985 (63 P.S. §§ 422.1—422.51a) or the Osteopathic Medical Practice Act (63 P.S. §§ 271.1—271.18), or a successor act, as follows:

- (1) As a member of the crew of an ambulance or squad vehicle.
- (2) As a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital emergency until an ambulance arrives at the scene. The PHPE may then assist the ambulance crew.
- (3) As a member of a special operations EMS service.
- (4) As a first aid or safety officer, or in a similar capacity.

(b) *Certification.* The Department will certify as a PHPE an individual who meets the following qualifications:

- (1) Completes an application for PHPE certification on a form or through an electronic process, as prescribed by the Department.
- (2) Has a currently registered license as a physician assistant with the State Board of Medicine or the State Board of Osteopathic Medicine.
- (3) Is 18 years of age or older.
- (4) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.
- (5) Has passed a practical test of PHPE skills for PHPE certification approved by the Department.
- (6) Has passed a written test of PHPE skills for PHPE certification approved by the Department.

(c) *Biennial registration.*

(1) When a PHPE certification is issued it is deemed registered through December 31 of that year, if it is issued in an odd-numbered year, or through December 31

of the next odd-numbered year, if it is issued in an even-numbered year. Thereafter, a PHPE shall biennially register the certification by completing a form or through an electronic process, as prescribed by the Department. A PHPE shall submit the form or complete the electronic process at least 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the PHPE certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the PHPE completes the form or the electronic process if the information provided establishes that the PHPE has satisfied the following:

(i) Has a current physician assistant license or current registration of that license.

(ii) Has completed the continuing education requirements for biennial registration of a PHPE certification in § 1023.31(g) (relating to continuing education requirements).

(2) A PHPE who is a member of the armed forces who is returning from active military service and whose PHPE registration has expired or will expire within 12 months after returning from active military service may secure an exception to the biennial registration requirements under § 1023.21(d) (relating to general rights and responsibilities).

(d) *Scope of practice.* A PHPE may perform skills within a paramedic's scope of practice and other skills a physician assistant is authorized to perform by the Medical Practice Act of 1985 or the Osteopathic Medical Practice Act, whichever applies to the physician assistant, when authorized by a medical command physician or an applicable Statewide or Department-approved EMS protocol. When a PHPE functions in this capacity, the physician supervision requirements under the Medical Practice Act of 1985 and the Osteopathic Medical Practice Act do not apply. A PHPE who has not been educated in a skill within a paramedic's scope of practice may not perform that skill unless and until the PHPE has received education to perform the skill and is able to document having received the education as required under § 1023.27(d)(2) (relating to paramedic) or otherwise documents having received the education to competently perform the skill.

§ 1023.30. Prehospital EMS physician.

(a) *Roles and responsibilities.* A PHP performs for an EMS agency basic and advanced EMS skills within the scope of practice of a physician under the Medical Practice Act of 1985 (63 P.S. §§ 422.1—422.51a) or the Osteopathic Medical Practice Act (63 P.S. §§ 271.1—271.18) as follows:

(1) As a member of the crew of an ambulance or squad vehicle.

(2) As a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital setting.

(3) As a member of a special operations EMS service.

(4) As a first aid or safety officer, or in a similar capacity.

(b) *Certification.* The Department will certify as PHP a physician who meets the following qualifications:

(1) Completes an application for PHP certification on a form or through an electronic process, as prescribed by the Department.

(2) Has successfully completed one of the following:

(i) A residency program in emergency medicine accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.

(ii) The first year of a residency program that satisfies the requirements in subparagraph (i) and the ACLS course, the ATLS course, the APLS or PALS course or, for each of these courses, a course that the Department determines meets or exceeds the requirements of the course.

(iii) A residency program in anesthesia, general surgery, internal medicine or family medicine, by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine, and the ACLS course, the ATLS course, the APLS or PALS course or, for each of these courses, a course that the Department determines meets or exceeds the requirements of the course.

(3) Has a current certificate evidencing successful completion of a CPR course acceptable to the Department.

(4) Has passed a practical test of EMS skills prescribed by the Department for a PHP or served as a prehospital health professional physician prior to October 12, 2013.

(c) *Transition for prehospital health professional physicians.* A physician who served as a prehospital health professional physician prior to April 10, 2014, and who satisfies the certification requirements under subsection (b)(2), may serve as a PHP until July 9, 2014, without having secured a certification as a PHP.

(d) *Biennial registration.*

(1) When a PHP certification is issued it is deemed registered through December 31 of that year, if it is issued in an odd-numbered year, or through December 31 of the next odd-numbered year, if it is issued in an even-numbered year. Thereafter, a PHP shall biennially register the certification by completing a form or through an electronic process, as prescribed by the Department. A PHP shall submit the form or complete the electronic process at least 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the PHP certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the PHP completes the form or the electronic process if the information provided establishes that the PHP has satisfied the following:

(i) Has a current physician license or current registration of that license.

(ii) Has completed the continuing education requirements for biennial registration of a PHP certification in § 1023.31(h) (relating to continuing education requirements).

(2) A PHP who is a member of the armed forces who is returning from active military service and whose PHP registration has expired or will expire within 12 months after returning from active military service may secure an exception to the biennial registration requirements under § 1023.21(d) (relating to general rights and responsibilities).

(e) *Scope of practice.* A PHP may perform skills within a paramedic's scope of practice and other skills within the practice of medicine or osteopathic medicine. A PHP may not perform a skill that the PHP has not been educated to perform. A regional EMS medical director shall verify

that a PHP who is also an EMS agency medical director and who qualifies for PHP certification by satisfying the requirements in subsection (b)(2)(iii) has the competency to perform all skills within a paramedic's scope of practice.

§ 1023.31. Continuing education requirements.

(a) *EMSVOs*. Beginning with the first full registration period an EMSVO begins following October 12, 2013, an EMSVO whose certification is currently registered shall, prior to the expiration of the registration period, successfully complete three continuing education credits if the registration is on a 3-year renewal cycle and two continuing education credits if the registration is on a 2-year renewal cycle in subjects regarding the scope of practice of an EMSVO regarding effective driving of a ground EMS vehicle, as specified in a notice the Department publishes in the *Pennsylvania Bulletin*. The continuing education requirements imposed by this subsection for registration of an EMSVO certification are in addition to those imposed upon an EMS provider for registration of an EMS provider certification.

(b) *EMRs*. Beginning with the first full registration period an EMR begins following October 12, 2013, an EMR whose certification is currently registered and who elects to qualify for triennial registration of the certification by fulfilling continuing education requirements shall, prior to the expiration of the 3-year registration period, successfully complete the following:

(1) Sixteen credits in instruction in subjects related to the scope of practice of an EMR as set forth in § 1023.24(a) and (d) (relating to emergency medical responder) and which have been approved by the Department for continuing education credit. At least 12 of the credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*. During an initial registration period that goes into effect on October 12, 2013, an EMR who has transitioned from a first responder certification to an EMR certification shall satisfy the continuing education requirements that had been imposed upon a first responder under rescinded § 1003.29(a) to renew a first responder certification.

(2) A CPR course completed or taught biennially.

(c) *EMTs*. Beginning with the first full registration period an EMT begins following October 12, 2013, an EMT whose certification is currently registered and who elects to qualify for triennial registration of the certification by fulfilling continuing education requirements shall, prior to the expiration of the 3-year registration period, successfully complete the following:

(1) Twenty-four credits in instruction in subjects related to the scope of practice of an EMT as set forth in § 1023.25(a) and (d) (relating to emergency medical technician) and which have been approved by the Department for continuing education credit. At least 18 of the credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*. During an initial registration period that goes into effect on October 12, 2013, an EMT shall satisfy the continuing education requirements that had been imposed upon an EMT under rescinded § 1003.29(b) to renew an EMT certification.

(2) A CPR course completed or taught biennially.

(d) *AEMTs*. An AEMT whose certification is currently registered and who elects to qualify for biennial registration of the certification by fulfilling continuing education

requirements shall, prior to the expiration of the 2-year registration period, successfully complete the following:

(1) Effective with the registration period beginning January 1, 2014, 36 credits in instruction in subjects related to the scope of practice of an AEMT as set forth in § 1023.26(a) and (d) (relating to advanced emergency medical technician) and which have been approved by the Department for continuing education credit. At least 27 of the credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*, beginning with the first full registration period the AEMT begins following the initial registration period.

(2) A CPR course completed or taught biennially.

(e) *Paramedics*. A paramedic whose certification is currently registered and who elects to qualify for biennial registration of the certification by fulfilling continuing education requirements shall, prior to the expiration of the 2-year registration period, successfully complete the following:

(1) Effective with the registration period beginning January 1, 2014, 36 credits in instruction in subjects related to the scope of practice of a paramedic as set forth in § 1023.27(a) and (d) (relating to paramedic) and which have been approved by the Department for continuing education credit. At least 27 of the credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*, beginning with the first full registration period the paramedic begins following the initial registration period.

(2) A CPR course completed or taught biennially.

(3) Prior to January 1, 2014, a paramedic shall satisfy the continuing education requirements that had been imposed upon a paramedic under rescinded § 1003.29(c) to renew medical command authorization.

(f) *PHRNs*. A PHRN whose certification is currently registered shall, prior to the expiration of the 2-year registration period, successfully complete the following:

(1) Effective with the registration period beginning January 1, 2014, 36 credits in instruction in subjects related to the scope of practice of a PHRN as set forth in § 1023.28(a) and (d) (relating to prehospital registered nurse) and which have been approved by the Department for continuing education credit. At least 27 of those credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*, beginning with the first full registration period the PHRN begins following the initial registration period.

(2) A CPR course completed or taught biennially.

(3) Prior to January 1, 2014, a PHRN shall satisfy the continuing education requirements that had been imposed upon a PHRN under rescinded § 1003.29(d) to renew medical command authorization.

(g) *PHPEs*. A PHPE whose certification is currently registered shall, prior to the expiration of the 2-year registration period, successfully complete the following:

(1) Effective with the registration period beginning January 1, 2014, 36 credits in instruction in subjects related to the scope of practice of a PHPE as set forth in § 1023.29(a) and (d) (relating to prehospital physician extender) and which have been approved by the Department for continuing education credit. At least 27 of the credits shall be in clinical patient care and other core

continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*, beginning with the first full registration period the PHPE begins following the initial registration period.

(2) A CPR course completed or taught biennially.

(3) Prior to January 1, 2014, a PHPE shall satisfy the continuing education requirements that had been imposed upon a paramedic under rescinded § 1003.29(c) to renew medical command authorization.

(h) *PHPs*. A PHP whose certification is currently registered shall, prior to the expiration of the 2-year registration period, successfully complete the following:

(1) Effective with the registration period beginning January 1, 2014, 36 credits in instruction in subjects related to the scope of practice of a PHP as set forth in § 1023.30(a) and (e) (relating to prehospital EMS physician) and which have been approved by the Department for continuing education credit. At least 27 of the credits shall be in clinical patient care and other core continuing education courses as specified in a notice the Department publishes in the *Pennsylvania Bulletin*, beginning with the first full registration period the PHP begins following the initial registration period.

(2) A CPR course completed or taught biennially.

(i) *Conditional continuing education requirements*. This section does not prohibit an EMS agency from requiring EMS providers or EMSVO to satisfy continuing education requirements it may choose to impose as a condition of employment, provided that the EMS agency may not excuse an EMS provider or EMSVO from meeting continuing education requirements imposed by this section.

(j) *Proration of continuing education requirements*. The continuing education requirements for EMS providers on a 2-year registration cycle will be prorated for the first registration period based upon the month in which the EMS provider became certified, with a fractional requirement rounded down. Proration of continuing education requirements will apply for the first registration period of an EMSVO certification of an EMS provider on a 2-year registration cycle.

§ 1023.32. Credit for continuing education.

(a) *Credit*. An EMS provider and an EMSVO shall receive one credit for each 60 minutes of instruction approved by the Department for continuing education credit presented in a classroom setting by a continuing education sponsor. Credit may not be received if attendance or other participation in the course is not adequate to meet the educational objectives of the course as determined by the course sponsor. Credit may not be received if the EMS provider or EMSVO misses more than 15% of the time assigned for the course. Credit may not be received for other than 30- or 60-minute units of instruction. The course must be at least 30 minutes. An EMS provider and an EMSVO will receive credit for a specific course only one time per registration cycle, even if the EMS provider or EMSVO has repeated the course in a different year of the same registration cycle. Continuing education credits may not be carried over from one certification period to another. For completing a continuing education course that is not presented in a classroom setting, or that is not presented by a continuing education sponsor, the EMS provider or EMSVO shall receive the number of credit hours assigned by the Department to the course.

(b) *Course completion*. An EMS provider or EMSVO may not receive credit for a continuing education course

not completed, as evidenced by satisfaction of the check-in/check-out process for a course presented in a classroom setting by a continuing education sponsor, which reflects that the EMS provider or EMSVO met the continuing education attendance requirement for receiving credit, and the continuing education sponsor's report to the Department verifying that the EMS provider or EMSVO has completed the course. The course will not be considered completed if the EMS provider or EMSVO does not satisfy other course completion requirements imposed by this chapter and the continuing education sponsor.

(c) *Continuing education credit for instruction*. An EMS provider or EMSVO shall receive credit for serving as an instructor in a continuing education course offered by a continuing education sponsor, or in a course that satisfies requirements for EMS provider or EMSVO certification conducted by an EMS educational institute. An EMS provider or EMSVO shall receive credit for teaching a continuing education course equal to the amount of credit for which a continuing education course is approved by the Department, and shall receive credit for teaching a course that satisfies requirements for EMS provider or EMSVO certification equal to the number of hours served as an instructor in that course. An EMS provider or EMSVO shall receive credit for teaching the same course only once during a registration renewal cycle.

(d) *Continuing education credit through endorsement*. An EMS provider or EMSVO who attends or teaches a course offered by an organization with National or State accreditation to provide education may apply to the Department to receive credit for the course. The EMS provider or EMSVO shall have the burden of demonstrating to the Department that the course meets standards substantially equivalent to the standards imposed in this chapter.

(e) *Continuing education credit assigned to courses not conducted by a continuing education sponsor*. If a course is offered by an organization with National or State accreditation to provide education, which is not a continuing education sponsor, the Department will assign credit to the course, including the possibility of no credit or partial credit, based upon considerations of whether the course is based entirely upon appropriate subject matter and whether the method of presenting the course meets standards substantially equivalent to those prescribed in this chapter.

(f) *Continuing education credit assigned to self-study courses*. Credit may be sought from the Department for a self-study continuing education course. The EMS provider or EMSVO shall submit an application to the Department to approve the self-study course for credit prior to beginning the course and supply the Department with the materials the Department requests to conduct the evaluation. The Department will assign credit to the course, including the possibility of no credit or partial credit, based upon considerations of whether the course addresses appropriate subject matter and whether the method of completing the course meets standards substantially equivalent to those prescribed in this chapter. The Department may require modifications to the proposed self-study as a precondition to approving it for credit.

(g) *Continuing education credit assigned to courses not presented in a classroom setting*. An EMS provider or EMSVO shall be awarded credit for completing a course without the EMS provider or EMSVO physically attend-

ing the course in a classroom setting, provided the course has been approved by the Department for credit when presented in that manner.

(h) *Department record of continuing education credits.* A record of the continuing education credits received by EMS providers and EMSVOs shall be maintained by the Department in a Statewide registry that may be accessed by an EMS provider or EMSVO through a secure access process provided by the Department.

(i) *Resolution of discrepancies.* It is the responsibility of an EMS provider and an EMSVO to review the record of continuing education credits in the Statewide registry for that individual and to notify the appropriate regional EMS council of any discrepancy. The Department will resolve all discrepancies between the number of continuing education credits reported and the number of continuing education credits an EMS provider or EMSVO alleges to have earned, which are not resolved by the regional EMS council. An EMS provider and an EMSVO will not receive credit for completing the same continuing education course more than once during a registration renewal cycle.

§ 1023.33. Endorsement of course or examination.

(a) When acting upon an application for EMS provider certification, the Department may endorse as satisfying the education or examination requirement for the certification a National course or examination taken by the applicant, or a course or examination taken by the applicant in another state to meet that state's course or examination requirement for the same or equivalent certification, if the Department determines that the course or examination meets or exceeds the standards for the course or examination requirement for the EMS provider certification issued by the Department.

(b) When acting upon an application for registration of an EMS provider certification, the Department may endorse as satisfying the continuing education or examination requirement for registration of the certification a National course or examination taken by the applicant, or a course or examination taken by the applicant in another state to meet that state's course or examination requirement for renewal or registration of the same or equivalent certification, if the Department determines that the course or examination meets or exceeds the standards for the course or examination requirement for registration of the EMS provider certification issued by the Department.

§ 1023.34. Reciprocity.

(a) If the Department, upon review of the criteria for certification or equivalent authorization of a type of EMS provider in another state determines that the criteria is substantially equivalent to the criteria for a type of EMS provider certification it issues, the Department may enter into a reciprocity agreement with its counterpart agency in the other state to certify the same type of provider in this Commonwealth based solely upon the other state's certification of the EMS provider, provided:

(1) The agreement provides that the counterpart authority in the other state will accord the equivalent EMS provider certified by the Department the same treatment in the other state.

(2) The agreement does not deprive the Department of its authority to deny a certification based upon disciplinary considerations.

(b) The Department will publish in the *Pennsylvania Bulletin*, and update as appropriate, a notice listing the

states with which it has entered into a reciprocity agreement and, for each state, the type of EMS provider covered by the reciprocity agreement.

Subchapter C. OTHER PERSONS ASSOCIATED WITH THE STATEWIDE EMS SYSTEM

Sec.

1023.51. Certified EMS instructors.

1023.52. Rescue personnel.

§ 1023.51. Certified EMS instructors.

(a) *Certification.* The Department will certify as an EMS instructor an individual who meets the following qualifications:

(1) Has completed an application for EMS instructor certification on a form or through an electronic process, as prescribed by the Department.

(2) Is 18 years of age or older.

(3) Has successfully completed an EMS instructor's course approved by the Department or possesses a bachelor's degree in education, a teacher's certification in education, a doctorate or master's degree.

(4) Has provided at least 20 hours of instruction time in an EMS provider educational course monitored by a certified EMS instructor designated by the EMS educational institute's administrative director.

(5) Possesses current certification as an EMT or higher level EMS provider.

(6) Possesses current certification in CPR or current certification as a CPR instructor.

(7) Possesses at least 1 year of experience in providing EMS as an EMT or higher level EMS provider.

(b) *Triennial registration.* An EMS instructor certification is deemed registered for 3 years. Thereafter, an EMS instructor shall triennially register the certification by completing a form or through an electronic process, as prescribed by the Department. An EMS instructor shall submit the form or complete the electronic process at least 30 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the EMS instructor certification not being registered again before the prior registration expires. The Department will issue a new registration within 30 days after the EMS instructor completes the form or the electronic process if the information provided establishes that the EMS instructor has met the following requirements:

(1) Has provided documentation to the Department to establish that the individual conducted at least 60 hours of teaching EMS provider or rescue courses during the previous 3 years.

(2) Possesses current registration of a certification as an EMT or higher level EMS provider.

(3) Possesses current certification in CPR or a current certification as a CPR instructor.

(c) *Standards for providing instruction.* An EMS instructor shall satisfy the following in providing instruction in an EMS educational institute:

(1) Present EMS educational program course materials as required under § 1025.1(h)(6) (relating to accreditation and operational requirements of EMS educational institutes).

(2) Utilize a variety of instructional strategies, adapting to students with diverse backgrounds and different learning styles.

(3) Establish and clearly communicate to students the goals and objectives for the certification class being taught and administer periodic evaluations to assess whether those goals and objectives are being met.

(4) Maintain class order and discipline, manage the classroom learning environment and monitor the effectiveness of instruction.

(5) Ensure proper class time management with particular attention to completion of required class hours.

§ 1023.52. Rescue personnel.

(a) *Vehicle rescue technician.*

(1) *Roles and responsibilities.* A vehicle rescue technician is an individual certified by the Department as possessing the training and skills to perform rescue skills in accordance with the vehicle rescue course approved by the Department in consultation with the State Fire Commissioner. The program provides the student with the knowledge and skills necessary to achieve the rescue of persons involved in automobile accidents.

(2) *Minimum qualifications.* To secure certification as a vehicle rescue technician, an applicant shall make application for vehicle rescue practices technician certification on a form or through an electronic process, as prescribed by the Department, and shall have successfully completed a training program for vehicle rescue approved by the Department and a written vehicle rescue practices test developed by the Department.

(b) *Special vehicle rescue technician.*

(1) *Roles and responsibilities.* A special vehicle rescue technician is an individual certified by the Department as possessing the training and skills to perform rescues in accordance with the specialized rescue training course approved by the Department in consultation with the State Fire Commissioner.

(2) *Minimum qualifications.* To secure certification as a special vehicle rescue technician, an applicant shall make application for special vehicle rescue practices technician certification on a form or through an electronic process, as prescribed by the Department, and shall have successfully completed a training program for specialized vehicle rescue approved by the Department and a written special vehicle rescue technician test developed by the Department.

(c) *Rescue instructor.* The Department will develop a program in consultation with the State Fire Commissioner providing for the certification of rescue instructors. Courses that seek Department approval as a rescue training course for a vehicle rescue technician or special vehicle rescue technician shall be taught by certified rescue instructors.

(d) *Certificates.* The rescue technician certifications issued by the Department under this section do not constitute a legal prerequisite for the performance of rescues. The rescue instructor certifications issued by the Department under this section do not constitute a legal prerequisite for serving as a rescue instructor in programs other than rescue training courses approved by the Department. The Department approves the rescue programs and issues the certifications referenced within this section to promote the Statewide EMS system having personnel with sufficient education and skills to perform rescues.

CHAPTER 1025. EDUCATION

Subchap.

A. EMS EDUCATIONAL INSTITUTES

B. EMS CONTINUING EDUCATION COURSES

Subchapter A. EMS EDUCATIONAL INSTITUTES

Sec.

1025.1. Accreditation and operational requirements of EMS educational institutes.

1025.2. Accreditation process.

1025.3. Advertising.

§ 1025.1. Accreditation and operational requirements of EMS educational institutes.

(a) *Eligible entity.* An EMS educational institute shall be a secondary or postsecondary institution, hospital, regional EMS council, an educational institute in a branch of the armed forces or another entity which meets the criteria in this chapter.

(b) *Educational programs.*

(1) An EMS educational institute that is accredited by the Department to offer BLS educational courses (BLS educational institute) shall evidence the ability to conduct one or more of the following EMS provider educational courses:

- (i) Emergency medical responder course.
- (ii) Emergency medical technician course.
- (iii) Advanced emergency medical technician course.

(2) An EMS educational institute that is accredited by the Department to offer ALS educational courses (ALS educational institute) shall evidence the ability to conduct one or more of the following EMS provider educational courses:

- (i) A course listed under subsection (b)(1).
- (ii) Paramedic course.

(3) An EMS educational institute shall register with the Department the location and staffing plan of a course it offers towards satisfying an EMS provider certification educational requirement at least 30 business days before the first class is held.

(c) *Advisory committee.*

(1) An EMS educational institute shall have an advisory committee that is comprised of representatives of the EMS communities that have an interest in the EMS provider educational courses the institute offers, and which also includes a representative of an appropriate regional EMS council and the institute's medical director.

(2) The advisory committee shall meet at least annually and assist program personnel in formulating and periodically revising appropriate goals and objectives and in monitoring the EMS educational institute's performance.

(d) *Disclosure to students and prospective students.* An EMS educational institute shall disclose the following to students and prospective students:

(1) The institute's accreditation status.

(2) The Department is the accrediting body, the contact information for the Department and the regional EMS councils where its courses are offered, as provided to the institute by the Department and those regional EMS councils.

(3) The institute's admissions, discipline, and discharge policies and practices.

(4) The functional job analysis of each EMS provider classification for which it is offering an EMS provider educational course.

(5) The requirements for completing each EMS provider educational course it offers, including, to the extent known, advance notice of the books and materials required for each course.

(6) The tuition fees and other costs involved in completing each EMS provider educational course.

(7) The policy and process for withdrawal from a course and the refund of tuition and other fees.

(8) Information as to how students may perform clinical work while enrolled in an EMS provider educational course.

(9) The percentage of students for the previous 3 years who enrolled in and completed each EMS provider educational course offered by the institute.

(10) The percentage of students for the previous 3 years, for each EMS provider educational course, who obtained EMS provider certification, and a percentage of the students who obtained certification after a first examination.

(11) The regulatory requirements for testing leading to EMS provider certification.

(12) The EMS educational institute's policies for the prevention of sexual harassment.

(e) *Medical director.*

(1) An EMS educational institute shall have a medical director who is a physician. The medical director shall be experienced in emergency medical care and have demonstrated ability in education and administration.

(2) The responsibilities of the medical director include:

(i) Reviewing course content to ensure compliance with this chapter.

(ii) Reviewing and approving the EMS educational institute's criteria for the recruitment, selection and orientation of educational institute faculty.

(iii) Providing technical advice and assistance to the EMS educational institute faculty and students.

(iv) Reviewing the quality and medical content of the education and compliance with protocols.

(v) Participating in the review of new technology for training and education.

(3) Additional responsibilities for a medical director of an ALS educational institute include:

(i) Approving the content of course written and practical skills examinations.

(ii) Identifying and approving facilities where students are to fulfill clinical and field internship requirements.

(iii) Identifying and approving individuals to serve as field and clinical preceptors to supervise and evaluate student performance when fulfilling clinical and field internship requirements.

(iv) Signing skill verification forms for students who demonstrate the knowledge and skills required for successful completion of the EMS provider educational course and entry level competency for the EMS provider for which the EMS provider educational course is offered.

(f) *Administrative director.*

(1) A BLS educational institute shall have an administrative director who has at least 2 years of experience in administration and 3 years of experience in prehospital care.

(2) An ALS educational institute shall have an administrative director who has at least 2 years of experience in administration and 3 years of experience in ALS prehospital care, and who has a bachelor's degree from an accredited school of higher education and an EMS provider certification above the AEMT level.

(3) Responsibilities of the administrative director include ensuring:

(i) The adequacy of the system for processing student applications and the adequacy of the student selection process.

(ii) The adequacy of the process for the screening and selection of instructors for the EMS educational institute.

(iii) The EMS educational institute maintains an adequate inventory of necessary educational equipment and that the training equipment is properly prepared and maintained.

(iv) The adequate administration of the course and written and practical skills examinations involved in the course.

(v) There is an adequate system for the maintenance of student records and files.

(vi) There is an appropriate mechanism to resolve disputes between students and faculty.

(4) The administrative director shall serve as the contact person and liaison between the EMS educational institute and the Department and regional EMS councils. The administrative director may designate another person to perform those functions and monitor that person's performance to ensure that the contact and liaison responsibilities are being satisfied.

(g) *Course coordinator.*

(1) The EMS educational institute shall designate a course coordinator for each EMS provider educational course conducted by the educational institute.

(2) A course coordinator shall satisfy the following requirements:

(i) Reading and language skills commensurate with the resource materials to be utilized in the course.

(ii) Knowledge of the Statewide EMS protocols and of the regional EMS protocols for each EMS region where the course is offered.

(iii) Three years of clinical experience providing prehospital care as an EMS provider at or above the EMT level.

(iv) Certification as an EMS instructor.

(3) The 3 years of clinical experience providing prehospital care of a course coordinator for an ALS educational course shall be as an EMS provider above the AEMT level.

(4) A course coordinator is responsible for the management and supervision of each EMS provider educational course offered by the educational institute for which that individual serves as a course coordinator.

(5) Specific duties of a course coordinator shall be assigned by the EMS educational institute.

(6) One person may serve both as the administrative director and a course coordinator.

(h) *Instructors.*

(1) An EMS educational institute shall ensure the availability of qualified and responsible instructors for each EMS provider educational course.

(2) The EMS educational institute shall make available faculty development for EMS instructors in the concepts of utilizing a variety of instructional strategies, adapting to students with diverse backgrounds and different learning styles and be responsible for ensuring that its instructors are competent in providing education employing those instructional strategies.

(3) An instructor shall be 18 years of age or older and possess a high school diploma or GED equivalent.

(4) At least 75% of the instruction provided in EMS provider educational courses shall be provided by instructors who are either of the following:

(i) EMS instructors certified by the Department who have at least 3 years of experience as an EMS provider at or above the level they are teaching and at least 2 years of experience in teaching an EMS provider educational course at or above the level they are teaching.

(ii) Determined by the course coordinator and the medical director of the EMS educational institute to meet or exceed these standards.

(5) The EMS educational institute's medical director, in consultation with appropriate course coordinators, is responsible for verifying the special expertise of an instructor who does not satisfy the requirements in paragraph (4) and for specifying the portions of the curriculum that are appropriate for the instructor to teach.

(6) Instructors are responsible for presenting course materials in accordance with the curriculum established or approved for the course by the Department for the EMS provider level of the course and the Statewide EMS protocols applicable to that EMS provider level.

(i) *Clinical preceptors.*

(1) An EMS educational institute shall ensure the availability of clinical preceptors for each EMS provider educational course.

(2) A clinical preceptor is responsible for the supervision and evaluation of students while fulfilling clinical requirements for an EMS provider educational course.

(j) *Field preceptors.*

(1) An EMS educational institute shall ensure the availability of qualified field preceptors for each student enrolled in an EMS provider educational course at or above the AEMT level.

(2) An EMS educational institute shall ensure the availability of a qualified field preceptor for each student enrolled in an EMS provider educational course below the AEMT level for which it provides a field internship.

(3) An EMS educational institute shall use as a field preceptor for an EMS provider educational course an EMS provider who is certified and practicing at or above the level of the EMS provider certification for which the course is being taught.

(4) A field preceptor is responsible for the supervision and evaluation of students while fulfilling a field internship for an EMS provider educational course. A field preceptor shall directly supervise a student's performance of any EMS skill for which the student does not have an EMS provider certification under which the student is authorized to perform the skill.

(k) *Facilities and equipment.* An EMS educational institute shall:

(1) Maintain educational facilities necessary for the provision of EMS provider educational courses, including

satisfying applicable State and Federal standards to address the needs of persons with disabilities. The facilities shall include classrooms and space for equipment storage and be of sufficient size and quality to conduct didactic and practical skill performance sessions.

(2) Provide, properly prepare and maintain the essential equipment, including simulators and task trainers, and the supplies to administer the course.

(l) *Operating procedures.* An EMS educational institute shall:

(1) Adopt and implement a nondiscrimination policy with respect to student selection and faculty recruitment.

(2) Maintain a file on each enrolled student which includes class performance, practical and written examination results, and reports made concerning the progress of the student during the EMS provider educational course.

(3) Provide a mechanism by which students may grieve decisions made by the institute regarding dismissal from an EMS provider educational course or other disciplinary action.

(4) Provide students with preparation for testing leading to EMS provider certification.

(5) Have a policy regarding the transfer of a student into or out of an EMS provider educational course from one EMS educational institute to another.

(6) Have a continuing quality improvement process in place for students, instructors and clinical evaluation.

(7) Require each student applicant to complete an application for enrollment provided by the Department.

(8) Require each student to complete and submit the form or complete the electronic process, as prescribed by the Department, under § 1023.21(b) (relating to general rights and responsibilities) for reporting criminal convictions, discipline and exclusion from a State or Federal health care program. The EMS educational institute shall inform each student of the duty to update the report if there is a change in this information before the Department acts upon the student's application for EMS provider certification.

(9) Forward a copy of the form completed under paragraph (8) to the regional EMS council having responsibility in the EMS region where the EMS educational institute operates, no later than 14 days after the first class session.

(10) Prepare a course completion form, including an updated form under § 1023.21(b), for each student who successfully completes the EMS provider educational course and, no later than 14 days after the educational course has concluded, forward that form to the regional EMS council having responsibility in the EMS region where the EMS educational institute operates.

(11) Participate in EMS educational institute system evaluation activities as requested by the Department.

(m) *Providing access to facility and records.* An EMS educational institute and an applicant for EMS educational institute accreditation shall promptly make available to the Department or a regional EMS council, upon request, its educational facility for inspection and provide them with complete and accurate records relating to the institute's compliance with the requirements in this subchapter.

(n) *Transitional requirements.* This section applies to an EMS educational institute that is accredited on April

10, 2014, beginning with its initial application for reaccreditation as an EMS educational institute on or after April 10, 2014, and to its operations as an EMS educational institute beginning with its accreditation under that application.

§ 1025.2. Accreditation process.

An EMS educational institute shall meet the following requirements to be accredited by the Department:

(1) The applicant shall submit an application for accreditation on forms or through an electronic process, as prescribed by the Department, to the regional EMS council having responsibility in the EMS region where the EMS educational institute intends to conduct its primary operations. An applicant for reaccreditation shall submit the application at least 180 days, but not more than 1 year, prior to expiration of the current accreditation.

(2) The regional EMS council shall review the application for completeness and accuracy.

(3) The regional EMS council has 30 days in which to review the application, conduct an onsite assessment of the institute and determine whether the applicant has satisfied the requirements in § 1025.1 (relating to accreditation and operational requirements of EMS educational institutes).

(4) The regional EMS council shall forward to the Department the application for accreditation either with an endorsement or an explanation as to why the application has not been endorsed, citing regulatory standards it believes have not been satisfied.

(5) Within 150 days of receipt, the Department will review the application and make one of the following determinations:

(i) *Full accreditation.* The EMS educational institute meets the criteria in § 1025.1, as applicable, and will be accredited to operate for 3 years.

(ii) *Conditional accreditation.* The EMS educational institute does not meet criteria in § 1025.1, as applicable, but the deficiencies identified are deemed correctable by the Department. The EMS educational institute will be allowed to proceed or continue to provide accredited EMS education with close observation by the Department. Deficiencies which prevent full accreditation shall be enumerated and corrected within a time period specified by the Department. Conditional accreditation may not exceed 1 year and may not be renewed.

(iii) *Nonaccreditation.* The institute does not meet criteria in § 1025.1 and the deficiencies identified are deemed to be serious enough to preclude any type of accreditation.

(6) An EMS educational institute that has received full or conditional accreditation shall submit status reports to the Department as requested.

(7) Prior to and during accreditation, an EMS educational institute is subject to review, including inspection of records, facilities and equipment by the Department. An authorized representative of the Department may enter, visit and inspect an accredited EMS educational institute or a facility operated by or in connection with the EMS educational institute with or without prior notification. The Department may accept the survey results of another accrediting body if the Department determines that the accreditation standards of the other accrediting body are equal to or exceed the standards in this chapter, and that the survey process employed by the

other accrediting body is adequate to gather the information necessary for the Department to make an accreditation decision.

(8) An EMS educational institute shall advise the Department at least 90 days prior to an intended change of ownership or control of the institute. Accreditation is not transferable to new owners or controlling parties.

(9) An EMS educational institute that intends to conduct an EMS educational course in an EMS region under the jurisdiction of a regional EMS council other than that through which it submitted its application for accreditation shall file a written application to amend its accreditation with the regional EMS council having responsibility for the region in which it intends to conduct these courses. That application shall be processed by that regional EMS council and acted upon by the Department within 90 days.

§ 1025.3. Advertising.

(a) An entity may advertise an educational course in a manner that states or suggests that the successful completion of the course satisfies the EMS provider educational course requirement for an EMS provider certification issued by the Department only after the entity has been accredited by the Department as an EMS educational institute and the course has been approved by the Department for that purpose under § 1025.2 (relating to accreditation process).

(b) When an EMS provider educational course has been approved under § 1025.2, the EMS education institute shall announce the following in its brochures or registration materials: This course has been approved by the Pennsylvania Department of Health as meeting the educational course requirement that an applicant for certification as a/an (the type of EMS provider or EMS vehicle operator to which the course applies) needs to satisfy to be certified by the Pennsylvania Department of Health as a/an (the type of EMS provider or EMS vehicle operator to which the course applies).

Subchapter B. EMS CONTINUING EDUCATION COURSES

Sec.

1025.21. Accreditation of sponsors of continuing education.

1025.22. Responsibilities of continuing education sponsors.

1025.23. Advertising.

§ 1025.21. Accreditation of sponsors of continuing education.

(a) Entities and institutions may apply for accreditation as a continuing education sponsor by submitting to the Department an application on a form or through an electronic process, as prescribed by the Department. The applicant shall supply the information requested in the application. The Department will grant accreditation to an applicant for accreditation as a continuing education sponsor if the applicant satisfies the Department that the courses the applicant offers meet the following minimum standards:

(1) The courses must be of intellectual and practical content.

(2) The courses must contribute directly to the professional competence, skills and education of EMS providers or EMSVOs.

(3) The course instructors shall possess the necessary practical and academic skills to conduct the course effectively.

(4) Course materials shall be well written, carefully prepared, readable and distributed to attendees at or before the time the course is offered whenever practical.

(5) The courses shall be presented by a qualified responsible instructor in a suitable setting devoted to the educational purpose of the course.

(b) Accreditation of the continuing education sponsor will be effective for 3 calendar years.

(c) At least 90 days prior to expiration of the 3-year accreditation period, a continuing education sponsor shall apply to the Department for renewal of the sponsor's accreditation on a form or through an electronic process, as prescribed by the Department. The Department will renew the sponsor's accreditation if the sponsor meets the following requirements:

(1) The sponsor has presented, within the preceding 3 years, a continuing education course or courses on at least five occasions which met the minimum standards in subsection (a).

(2) The sponsor establishes to the Department's satisfaction that future courses to be offered by the sponsor will meet the minimum standards in subsection (a).

(3) The sponsor has satisfied its responsibilities under § 1025.22 (relating to responsibilities of continuing education sponsors).

§ 1025.22. Responsibilities of continuing education sponsors.

(a) *Course approval.* A continuing education sponsor shall submit, to the regional EMS council that exercises responsibility for the EMS region in which the continuing education sponsor intends to conduct a new continuing education course, an application for approval of that continuing education course. The continuing education sponsor shall submit that application at least 30 days prior to the date the continuing education sponsor expects to conduct the course.

(b) *Registration of course.* A continuing education sponsor may not offer, for continuing education credit, a course for which it or another continuing education sponsor has received approval to offer as a continuing education course without registering with the Department the location of the class through which it intends to offer that course for continuing education credit at least 30 days before the class is held.

(c) *Record of attendance.* A continuing education sponsor shall maintain a record of attendance for a course presented in a classroom setting by maintaining a check-in/check-out process approved by the Department and assign at least one person to ensure that the individuals attending the course check in when entering and check out when leaving. If an individual enters a course after the starting time, or leaves a course before the finishing time, the assigned person shall ensure that the time of arrival or departure is recorded for the individual.

(d) *Reporting attendance.* A continuing education sponsor shall report to the Department, in the manner and format prescribed by the Department, attendance at each continuing education course presented in a classroom setting within 10 days after the course has been presented.

(e) *Course evaluation.* A continuing education sponsor shall develop and implement methods to evaluate its course offerings to determine their effectiveness. The methods of evaluation shall include providing a course evaluation form to each person who attends a course. The

continuing education sponsor shall provide a copy of the completed course evaluation forms to the regional EMS council within 10 days after the course has been presented.

(f) *Record retention.* The continuing education sponsor shall retain the completed course evaluation forms for each course it presents and the check-in/check-out record for each course it presents in a classroom setting. These records shall be retained for a minimum of 4 years from the completion of the course.

(g) *Providing access to records.* A continuing education sponsor and an applicant for accreditation as a continuing education sponsor shall promptly make available for inspection and provide the Department or a regional EMS council with complete and accurate records relating to its compliance with the requirements in this subchapter as requested by the Department or a regional EMS council.

(h) *Course not presented in a classroom setting.* A continuing education sponsor shall be exempt from the requirements in subsections (a) and (b) for a course which is not presented in a classroom setting, if the course is approved by the Department for credit when presented in that manner. When presenting the course to the Department for approval for credit, the continuing education sponsor shall present a procedure for monitoring, confirming and reporting EMS provider or EMSVO participation in a manner that achieves the purposes of subsections (a) and (b).

(i) *Monitoring responsibilities.* A continuing education sponsor shall ensure that a course was presented in a manner that met all of the educational objectives for the course and determine whether each EMS provider or EMSVO who enrolled in the course met the requirements in this chapter and the continuing education sponsor to receive credit for completing the course.

(j) *Course completion.* A continuing education sponsor shall report to the Department, in a manner and format prescribed by the Department, completion of a course by an EMS provider or EMSVO and identify to the Department an EMS provider or EMSVO who seeks credit for a course but who did not meet the requirements of the continuing education sponsor or this chapter to receive continuing education credit. The continuing education sponsor shall also provide an EMS provider or EMSVO who completes a course with a document certifying completion of the course.

§ 1025.23. Advertising.

(a) A continuing education sponsor may advertise a course as a continuing education course in a manner that states or suggests that the course meets the requirements in this chapter only if the course has been approved by the Department to be offered by that continuing education sponsor.

(b) When a course has been approved for continuing education credit, the continuing education sponsor shall announce the following in its brochures or registration materials: This course has been approved by the Pennsylvania Department of Health for (the approved number of hours) of continuing education credit for (the type of EMS provider(s) or EMS vehicle operator to which the course applies).

(c) If a continuing education sponsor advertises that it has applied to the Department to secure continuing education credit for a course, prior to presenting the course it shall disclose to all enrollees whether the course has been approved or disapproved for credit.

CHAPTER 1027. EMS AGENCIES

Subchap.

- A. GENERAL REQUIREMENTS
- B. EMS AGENCY SERVICES
- C. MISCELLANEOUS

Subchapter A. GENERAL REQUIREMENTS

Sec.

- 1027.1. General provisions.
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§ 1027.1. General provisions.

(a) *License required.* A person, or other entity, as an owner, agent or otherwise, may not operate, conduct, maintain, advertise or otherwise engage in or profess to be engaged in operating an EMS agency in this Commonwealth unless that person holds a license as an EMS agency and a current registration of that license issued by the Department or is exempt from these requirements. By way of example, an entity is operating an EMS agency if it operates any of the following:

- (1) An ambulance service.
 - (i) BLS ambulance service.
 - (ii) Intermediate ALS ambulance service.
 - (iii) ALS ambulance service, including a critical care transport ambulance service.
 - (iv) Air ambulance service.
 - (v) BLS water ambulance service.
 - (vi) Intermediate ALS water ambulance service.
 - (vii) ALS water ambulance service.
- (2) A squad service.
 - (i) BLS squad service.
 - (ii) Intermediate ALS squad service.
 - (iii) ALS squad service.
- (3) A QRS.
- (4) A special operations EMS service.
 - (i) Tactical EMS service.
 - (ii) Wilderness EMS service.
 - (iii) Mass-gathering EMS service.
 - (iv) Urban search and rescue service.
- (5) An EMS agency dispatch center operating as part of an EMS agency.

(b) *License requirements.* The Department will license an applicant as an EMS agency if the Department is satisfied that the applicant has met the following requirements:

(1) The applicant and persons having a substantial ownership interest in the applicant are responsible persons and the EMS agency shall be staffed by and conduct its activities through responsible persons. For purposes of this paragraph:

(i) A responsible person is a person who has not engaged in an act contrary to justice, honesty or good morals which indicates that the person is likely to betray the public trust in carrying out the activities of the EMS agency, or is a person who has engaged in this type of conduct but has been rehabilitated and is not likely to again betray the public trust.

(ii) A person has a substantial ownership in the applicant if the person has equity in the capital, stock or the profits of the applicant equal to 5% or more of the property or assets of the applicant.

(iii) A person staffs an EMS agency if the person engages in activity integral to the operation of the EMS agency, including participating in the making or execution of management decisions, providing EMS, billing, call-taking and dispatching.

(2) The applicant meets the supply and equipment requirements for each EMS vehicle and type of EMS service it makes application to offer, and demonstrates that it shall be maintained and operated to safely and efficiently operate those vehicles and render those services.

(3) The applicant shall meet staffing standards for the vehicles it seeks to operate and the services it seeks to provide. Subject to the exceptions in § 1027.6 (relating to Statewide EMS response plan), this includes providing EMS services 24-hours-a-day, 7-days-a-week or participating in a county-level or broader-level EMS response plan approved by the Department.

(4) The applicant shall provide safe services that are adequate for the emergency medical care, treatment and comfort and, when applicable, the transportation of patients.

(5) The applicant has an EMS agency medical director who satisfies requirements established by the Department based upon the types of services it seeks to provide and the EMS vehicles it seeks to operate.

(6) The applicant satisfies the regulatory requirements relating to making its application for a license and has adopted policies and procedures adequate to ensure compliance with the requirements in the act, this part and notices the Department publishes in the *Pennsylvania Bulletin* that are applicable to its operations.

(c) *License certificate.* The Department will issue a license certificate to an applicant that it licenses as an EMS agency. The license certificate will specify the name of the EMS agency, its license number, the address of its primary operational headquarters and the date the license was issued. The Department will also issue with the license certificate a document that specifies the type or types of EMS agency services the EMS agency is licensed to provide, the types of EMS vehicles the agency will operate, the locations out of which it is authorized to provide that service or services if more than one location is involved, the fictitious name, if any, under which it conducts its operations at each location involved, and the name of the regional EMS council through which the license application was processed. The Department will replace that document if there is a need to change the information on it due to a license amendment.

(d) *License registration.* An EMS agency requires both an EMS agency license and current registration of that license to conduct its operations. When the Department registers an EMS agency's license it will issue a registration certificate to the EMS agency that specifies the name of the EMS agency, its license number, the address of its

primary operational headquarters and the dates the registration is effective and will expire.

(e) *Transition for ambulance services and QRSs.*

(1) An entity that is licensed as an ambulance service or recognized as a QRS by the Department, or a hospital that operates an ambulance service or QRS under its hospital license, immediately prior to April 10, 2014, will be licensed by the Department as an EMS agency, with a current registration of that license on April 10, 2014, if the records of the Department reflect that the ambulance service, QRS or hospital has an EMS agency medical director. The license and registration will authorize the EMS agency to operate the EMS vehicles and provide the services it was authorized to operate and provide when licensed as an ambulance service, recognized as a QRS, or operated under a hospital license.

(2) An entity that is licensed as an ambulance service or recognized as a QRS by the Department, or operates an ambulance service under a hospital license, immediately prior to April 10, 2014, that does not have an EMS agency medical director may continue to operate as an ambulance service or QRS under the regulations promulgated under the Emergency Medical Services Act (35 P. S. §§ 6921—6938) (repealed by the act of August 18, 2009 (P. L. 308, No. 37)), until April 10, 2014, without securing an EMS agency license.

§ 1027.2. License and registration applications.

(a) *License application.* An application for an EMS agency license shall be submitted on a form or through an electronic process, as prescribed by the Department. The application must contain the following information as well as additional information and documents that may be solicited by the application form:

(1) The name and mailing address of the applicant and a primary contact person and telephone number at which that person can be reached.

(2) The name under which the applicant will be holding itself out to the public in conducting its EMS agency operations and the address of its primary location in this Commonwealth out of which it will be conducting its EMS agency operations. If the applicant seeks to conduct EMS agency operations out of more than one location, the address of its primary operational headquarters and each other location out of which it intends to operate. If the applicant will be holding itself out to the public under different fictitious names for the EMS agency operations it will conduct at different locations, the fictitious name under which it intends to operate at each location.

(3) The manner in which the applicant is organized—corporation, partnership, limited liability company, sole proprietorship, and the like.

(4) The tax status of the applicant—profit or nonprofit.

(5) The type of EMS service or services the applicant intends to provide.

(6) The geographic area for which the applicant intends to provide the service for each type of service it intends to operate. If the service is a type of service that is dispatched by a PSAP, the geographic area, if any, in which it plans to routinely respond to emergency dispatches.

(7) A personnel roster and staffing plan or personnel rosters and staffing plans, if applicable.

(8) The number and types of EMS vehicles to be operated by the applicant and identifying information for each EMS vehicle.

(9) The communication access and capabilities of the applicant.

(10) A full description of the EMS agency services that it intends to provide out of each location and how it intends to respond to emergency calls if it will not conduct operations out of a fixed location or locations.

(11) The names, titles and summary of responsibilities of persons who will be staffing the EMS agency as officers, directors or other EMS agency officials, and the same information pertaining to them that an EMS provider is required to report under § 1023.21(b)(1) and (2) (relating to general rights and responsibilities).

(12) Information concerning any arrangement in which it has entered to manage an EMS agency or any contract with an entity for that entity to exercise operational or managerial control over the EMS agency, or to conduct the day-to-day operations of the EMS agency.

(13) A statement attesting to the veracity of the application, which shall be signed by the principal official of the applicant.

(b) *Submission of license application.* The applicant shall submit the application to the regional EMS council exercising responsibility for the EMS region in which the applicant will conduct its operations if licensed. If the applicant seeks a license to conduct EMS agency operations in more than one region, it shall choose a primary operational headquarters and submit its license application to the regional EMS council that exercises responsibility for the region in which that primary operational headquarters is located. If the applicant's primary operational headquarters is located outside this Commonwealth, the applicant shall contact the Department for direction as to the regional EMS council to which it is to submit its application.

(c) *Processing the license application.*

(1) The regional EMS council that receives a license application shall review the application for completeness and accuracy. It shall also provide a copy of the application to each regional EMS council that exercises responsibility for an EMS region in which the applicant intends to conduct EMS agency operations. If more than one regional EMS council is involved in the review, they shall coordinate their review with the regional EMS council that exercises responsibility for the EMS region in which the applicant's primary operational headquarters is located, and that regional EMS council shall communicate with the applicant regarding any issues presented by the application.

(2) The regional EMS council that has responsibility for communicating with the applicant under paragraph (1) shall return an incomplete application to the applicant within 14 days of receipt.

(3) If the regional EMS council that has responsibility for communicating with the applicant under paragraph (1) determines that the application contains inaccurate information, and that the nature of the inaccurate information does not suggest fraud or deceit in attempting to obtain a license, the regional EMS council shall return the application to the applicant for correction.

(4) Upon receipt of a complete application, and its verification of the accuracy of the information provided in the application which is verifiable without an onsite inspection, the regional EMS council shall schedule and conduct an onsite inspection of the applicant's vehicles, equipment and personnel qualifications, as well as other matters that bear upon whether the applicant satisfies

the statutory and regulatory criteria for licensure. The inspection shall be performed within 45 days after receipt by the regional EMS council of an application that is complete and, if requested by the regional EMS council, that has been corrected. If the applicant seeks to conduct EMS agency operations in more than one EMS region, the regional EMS council that has responsibility for communicating with the applicant under paragraph (1) may seek the assistance of other relevant regional EMS councils in conducting onsite surveys.

(5) Upon completion of its review, the regional EMS council that has responsibility for communicating with the applicant under paragraph (1) shall forward the application to the Department with the regional EMS council's assessment as to whether applicable statutory and regulatory requirements are satisfied. If the regional EMS council determines that the application contains inaccurate information that suggests fraud or deceit by the applicant in attempting to obtain a license, the regional EMS council may forward the application to the Department without having conducted an onsite inspection and await instructions from the Department as to whether an onsite inspection should be conducted.

(d) *Amendment of license.*

(1) An EMS agency shall apply for and secure an amendment of its license prior to changing the location of any of its operations, the days or hours of the services it provides or the types of services it provides, or prior to arranging for an entity to exercise operational or managerial control over the EMS agency or to conduct the day-to-day operations of the EMS agency.

(2) An EMS agency shall submit its application for amendment of its license on a form or through an electronic process, as prescribed by the Department, to the regional EMS council responsible for the EMS region in which the EMS agency maintains its primary operational headquarters. That regional EMS council shall process the application for amendment as set forth in subsections (b) and (c).

(e) *Triennial registration.* An EMS agency's license is deemed registered for 3 years after issuance, except for an EMS agency that transitions from an ambulance service, a QRS or an ambulance service that operated under a hospital license on October 12, 2013, under § 1027.1(e) (relating to general provisions), in which case the initial registration shall expire when its license or recognition would have expired under the Emergency Medical Services Act (35 P. S. §§ 6921—6938) (repealed by the act of August 18, 2009 (P. L. 308, No. 37)) or, in the case of a hospital, under the Health Care Facilities Act (35 P. S. §§ 448.101—448.904b). Thereafter, an EMS agency shall triennially register the license by completing a form or through an electronic process, as prescribed by the Department, and filing it with the regional EMS council responsible for the EMS region in which the EMS agency maintains its primary operational headquarters. An EMS agency shall submit the form or complete the electronic process at least 120 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the EMS agency license not being registered again before the prior registration expires. The Department will act on an application for registration within 90 days after a regional EMS council receives a complete and accurate application. The Department may also deny an application after it is received by a regional EMS council if it contains false information, subject to notice and an opportunity for a hearing before the denial would become effective, or it may grant the application

and then pursue disciplinary action against the EMS agency based upon the false information provided.

§ 1027.3. **Licensure and general operating standards.**

(a) *Documentation requirements for licensure.* An applicant for an EMS agency license shall have the following documents available for inspection by the Department or a regional EMS council:

(1) A roster of active personnel, including the EMS agency medical director, with certification and registration documentation including certification numbers and dates of registration expiration for each EMS provider and EMSVO.

(2) A record of the age of each EMS provider and EMSVO and a copy of the driver's license for each EMSVO.

(3) Documentation, if applicable, of the initial and most recent review of each EMS provider's competence by the EMS agency medical director and the EMS provider certification level at which each EMS provider is permitted to practice.

(4) Its process for scheduling staff to ensure that the minimum staffing requirements as required by this chapter are met.

(5) Identification of persons who are responsible for making operating and policy decisions for the EMS agency, such as officers, directors and other EMS agency officials.

(6) Criminal, disciplinary and exclusion information for all persons who staff the EMS agency as required under subsection (f).

(7) Copies of the Statewide and applicable regional EMS protocols.

(8) Copies of the written policies required under this section.

(9) Copies of documents by which it agrees to manage another EMS agency or to be managed by another entity.

(b) *Documentation requirements after licensure.* An EMS agency shall have the following documents available for inspection by the Department or a regional EMS council when it applies for registration of its license and at all other times:

(1) The documents that are required to be available for inspection under subsection (a).

(2) EMS PCR's.

(3) Call volume records from the previous year's operations. These records must include a record of each call received requesting the EMS agency to respond to an emergency, as well as a notation of whether it responded to the call and the reason if it did not respond.

(4) A record of the time periods for which the EMS agency notified the PSAP, under subsection (g)(1), that it would not be available to respond to a call.

(c) *EMS vehicles, equipment and supplies.* The Department will publish in the *Pennsylvania Bulletin*, and update as necessary, vehicle construction, and equipment and supply requirements for EMS agencies based upon the types of services they provide and the EMS vehicles they operate. Required equipment and supplies shall be carried and readily available in working order.

(d) *Use of persons under 18 years of age.* The EMS agency shall comply with the Child Labor Act (43 P. S.

§§ 40.1—40.14), or a successor act, and regulations adopted under the Child Labor Act when it is using persons under 18 years of age to staff its operations. The EMS agency shall also ensure that an EMS provider under 18 years of age, when providing EMS on behalf of the EMS agency, is directly supervised by an EMS provider who is at least 21 years of age who has the same or higher level of EMS provider certification and at least 1 year of active practice as an EMS provider.

(e) *EMS agency medical director.* An EMS agency shall have an EMS agency medical director.

(f) *Responsible staff.* An EMS agency shall ensure that persons who staff the EMS agency, including its officers, directors and other members of its management team, EMS providers and EMSVOs, are responsible persons. In making that determination, it shall require each person who staffs the EMS agency to provide it with the information and documentation an EMS provider is required to provide to the Department under § 1023.21(b) (relating to general rights and responsibilities) and require each EMSVO to provide it with the information and documentation an EMSVO is required to provide to the Department under § 1023.21(b), and to update that information if and when additional convictions, disciplinary sanctions and exclusions occur. The EMS agency shall consider this information in determining whether the person is a responsible person. An EMS agency shall also provide the Department with notice, at least 30 days in advance, of any change in its management personnel to include as a new member of its management team a person who has reported to it information required under this subsection.

(g) *Communicating with PSAPs.*

(1) *Responsibility to communicate unavailability.* An EMS agency shall apprise the PSAP in its area, in advance, as to when it will not be in operation due to inadequate staffing or for another reason and when its resources are committed in a manner that it will not be able to respond with an EMS vehicle, if applicable, and required staff, to a request to provide EMS.

(2) *Responsibility to communicate delayed response.* An EMS agency shall apprise the PSAP, as soon as practical after receiving a dispatch call from the PSAP, if it is not able to have an appropriate EMS vehicle, if applicable, or otherwise provide the requested level of service, including having the required staff en route to an emergency within the time as may be prescribed by a PSAP for that type of dispatch.

(3) *Responsibility to communicate with PSAP generally.* An EMS agency shall provide a PSAP with information, and otherwise communicate with a PSAP, as the PSAP requests to enhance the ability of the PSAP to make dispatch decisions.

(4) *Response to dispatch by PSAP.* An EMS agency shall respond to a call for emergency assistance as communicated by the PSAP, provided it is able to respond as requested. An EMS agency is able to respond as requested if it has the staff and an operational EMS vehicle, if needed, capable of responding to the dispatch. An EMS agency may not refuse to respond to a dispatch based upon a desire to keep staff or an EMS vehicle in reserve to respond to other calls to which it has not already committed.

(h) *Patient management.* All aspects of patient management are to be handled by an EMS provider with the level of certification necessary to care for the patient based upon the condition of the patient.

(i) *Use of lights and other warning devices.* Ground EMS vehicles may not use emergency lights or audible warning devices unless they do so in accordance with the standards imposed under 75 Pa.C.S. (relating to Vehicle Code) and are transporting or responding to a call involving a patient who presents, or is in good faith perceived to present, a combination of circumstances resulting in a need for immediate medical intervention. Emergency lights and audible warning devices may be used on an ambulance when transporting a patient only when medical intervention is beyond the capabilities of the ambulance crew using available supplies and equipment.

(j) *Weapons and explosives.* Weapons and explosives may not be worn by EMS providers or EMSVOs or carried aboard an EMS vehicle. This subsection does not apply to law enforcement officers who are serving in an authorized law enforcement capacity.

(k) *Accident, injury and fatality reporting.* An EMS agency shall report to the appropriate regional EMS council, in a form or electronically, as prescribed by the Department, an EMS vehicle accident that is reportable under 75 Pa.C.S. and an accident or injury to an individual that occurs in the line of duty of the EMS agency that results in a fatality or medical treatment by a licensed health care practitioner. The report shall be made within 24 hours after the accident or injury. The report of a fatality shall be made within 8 hours after the fatality.

(l) *Committees.* An EMS agency shall have a safety committee and a quality improvement committee that meet at least quarterly. If an EMS agency operates an EMS agency dispatch center, the quality improvement committee shall also be responsible for the quality improvement of the EMS agency dispatch center and participate in the county PSAP quality assurance process.

(m) *EMS provider credentialing.* The EMS agency shall maintain a record for 7 years of the EMS agency medical director's assessments and recommendations provided under § 1023.1(a)(1)(vi)—(viii) (relating to EMS agency medical director). An EMS agency may not permit an EMS provider at or above the AEMT level to provide EMS at the EMS provider's certification level if the EMS agency medical director determines that the EMS provider has not demonstrated the knowledge and skills to competently perform the skills within the scope of practice at that level or the commitment to adequately perform other functions relevant to an EMS provider providing EMS at that level. Under these circumstances, an EMS agency may continue to permit the EMS provider to provide EMS for the EMS agency only in accordance with the restrictions as the EMS agency medical director may prescribe. The EMS agency shall notify the Department within 10 days after it makes a decision to allow an EMS provider to practice at a lower level based upon the assessment of the EMS provider's skills and other qualifications by the EMS agency medical director, or a decision to terminate the EMS agency's use of the EMS provider based upon its consideration of the EMS agency medical director's assessment.

(n) *Display of license and registration certificates.* The EMS agency shall display its license certificate and the certificate evidencing current registration of its license in a public and conspicuous place in the EMS agency's primary operational headquarters.

(o) *Monitoring compliance.* An EMS agency shall monitor compliance with the requirements that the act and

this part impose upon the EMS agency and its staff. An EMS agency shall file a written report with the Department if it determines that an EMS provider or EMSVO who is on the staff of the EMS agency, or who has recently left the EMS agency, has engaged in conduct not previously reported to the Department, for which the Department may impose disciplinary sanctions under § 1031.3 or § 1031.5 (relating to discipline of EMS providers; and discipline of EMS vehicle operators). The duty to report pertains to conduct that occurs during a period of time in which the EMS provider or EMSVO is functioning for the EMS agency.

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.4. EMS agency dispatch centers.

(a) *Certification required.* Effective October 13, 2015, an EMS agency that operates an EMS agency dispatch center shall use call-takers and dispatchers who are certified and maintain certification as call-takers and dispatchers by the Pennsylvania Emergency Management Agency under 35 Pa.C.S. § 5303(a)(6) (relating to telecommunications management).

(b) *Costs.* The costs associated with the education, certification and recertification of an EMS agency dispatch center's call-takers and dispatchers are the responsibility of the EMS agency.

(c) *Requirements.* An EMS agency that operates an EMS agency dispatch center shall:

(1) Establish and maintain policies and procedures approved by the Department to aid in directing the daily operation of the EMS agency dispatch center.

(2) Utilize emergency medical dispatch protocols approved by the Department. Effective July 9, 2014, an EMS agency dispatch center shall use the emergency medical dispatch program used by the emergency communications center of the county in which the EMS agency dispatch center is located.

(3) Require its call-takers to satisfy performance standards that are based on Nationally-accepted emergency medical dispatch standards. An EMS agency dispatch center shall submit these performance standards, and changes, to the Department for approval. At a minimum, an EMS agency dispatch center's performance standards shall measure a call-taker's ability to:

(i) Answer the telephone quickly and correctly and verify the location of the incident.

(ii) Obtain a callback telephone number from the person making the call.

(iii) Determine the nature of the incident and select and assign the appropriate EMS response to the incident.

(iv) Obtain all pertinent information quickly and effectively, make updates accordingly and keep the caller on the line until the required information is obtained.

(v) Control the conversation with the caller and exhibit a calm and professional demeanor.

(vi) Demonstrate proper documentation of the information received on call-taker screens or cards.

(4) Require its dispatchers to satisfy performance standards that are based on Nationally accepted emergency medical dispatch standards. An EMS agency dispatch center shall submit these performance standards, and changes, to the Department for approval. At a minimum, an EMS agency dispatch center's performance standards shall measure a dispatcher's ability to:

(i) Dispatch the appropriate EMS resources within the prescribed timeframe established by the EMS agency dispatch center's standard operating procedures.

(ii) Provide pertinent information to the responding units and relay updated information about the incident to the responding units.

(iii) Answer radio transmissions promptly and exhibit a timely response to requests from the responding units as established by the EMS agency dispatch center's standard operating procedures.

(iv) Speak clearly and maintain a professional demeanor.

(5) Establish a quality assurance review process that is executed with consistency and objectivity in accordance with internal standards developed by the EMS agency.

(i) The EMS agency shall use the quality assurance review process to identify additional or supplemental education needed to improve a call-taker's or dispatcher's job performance.

(ii) The EMS agency shall use the quality assurance review process to determine whether any processes of the EMS agency dispatch center require modification or change.

(6) Designate a quality assurance reviewer who shall:

(i) Function at a supervisory level.

(ii) Have a minimum of 3 years of experience in the field of emergency telecommunications.

(iii) Be a member of the EMS agency's quality improvement committee under § 1027.3(l) (relating to licensure and general operating standards).

(iv) Conduct a random sampling of emergency dispatch calls that will be reviewed every 2 weeks to ensure compliance with the performance standards in this section as well as the standards in the standard operating procedures of each EMS agency dispatch center.

(v) Conduct a monthly quality assurance review of 5% of the total emergency dispatch calls the EMS agency dispatch center processes per month.

(vi) Conduct a quality assurance review, every 6 months, of a segment of each call-taker's and dispatcher's radio activity to determine adherence to the standards in this section and the EMS agency dispatch center's performance standards.

(A) Call-takers and dispatchers shall receive the results of their quality assurance reviews within 5 days of each review.

(B) Actual transcripts or recordings of phone calls made to and from an EMS agency dispatch center are not public records to the extent they are protected under the Right-to-Know Law (65 P.S. §§ 67.101—67.3104) and may not be included in the text of a quality assurance

review. Actual transcripts or recordings of phone calls may be reviewed by the quality assurance reviewer as part of the quality assurance review.

(vii) Complete a quality assurance review for each segment reviewed on a form approved by the Department. Copies of each quality assurance review shall be retained on file at the EMS agency dispatch center for 4 years.

(7) Ensure that quality assurance actions that are initiated in response to the results of a quality assurance review are documented and placed in the EMS agency dispatch center's records. Copies of each quality assurance action shall be retained on file at the EMS agency dispatch center for 4 years.

(8) Refer to the PSAP in its area a request for EMS for which it is unable to dispatch appropriate EMS resources within the time prescribed by the PSAP.

(9) Ensure that persons are not denied access to EMS because of the inability or limited ability to communicate in the English language, including hearing impaired or deaf persons.

(10) Ensure that the EMS agency dispatch center's call-takers and dispatchers are subject to this quality assurance review process.

(11) Ensure that quality assurance reviews are used to support the development and assessment of goals and expectations on each call-taker's and dispatcher's yearly performance appraisal.

§ 1027.5. Medication use, control and security.

(a) An EMS agency may stock medications as approved by the Department and shall store medications in a temperature-controlled environment, secured in conformance with the Statewide EMS protocols and the EMS agency's policy and procedures on the storage and environmental control of medications. Additional medications may be stocked by an EMS agency as approved by the EMS agency medical director and the Department if the EMS agency uses PHPEs, PHRNs or PHPs.

(b) The Department will publish at least annually by notice in the *Pennsylvania Bulletin* a list of medications approved for use by EMS agencies, by EMS provider certification level and a list of medications that an EMS agency is required to stock based upon the type of EMS service it is licensed to provide.

(c) An EMS agency may procure and replace medications from a hospital, pharmacy or from a medical supply company, if not otherwise prohibited by law.

(d) EMS providers, other than a PHP, may administer to a patient, or assist the patient to administer, medications previously prescribed for that patient, as specified in the Statewide EMS protocols or as authorized by a medical command physician. A PHP may administer to a patient, or assist the patient to administer, medications that were previously prescribed for the patient.

(1) An EMS provider, other than a PHPE, PHRN or PHP, is restricted to administering medications, not previously prescribed for a patient, as permitted by the Statewide EMS protocols.

(2) A PHPE or PHRN may administer medications, not previously prescribed for a patient, in addition to those permitted by the Statewide EMS protocols, provided the PHPE or PHRN has received approval to do so by the EMS agency medical director, and has been ordered to administer the medication by the medical command physician. A PHP may administer any medication that the

PHP has authority to administer by virtue of the PHP's license to practice medicine or osteopathic medicine.

(e) The EMS agency shall adequately monitor and direct the use, control and security of medications provided to the EMS agency. This includes:

(1) Ensuring proper labeling and preventing adulteration or misbranding of medications, and ensuring medications are not used beyond their expiration dates.

(2) Storing medications as required under The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. §§ 780-101—780-144), and as otherwise required to maintain the efficacy of medications and prevent misappropriation.

(3) Including in the EMS PCR information as to the administration of medications by patient name, medication identification, date and time of administration, manner of administration, dosage, name of the medical command physician who gave the order to administer the medication and name of person administering the medication.

(4) Maintaining records of medications administered, lost or otherwise disposed of and records of medications received and replaced.

(5) Providing the pharmacy, physician or hospital that is requested to replace a medication with a written record of the use and administration or loss or other disposition of the medication, which identifies the patient and includes any other information required by law.

(6) Ensuring, in the event of an unexplained loss or theft of a controlled substance, that the dispensing pharmacy, physician or hospital has contacted local police or State Police and the Department's Drugs, Devices and Cosmetics Office and has filed a DEA Form 106 with the Federal Drug Enforcement Administration.

(7) Disposing of medications as required under The Controlled Substance, Drug, Device and Cosmetic Act.

(8) Arranging for the original dispensing pharmacy, physician or hospital, or its EMS agency medical director, to provide it consultation and other assistance necessary to ensure that it meets the requirements in this section.

(9) Securing medications in a manner so that only those EMS providers authorized to administer the medications in providing EMS have access to those medications.

§ 1027.6. Statewide EMS response plan.

An EMS agency may provide an EMS service at a location through which it is licensed to provide that service, less than 24 hours-a-day, 7 days-a-week, as follows:

(1) Day or time requirements are not applicable to an EMS agency's operation of an air or water ambulance service.

(2) A tactical EMS response service shall be available at all times that a law enforcement service with which it is affiliated requests its participation in a tactical law enforcement operation.

(3) An EMS agency may operate any EMS service less than 24 hours-a-day, 7 days-a-week, out of any location through which it is licensed to provide the service, in accordance with a county-level or broader-level EMS response plan approved by the Department.

(4) An EMS agency may operate an intermediate ALS ambulance service less than 24 hours-a-day, 7 days-a-

week if the EMS agency also operates a BLS ambulance service or an ALS ambulance service at the same location through which it is licensed to provide the intermediate ALS ambulance service.

§ 1027.7. EMS vehicle fleet.

(a) *Inspection of EMS vehicles.* When an applicant for an EMS agency license is inspected, a Department or regional EMS council inspector will inspect each vehicle the applicant intends to operate as an EMS vehicle. If the vehicle satisfies the requirements for the type of EMS vehicle designated by the applicant, and the applicant otherwise satisfies the requirements for licensure and to conduct a service for which the EMS vehicle will be used, the inspector will affix a date stripe, with an inspection and expiration date, to two decals appropriate to that type of EMS vehicle and provide the decals to the applicant. The applicant shall place a decal in a prominent location on each side of the vehicle. The applicant may not operate the vehicle as an EMS vehicle until the applicant is licensed as an EMS agency and it affixes the decals to the EMS vehicle.

(b) *Permanent change.* Before operating an additional or permanent replacement EMS vehicle, an EMS agency shall submit an application for amendment of its license to the regional EMS council through which its license application was processed. The EMS agency may not operate that vehicle as an EMS vehicle unless, as described in subsection (a), it is authorized to do so following an inspection of the vehicle and it affixes decals to the vehicle.

(c) *Temporary change.* An EMS agency may operate a temporary replacement EMS vehicle without securing prior approval from the Department. It shall submit a temporary change of vehicle form to the regional EMS council through which its license application was processed, by facsimile, e-mail or regular mail before putting the EMS vehicle in service. In the form the EMS agency shall attest to the fact that the EMS vehicle satisfies the requirements for that type of EMS vehicle that are imposed by regulation and notices published in the *Pennsylvania Bulletin*. Upon submitting a temporary change of vehicle form, the EMS agency may continue to operate the temporary replacement EMS vehicle unless its authority to do so is disapproved by the inspector following an inspection of the EMS vehicle. Upon receiving a temporary change in vehicle form, the regional EMS council shall issue a letter which acknowledges receipt of the temporary change of vehicle form and authorizes the EMS agency to operate the replacement EMS vehicle for 7 days based upon its attestation that the vehicle satisfies all requirements. That time period may be extended by the regional EMS council by letter.

(d) *Triennial inspections.* A Department or regional EMS council inspector will inspect an EMS agency's EMS vehicles when the inspector conducts the inspection of the EMS agency for the triennial registration of the EMS agency's license. If an EMS vehicle satisfies all requirements the inspector will affix a new date stripe to each decal to reflect that the vehicle has satisfied EMS vehicle inspection requirements. If the vehicle does not satisfy the requirements, the inspector will not affix a new date stripe to each decal and the EMS agency may not operate the vehicle as an EMS vehicle unless and until the vehicle is reinspected, satisfies all requirements, and the inspector affixes a new date stripe on each decal.

(e) *Removal of decals.* A Department or regional EMS council inspector will require the EMS agency to remove

the decals from an EMS vehicle when directed by the Department under § 1027.8(b) (relating to removal of EMS vehicles from operation). An EMS agency shall remove the decals from an EMS vehicle when the EMS agency transfers the title or operation of the EMS vehicle to another entity, other than to enable another EMS agency to operate the EMS vehicle as a temporary replacement vehicle under subsection (c), or when it discontinues use of the vehicle as an EMS vehicle.

(f) *Ambulance requirements.* An ambulance must meet the following minimum requirements:

(1) It must have a patient care compartment that is designed to carry at least one patient on a stretcher that is securely mounted to the ambulance and that enables transportation in both the supine and seated upright positions.

(2) It must have a patient care compartment that is designed to provide sufficient access to a patient's body to perform and maintain ALS skills, including adequate space for one caregiver to sit superior to the patient's head to perform required ALS airway skills, and other EMS required by the Statewide EMS protocols.

(3) It must have a design that does not compromise patient safety during loading, unloading or patient transport. It must be equipped with a door that will allow loading and unloading of the patient without excessive maneuvering.

(4) It must be equipped with permanently installed climate control equipment to provide an environment appropriate for the medical needs of a patient.

(5) It must have interior lighting adequate to enable medical care to be provided and patient status monitored without interfering with the vehicle operator's vision.

(6) It must be designed for patient safety so that the patient is isolated from the operator's compartment in a manner that minimizes distractions to the vehicle operator during patient transport and prevents interference with the operator's manipulation of vehicle controls.

(7) It must be equipped with appropriate patient restraints and with restraints in every seating position within the patient compartment.

(8) An ALS ambulance used for critical care transports and an air ambulance must be equipped with 110 V electrical output with a minimum of four appropriate outlets within the patient compartment with the ability to operate the vehicle while operating medical equipment using all outlets simultaneously.

(9) It must have enough space to accommodate the loading, unloading and transport of an infant isolette and permit sufficient access to the infant's entire body to begin and maintain ALS and other treatment modalities within the isolette.

(10) It must be equipped with two-way radios capable of communication with medical command facilities, receiving facility communications centers, PSAPs and ambulances for the purpose of communicating medical information and assuring the continuity of resources for patient care needs.

(11) It must carry an oxygen supply that is capable of providing high flow oxygen at more than 25 liters per minute to a patient for the anticipated duration of patient transport.

§ 1027.8. Removal of EMS vehicles from operation.

(a) When an EMS vehicle manifests evidence of a mechanical or equipment deficiency which poses a signifi-

cant threat to the health or safety of patients or crew, the EMS agency shall immediately suspend the vehicle from operation. An EMS agency may not operate an EMS vehicle that it has suspended from operation until the deficiency has been corrected.

(b) When an EMS vehicle, upon examination by the Department or a regional EMS council, manifests evidence of a mechanical or equipment deficiency which poses a significant threat to the health or safety of patients or crew, the EMS agency shall immediately suspend it from operation as directed by the Department. An EMS agency may not operate as an EMS vehicle a vehicle which has been suspended from operation by the Department until the Department has confirmed to the EMS agency that the deficiency has been corrected.

§ 1027.9. Right to enter, inspect and obtain records.

(a) Upon the request of an employee or agent of the Department during regular and usual business hours, or at other times when that person possesses a reasonable belief that violations of this subpart may exist, an EMS agency or applicant for an EMS agency license shall:

(1) Produce for inspection records maintained under § 1021.41 (relating to EMS patient care reports).

(2) Produce for inspection, permit copying and provide within a reasonable period of time as directed by the Department, records that pertain to personnel and their qualifications, staffing, equipment, supplies, and policies and procedures required under § 1027.3 (relating to licensure and general operating standards).

(3) Permit the person to examine EMS vehicles, equipment and supplies, and security arrangements.

(b) The Department's representative shall advise the licensee or applicant that the inspection is being conducted under section 8129(h) of the act (relating to emergency medical services agencies) and this subpart.

(c) Failure of an EMS agency or an applicant for an EMS agency license to produce records or to permit an examination as required by this section is a ground for imposing disciplinary sanctions upon the EMS agency and denying an application for an EMS agency license.

§ 1027.10. Notification of deficiencies to applicants.

(a) Upon completion of an inspection under an application for a license, registration of a license or an amendment of a license, the inspector shall provide the applicant with an inspection report specifying the results of the inspection.

(b) If the inspection reveals deficiencies that can be corrected and the inspector determines that the deficiencies warrant a reinspection, the inspector shall give the applicant written notice of the matters to be reinspected and copy the Department on the notice.

(c) If the type of deficiency requires a plan of correction, the applicant shall have 30 days in which to provide the inspector with a plan to correct the deficiency. If the plan is found to be acceptable by the regional EMS council, the inspector will conduct a reinspection in accordance with the time frame given in the plan of correction.

(d) If the applicant disagrees with a deficiency cited by the inspector following the inspection or reinspection, or the regional EMS council's rejection of a plan of correction, the applicant shall apprise the Department of the matter in dispute in writing within 10 days of the inspection or rejection of the plan of correction and the

Department will resolve the dispute within 30 days of receipt of the written notification.

(e) The Department will act upon the application within 30 days after the inspection process has been completed, unless the Department requires additional time to complete an investigation of those qualifications of the applicant which cannot, for just cause, be determined through the inspection process.

(f) Nothing in this section shall be construed to preclude the Department from identifying to the EMS agency statutory or regulatory violations not identified by the inspector, or from requiring the EMS agency to file a plan of correction to correct those deficiencies or taking immediate action to correct those deficiencies, or from taking disciplinary action against an EMS agency for a statutory or regulatory violation that cannot be corrected or for which the Department determines that disciplinary action best serves the public interest.

§ 1027.11. Plan of correction.

(a) *Notification of violation.* Upon determining that an EMS agency has violated the act or this subpart, the Department may issue a written notice to the EMS agency specifying the violation. The notice will require the EMS agency to take immediate action to discontinue the violation or to submit a plan of correction, or both, to bring the EMS agency into compliance. If the EMS agency cannot remedy the problem immediately and a plan of correction is therefore required, the Department may direct that the violation be remedied within a specified period of time.

(b) *Response by EMS agency.* After receiving the notice of violation, the EMS agency shall do one of the following:

(1) Comply with the requirements specified in the notice of violation.

(2) Refuse to comply with one or more of the requirements specified in the notice of violation and apprise the Department of its decision, with an explanation, within the time and manner specified in the notice of violation.

(3) Comply with the requirements specified in the notice of violation and apprise the Department of its decision, within the time and manner specified in the notice of violation of any violation identified in the notice of violation with which it disagrees, supported by an explanation for its disagreement.

(c) *EMS agency disagreement or refusal to comply.* If the EMS agency fails to comply with any of the directives in the notice of violation and responds as required under subsection (b)(2), or disagrees with any of the violations identified and responds as required under subsection (b)(3), the Department will evaluate the explanation provided by the EMS agency to determine whether the response was justified. If the Department determines that the response was justified in whole or part, it will inform the EMS agency and rescind any violation identified or directive given in the notice of violation that the Department determines should not have applied.

(d) *Consequence of failure to comply.* An EMS agency's response to a notice of violation under subsection (b)(2) does not act to stay any of the directives in the notice of violation. An EMS agency's failure to comply with a directive in the notice of violation constitutes a ground for discipline if the violation to which the directive relates is found to be true following a hearing.

§ 1027.12. Conditional temporary license.

When an EMS agency or an applicant for an EMS agency license does not provide service 24 hours-a-day, 7

days-a-week, and does not participate in a county-level or broader level EMS response plan, the Department will issue the EMS agency a conditional temporary license, subject to terms the Department determines to be appropriate, if the Department deems it is in the public interest to do so. The conditional temporary license is valid for 1 year and may be renewed as many times as the Department deems it is in the public interest to do so. If the EMS agency does not agree to the terms under which the Department would grant the EMS agency a conditional temporary license, the Department will take disciplinary action against the EMS agency for failing to either provide service 24 hours-a-day, 7 days-a-week, or participate in a county-level or broader level EMS response plan.

§ 1027.13. Discontinuation or movement of operations or reduction of service.

An EMS agency shall give at least 90 days advance notice to each appropriate regional EMS council, PSAP and chief executive officer of a political subdivision within its service area, as well as the chief executive officer of each political subdivision outside of its service area that relies upon it for service even if not provided on a routine basis, before it discontinues its operations or providing an EMS service out of any location at which it is licensed to provide that service or reducing the days or hours it provides the service. The EMS agency shall also advertise notice of its intent to discontinue operations or a service, or reduce the days or hours it provides the service, in a newspaper of general circulation in its service area at least 90 days in advance of discontinuing its operations or a service, or reducing the days or hours it provides the service, and shall provide the Department with written notice that it has met these responsibilities at least 90 days in advance of taking action. This section does not apply if the Department revokes, suspends or restricts the EMS agency's license under terms that do not afford the EMS agency the opportunity to comply with this section.

§ 1027.14. Management companies.

(a) *Information required to secure approval.* Subject to Department approval, an entity may offer management services to EMS agencies. Management services involve exercising operational or managerial control over an EMS agency or conducting the day-to-day operations of the EMS agency. To secure Department approval, the entity shall provide to the Department, on a form or through an electronic process, as prescribed by the Department, the following information and other information as the Department may require:

- (1) Its name, including a fictitious name it has registered, its mailing address, and a primary contact person and telephone number at which that person can be reached.
- (2) The manner in which the applicant is organized—corporation, partnership, limited liability company, sole proprietorship, and the like.
- (3) A description of the management services it offers.
- (4) The names, titles and summary of responsibilities of persons who will be staffing the entity as officers, directors or other officials, and the same information pertaining to the entity and to its officers, directors or other officials, that an applicant for an EMS provider is required to report under § 1023.21(b)(1) and (2) (relating to general rights and responsibilities).

(5) A statement attesting to the veracity of the information provided, which shall be signed by the principal official of the entity.

(b) *Updating information.* An entity approved by the Department to provide management services shall provide the Department on a form or through an electronic process, as prescribed by the Department, any change in the information provided under subsection (a) within 10 days after the change.

(c) *Approval.* After receipt of the information required under subsection (a), the Department will approve an entity to offer management services to EMS agencies, subject to possible disapproval under § 1031.16 (relating to discipline of management companies).

(d) *Registry.* The Department will maintain a registry of entities approved by the Department to provide management services to EMS agencies.

(e) *Disclosures to EMS agencies.* An entity that has received approval from the Department to offer management services to EMS agencies shall provide the same information to an EMS agency that it provides to the Department under subsection (a)(1)—(4) before it contracts with the EMS agency to provide management services for the EMS agency. The entity shall provide the EMS agency with any change in that information within 10 days after the change, except it shall immediately inform the EMS agency of any suspension or revocation of its approval or condition imposed upon it by the Department under § 1031.16.

(f) *Effective date.* The effective date of this section is October 7, 2014. By October 7, 2014, an entity that is under contract with an EMS agency to provide management services for the EMS agency on October 7, 2014, shall make the same disclosures to the EMS agency as required under subsection (e).

Subchapter B. EMS AGENCY SERVICES

Sec.

- 1027.31. General standards for providing EMS.
- 1027.32. Quick response service.
- 1027.33. Basic life support ambulance service.
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- 1027.39. Critical care transport ambulance service.
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- 1027.41. Special operations EMS services.
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§ 1027.31. General standards for providing EMS.

Regardless of the type of service through which an EMS agency is providing EMS, the following standards apply to the EMS agency and its EMS providers when functioning as an EMS provider on behalf of an EMS agency, except as otherwise provided in this subchapter:

- (1) An EMS provider who encounters a patient before the arrival of other EMS providers shall attend to the patient and begin providing EMS to the patient at that EMS provider's skill level.
- (2) An EMR may not be the EMS provider who primarily attends to a patient unless another higher level EMS provider is not present or all other EMS providers who are present are attending to other patients.
- (3) Except as set forth in paragraph (2), or unless there are multiple patients and the EMS needs of other patients require otherwise, among EMS providers who are present, an EMS provider who is certified at or above the

EMS skill level required by the patient shall be the EMS provider who primarily attends to the patient.

(4) If a patient requires EMS at a higher skill level than the skill level of the EMS providers who are present, unless there are multiple patients and the EMS needs of other patients require otherwise, an EMS provider who is certified at the highest EMS skill level among the EMS providers who are present shall be the EMS provider who primarily attends to the patient.

(5) A member of the EMS vehicle crew with the highest level of EMS provider certification shall be responsible for the overall management of the EMS provided to the patient or patients by the members of that EMS vehicle crew. If more than one member of the EMS vehicle crew is an EMS provider above the AEMT level, any of those EMS providers may assume responsibility for the overall management of the EMS provided to the patient or patients by the members of that EMS vehicle crew.

(6) If an EMS vehicle crew needs additional assistance in attending to the needs of a patient or patients, it shall contact a PSAP or its EMS agency dispatch center to request that assistance.

(7) Except as otherwise provided in this subpart, an EMS agency shall operate 24 hours-a-day, 7 days-a-week, each type of service it is licensed to provide at each location it is licensed to operate that service.

(8) A member of an EMS vehicle crew who responds to a call in a personal vehicle may not transport in that vehicle medications, equipment or supplies that an EMT is not authorized to use.

§ 1027.32. Quick response service.

(a) *Purpose.* An EMS agency that operates a QRS uses EMS providers to respond to calls for EMS and provide EMS to patients before an ambulance arrives.

(b) *Vehicles.* A QRS is not required to use a vehicle when responding to a call. If a QRS responds to a call using a vehicle, it may use a vehicle other than an EMS vehicle, such as a bicycle, motorized cart or all-terrain vehicle.

(c) *Staffing.* The minimum staffing for a QRS is one EMS provider. If the QRS responds to a call with a BLS squad vehicle, intermediate ALS squad vehicle or ALS squad vehicle, the minimum staff shall also include an EMSVO, except that only one person is required if the EMSVO is also the EMS provider.

(d) *Providing EMS.*

(1) When a member of an ambulance crew arrives at the scene who is certified at the level for which the patient requires EMS or is a higher-level EMS provider than the EMS provider of the QRS crew exercising primary responsibility for the patient, the member of the QRS crew exercising primary responsibility for the patient shall relinquish that responsibility to that member of the ambulance crew.

(2) Members of a QRS crew who are present shall follow the direction of the member of the ambulance crew who has assumed responsibility for the overall management of the EMS that is provided to the patient or patients at the scene and leave the scene or continue to provide assistance, as requested by that member of the ambulance crew.

§ 1027.33. Basic life support ambulance service.

(a) *Purpose.* An EMS agency that operates a BLS ambulance service employs one or more BLS ambulances

staffed by an ambulance crew capable of providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS at or below the skill level of an EMT.

(b) *Operating at the AEMT level.* An EMS agency that chooses to operate a BLS ambulance service that provides EMS at the AEMT level shall apply for Department approval to operate in that manner through its application for a license as an EMS agency or an application to amend its EMS agency license. It shall satisfy the requirements under § 1027.34 (relating to intermediate advanced life support ambulance service).

(c) *Staffing.*

(1) The minimum staffing for a BLS ambulance crew when responding to a call to provide EMS and transporting a patient is an EMS provider at or above the EMR level, a second EMS provider at or above the EMT level and an EMSVO, except that only a two-person ambulance crew is required if the EMSVO is also one of the EMS providers and an EMS provider above the EMR level is available to attend to the patient during patient transport. Until April 11, 2016, an ambulance attendant who has not yet secured certification as an EMR may substitute for an EMR.

(2) Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the required minimum staffing level before transporting a patient.

(d) *Providing EMS when dispatched with a higher level EMS vehicle crew.* If a BLS ambulance and a higher level EMS vehicle crew are dispatched to provide EMS for a patient, the following shall apply:

(1) BLS ambulance crew members shall begin providing EMS to the patient at their skill levels, including transportation of the patient to a receiving facility if the ambulance crew determines transport is needed, until higher level EMS is afforded by the arrival of a higher level EMS provider.

(2) Upon the arrival of a higher level EMS vehicle crew, the BLS ambulance shall continue transporting the patient or release the patient to be transported by the higher level EMS vehicle crew, consistent with the Statewide EMS protocols, as directed by the EMS provider exercising primary responsibility for the patient.

(3) The BLS ambulance crew shall reassume primary responsibility for the patient if that responsibility is relinquished back to that ambulance crew by the EMS provider of the higher level EMS vehicle crew who had assumed primary responsibility for the patient.

(4) A BLS ambulance and its ambulance crew may transport from a receiving facility a patient who requires EMS above the skill level at which the ambulance is operating, if the sending or a receiving facility provides a registered nurse, physician assistant or physician to supplement the ambulance crew, that person brings on board the ambulance equipment and supplies to provide the patient with EMS above the EMS level at which the BLS ambulance is operating to attend to the EMS needs of the patient during the transport, and that person attends to the patient during the patient transport.

(e) *Application.* For purposes of this section, the term "higher level EMS vehicle crew" means the EMS vehicle crew of an intermediate ALS ambulance, intermediate ALS squad vehicle, ALS ambulance, ALS squad vehicle or air ambulance.

§ 1027.34. Intermediate advanced life support ambulance service.

(a) *Purpose.* An EMS agency that operates an intermediate ALS ambulance service employs one or more intermediate ALS ambulances staffed by an ambulance crew capable of providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS at the AEMT level.

(b) *Staffing.* The minimum staffing for an intermediate ALS ambulance crew when responding to a call to provide EMS to a patient who requires EMS at the skill level of an AEMT is an EMS provider at or above the AEMT level, a second EMS provider at or above the EMT level and an EMSVO, except that only a two-person ambulance crew is required if the EMSVO is also one of the EMS providers and an EMS provider at or above the AEMT level is available to attend to the patient during patient transport. Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting the patient.

(c) *Providing EMS when dispatched with a lower level EMS vehicle crew.* If an intermediate ALS ambulance and a lower level EMS vehicle crew are dispatched to provide EMS for a patient, the following shall apply:

(1) If the patient is assessed by the intermediate ALS ambulance crew to require EMS above the skill level at which the lower level EMS vehicle crew is operating, and requires transport to a receiving facility, the EMS provider who is responsible for the overall management of the EMS provided to the patient shall decide, consistent with the Statewide EMS protocols, who will transport the patient. An appropriately certified member of the intermediate ALS ambulance crew shall attend to the patient during the transport. If the lower level EMS vehicle is used to transport the patient, the EMS provider in charge shall use the equipment and supplies on the lower level EMS vehicle, supplemented with the additional equipment and supplies, including medications, from the intermediate ALS ambulance.

(2) If at the scene or during transport by the lower level EMS vehicle crew, the EMS provider of the intermediate ALS ambulance crew who has assumed primary responsibility for the patient determines that the lower level EMS vehicle crew is operating at the skill level needed to attend to the patient's EMS needs, consistent with the Statewide EMS protocols, that EMS provider may relinquish responsibility for the patient to the lower level EMS vehicle crew.

(d) *Providing EMS when dispatched with a higher level EMS vehicle crew.* If an intermediate ALS ambulance and a higher level EMS vehicle crew are dispatched to provide EMS for a patient, the following shall apply:

(1) Intermediate ALS ambulance crew members shall begin providing EMS to the patient at their skill levels, including transportation of the patient to a receiving facility if the crew determines transport is needed, until higher level EMS is afforded by the arrival of a higher level EMS provider.

(2) Upon the arrival of a higher level EMS vehicle crew, the intermediate ALS ambulance shall continue transporting the patient or release the patient to be transported by the higher level EMS vehicle crew, consistent with the Statewide EMS protocols, as directed by the EMS provider exercising primary responsibility for the patient.

(3) The intermediate ALS ambulance crew shall reassume primary responsibility for the patient if that responsibility is relinquished back to that ambulance crew by the EMS provider of the higher level EMS vehicle crew who had assumed primary responsibility for the patient.

(e) *Responding to a call for a patient who requires EMS below the AEMT level.* When an intermediate ALS ambulance is employed to respond to a call to provide EMS to a patient who requires EMS below the skill level of an AEMT, the staffing and the responsibilities of the ambulance crew are the same as set forth in § 1027.33 (relating to basic life support ambulance service).

(f) *Application.* For purposes of this section, the term "lower level EMS vehicle crew" means the EMS vehicle crew of a BLS ambulance or BLS squad vehicle. The term "higher level EMS vehicle crew" means the EMS vehicle crew of an ALS ambulance, ALS squad vehicle or air ambulance.

§ 1027.35. Advanced life support ambulance service.

(a) *Purpose.* An EMS agency that operates an ALS ambulance service employs one or more ALS ambulances staffed by an ambulance crew capable of providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS above the skill level of an AEMT.

(b) *Staffing.* The minimum staffing for an ALS ambulance crew when responding to a call to provide EMS to a patient who requires EMS above the skill level of an AEMT is an EMS provider at or above the EMT level, a second EMS provider above the AEMT level and an EMSVO, except that only a two-person ambulance crew is required if the EMSVO is also one of the EMS providers and an EMS provider above the AEMT level is available to attend to the patient during patient transport. Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting a patient.

(c) *Providing EMS when dispatched with a lower level EMS vehicle crew.* If an ALS ambulance and a lower level EMS vehicle crew are dispatched to provide EMS for a patient, the following shall apply:

(1) Upon arrival of an EMS provider from the ALS ambulance crew who is a higher level EMS provider than the highest level EMS provider of the lower level EMS vehicle crew who is present, that EMS provider shall assume primary responsibility for the patient.

(2) If the patient is assessed by the ALS ambulance crew to require EMS above the skill level at which the lower level EMS vehicle crew is operating, and requires transport to a receiving facility, the EMS provider who is responsible for the overall management of the EMS provided to the patient shall decide, consistent with the Statewide EMS protocols, who will transport the patient. An appropriately certified member of the ALS ambulance crew shall attend to the patient during the transport. If the lower level EMS vehicle is used to transport the patient, that EMS provider shall use the equipment and supplies on the lower level EMS vehicle, supplemented with the additional equipment and supplies, including medications, from the ALS ambulance.

(3) If at the scene or during patient transport by the lower level EMS vehicle crew, the EMS provider of the ALS ambulance crew who has assumed primary responsibility for the patient determines that the lower level EMS

vehicle crew is operating at the skill level needed to attend to the patient's EMS needs, consistent with the Statewide EMS protocols, that EMS provider may relinquish responsibility for the patient to the lower level EMS vehicle crew.

(d) *Responding to a call for a patient who requires EMS at the AEMT level.* When an ALS ambulance is employed to respond to a call to provide EMS to a patient who requires EMS at the skill level of an AEMT, the staffing and responsibilities of the ambulance crew are the same as set forth in § 1027.34 (relating to intermediate advanced life support ambulance service).

(e) *Responding to a call for a patient who requires EMS below the AEMT level.* When an ALS ambulance is employed to respond to a call to provide EMS to a patient who requires EMS below the skill level of an AEMT, the staffing and the responsibilities of the ambulance crew are the same as set forth in § 1027.33 (relating to basic life support ambulance service).

(f) *Application.* For purposes of this section, the term "lower level EMS vehicle crew" means the EMS vehicle crew of a BLS ambulance, BLS squad vehicle, intermediate ALS ambulance or intermediate ALS squad vehicle.

§ 1027.36. Basic life support squad service.

(a) *Purpose.* A BLS squad vehicle transports EMS providers, along with basic EMS equipment and supplies, to rendezvous with an ambulance crew or to respond prior to the arrival of an ambulance, to provide EMS at or below the AEMT level of care. A BLS squad vehicle may not transport patients.

(b) *Staffing.* The minimum staffing for a BLS squad vehicle crew when responding to a call to provide EMS is an EMS provider at or above the EMT level and an EMSVO, except that only one person is required if the EMSVO is also the EMS provider.

(c) *Providing EMS when dispatched with a higher level ambulance crew.* If a BLS squad vehicle and a higher level ambulance crew are dispatched to provide EMS for a patient, the following shall apply:

(1) BLS squad vehicle crew members shall begin providing EMS to the patient at their skill levels until higher level EMS is afforded by the arrival of a higher level EMS provider.

(2) Upon the arrival of a higher level ambulance crew, the BLS squad vehicle shall release the patient to be transported by the higher level ambulance crew, consistent with the Statewide EMS protocols, as directed by the EMS provider exercising primary responsibility for the patient.

(d) *Application.* For purposes of this section, the term "higher level ambulance crew" means the ambulance crew of an intermediate ALS ambulance, ALS ambulance or air ambulance.

§ 1027.37. Intermediate advanced life support squad service.

(a) *Purpose.* An intermediate ALS squad vehicle transports EMS providers at the AEMT level, along with equipment and supplies, to rendezvous with an ambulance crew or to respond prior to the arrival of an ambulance, to provide medical assessment, monitoring, treatment and observation of a patient who requires advanced EMS. An intermediate ALS squad vehicle may not transport patients.

(b) *Staffing.* The minimum staffing for an intermediate ALS squad vehicle crew when responding to a call to

provide EMS is an EMS provider at or above the AEMT level and an EMSVO, except that only one person is required if the EMSVO is also the EMS provider.

(c) *Providing EMS when dispatched with a lower level ambulance crew.* If an intermediate ALS squad vehicle and a lower level ambulance crew are dispatched to provide EMS for a patient, the following shall apply:

(1) If the patient is assessed by the intermediate ALS squad vehicle crew to require EMS above the skill level at which the lower level ambulance crew is operating, and requires transport to a receiving facility, an appropriately certified member of the intermediate squad vehicle shall attend to the patient during the transport by the lower level ambulance crew. That EMS provider shall use the equipment and supplies on the lower level ambulance, supplemented with the additional equipment and supplies, including medications, from the intermediate ALS squad vehicle.

(2) If at the scene or during patient transport by the lower level ambulance crew, the intermediate ALS squad vehicle crew determines that the lower level ambulance crew is operating at the skill level needed to attend to the patient's needs, consistent with Statewide EMS protocols, the EMS provider of the intermediate ALS squad vehicle who is responsible for the overall management of the EMS provided to the patient may relinquish responsibility for the patient to the lower level ambulance crew.

(d) *Providing EMS when dispatched with a higher level ambulance crew.* If an intermediate ALS squad vehicle and a higher level ambulance crew are dispatched to provide EMS for a patient, the following shall apply:

(1) Intermediate ALS squad vehicle crew members shall begin providing EMS to the patient at their skill levels until higher level EMS is afforded by the arrival of a higher level EMS provider.

(2) Upon the arrival of a higher level ambulance crew, the intermediate ALS squad vehicle shall release the patient to be transported by the higher level ambulance crew, consistent with Statewide EMS protocols, as directed by the EMS provider exercising primary responsibility for the patient.

(e) *Application.* For purposes of this section, the term "lower level ambulance crew" means the ambulance crew of a BLS ambulance. The term "higher level ambulance crew" means the ambulance crew of an ALS ambulance or air ambulance.

§ 1027.38. Advanced life support squad service.

(a) *Purpose.* An ALS squad vehicle transports EMS providers above the AEMT level, along with equipment and supplies, to rendezvous with an ambulance crew or to respond prior to the arrival of an ambulance, to provide medical assessment, monitoring, treatment and observation of a patient who requires EMS at or above the skill level of an AEMT. An ALS squad vehicle may not transport patients.

(b) *Staffing.* The minimum staffing for an ALS squad vehicle crew when responding to a call to provide EMS is an EMS provider above the AEMT level and an EMSVO, except that only one person is required if the EMSVO is also the EMS provider.

(c) *Providing EMS when dispatched with a lower level ambulance crew.* If an ALS squad vehicle and a lower level ambulance crew are dispatched to provide EMS for a patient, the following shall apply:

(1) Upon arrival of an EMS provider from the ALS squad vehicle who is a higher level EMS provider than the highest level EMS provider of the lower level ambulance crew who is present, that EMS provider shall assume primary responsibility for the patient.

(2) If the patient is assessed by the ALS squad vehicle crew to require EMS above the skill level at which the lower level ambulance crew is operating, and requires transport to a receiving facility, an appropriately certified member of the ALS squad vehicle shall attend to the patient during the transport by the lower level ambulance crew. That EMS provider shall use the equipment and supplies on the lower level ambulance, supplemented with the additional equipment and supplies, including medications, from the ALS squad vehicle.

(3) If at the scene or during patient transport by the lower level ambulance crew, the ALS squad vehicle crew determines that the lower level ambulance crew is operating at the skill level needed to attend to the patient's EMS needs, consistent with the Statewide EMS protocols, the EMS provider of the ALS squad vehicle who is responsible for the overall management of the EMS provided to the patient may relinquish responsibility for the patient to the lower level ambulance crew.

(d) *Application.* For purposes of this section, the term "lower level ambulance crew" means the ambulance crew of a BLS ambulance or intermediate ALS ambulance.

§ 1027.39. Critical care transport ambulance service.

(a) *Purpose.* An EMS agency that operates a critical care transport ambulance service employs one or more ALS ambulances staffed by a crew capable of providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS at the skill level needed to attend to and transport critically ill or injured patients between receiving facilities.

(b) *Staffing.* The minimum staffing for a critical care transport crew when responding to a call to provide critical care transport is an EMSVO and two EMS providers above the AEMT level with at least one of the EMS providers being a paramedic, PHPE, PHRN or a PHP who has successfully completed a critical care transport educational program approved by the Department. Provided that one of the EMS providers is a paramedic, PHPE, PHRN or a PHP who has successfully completed a critical care transport educational program approved by the Department, another health care provider or providers may substitute for a second EMS provider above the AEMT level to attend to a patient with special medical needs if the EMS agency has submitted to the Department, and received the Department's approval, a plan that provides for substitution to attend to the needs of those patients in accordance with the Department-approved protocol the EMS agency has established for its critical care transport service. Responding crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting a patient.

(c) *Transport of critical care patient.* During patient transport, two EMS providers who satisfy the minimum EMS provider staffing requirement in subsection (b) shall accompany the patient in the patient compartment of the ambulance and be available to attend to the patient during the transport.

(d) *Expanded scope of practice.* When providing EMS through a critical care transport ambulance service, the

scope of practice of an EMS provider above the AEMT level is expanded. This expansion will include EMS skills and the use of equipment in addition to those included in the EMS provider's general scope of practice if the EMS provider has received education to perform those skills and use that equipment by having successfully completed a critical care transport educational program approved by the Department. The EMS provider is required to be able to document having received that education and to demonstrate competency in the performance of those skills and use of that equipment to the EMS agency medical director. Performance of those skills and use of that equipment by that level of EMS provider will be authorized by the Department as published in a notice in the *Pennsylvania Bulletin*. An EMS provider shall perform these skills as directed by the Statewide EMS protocols applicable to a critical care transport ambulance service or as otherwise directed by a medical command physician.

§ 1027.40. Air ambulance service.

(a) *Purpose.* An EMS agency that operates an air ambulance service employs one or more air ambulances staffed by a crew capable of providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS. An air ambulance should be employed when time to administer definitive care to a patient is of the essence and transportation by air ambulance to a receiving facility able to provide the care is faster than transportation by ground ambulance, or when a patient requires EMS provided by specialized equipment or providers not available on a ground ambulance and the air ambulance can provide this faster than the patient would receive such care at a receiving facility if transported by ground ambulance.

(b) *Staffing.* The minimum staffing for an air ambulance crew when responding to a call to transport a patient by air ambulance is a pilot and two EMS providers above the AEMT level, with at least one of the EMS providers being a paramedic, PHPE, PHRN or a PHP who has successfully completed an air ambulance transport educational program approved by the Department. Provided that one of the EMS providers is a paramedic, PHPE, PHRN or a PHP who has successfully completed an air ambulance transport educational program approved by the Department, another health care provider or providers may substitute for a second EMS provider above the AEMT level to attend to a patient with special medical needs if the EMS agency has submitted to the Department, and received the Department's approval of, a plan that provides for substitution to attend to the needs of those patients in accordance with the Department-approved protocol the EMS agency has established for its air ambulance service. Responding crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting a patient.

(c) *Transport of patient.* During patient transport, two EMS providers who satisfy the minimum EMS provider staffing requirement in subsection (b) shall accompany the patient in the patient compartment of the ambulance and be available to attend to the patient during the transport.

(d) *Flight requirements.*

(1) An EMS agency's determination regarding whether to accept a flight shall be based solely on availability, weather conditions and safety considerations.

(2) The crew of an air ambulance shall apprise the dispatching ground PSAP as soon as practical after

receiving a dispatch call, its estimated time of arrival at the scene of the emergency. While the air ambulance is en route to the scene of an emergency, if the crew of the air ambulance believes that the air ambulance and required staff will not be able to arrive at the emergency scene within the estimated time of arrival previously given, the air ambulance crew shall contact the ground PSAP and provide a new estimated time of arrival.

(e) *EMS protocols.* In addition to following the Statewide EMS protocols, an EMS agency that operates an air ambulance service may establish and follow EMS protocols that address EMS not covered by the Department's EMS protocols, provided those protocols are approved by the Department. To secure that approval, the EMS agency shall submit the proposed protocols to the medical advisory committee of the regional EMS council through which it submitted its application to be licensed as an EMS agency. That medical advisory committee shall assess the appropriateness of the proposed protocols and then forward the proposed protocols to the Department with its recommendations.

(f) *Expanded scope of practice.* When providing EMS through an air ambulance service, the scope of practice of an EMS provider above the AEMT level is expanded. This expansion will include EMS skills and the use of equipment in addition to those included in the EMS provider's general scope of practice if the EMS provider has received education to perform those skills and use that equipment by having successfully completed an air ambulance transport educational program approved by the Department. The EMS provider is required to be able to document having received that education and to demonstrate competency in the performance of those skills and use of that equipment to the EMS agency medical director. Performance of those skills and use of that equipment by that level of EMS provider will be authorized by the Department as published in a notice in the *Pennsylvania Bulletin*. An EMS provider shall perform these skills as directed by the Statewide EMS protocols applicable to an air ambulance service or as otherwise directed by a medical command physician.

§ 1027.41. Special operations EMS services.

(a) *Generally.* A special operations EMS service provides EMS in austere environments that require specialized knowledge, equipment or vehicles to access a patient or it addresses patient care situations that differ from the routine situations that can be handled by a QRS, ambulance service or squad service, or some combination thereof. Depending upon the type of special operations EMS service and the circumstances presented, a special operations EMS service may be able to meet the EMS needs of the patient by itself, or may need to work with other EMS services to meet the EMS needs of the patient.

(b) *Special provisions.* The following apply to special operations EMS services:

(1) When providing EMS through a special operations EMS service, an EMS provider's scope of practice is expanded to include EMS skills and the use of equipment in addition to those included in the EMS provider's general scope of practice if the EMS provider has received education to perform those skills and use that equipment by having successfully completed a course approved by the Department for that type of special operations EMS service. The EMS provider is required to be able to document having received that education and to demonstrate competency in the performance of those skills and use of that equipment to the EMS agency medical

director. Performance of those skills and use of that equipment by that level of EMS provider will be authorized by the Department as published in a notice in the *Pennsylvania Bulletin*. An EMS provider shall perform these skills as directed by the Statewide EMS protocols applicable to that type of special operations EMS service or as otherwise directed by a medical command physician.

(2) Notwithstanding § 1021.41(a) (relating to EMS patient care reports), when an EMS agency is providing EMS exclusively through a special operations EMS service it shall document patient encounters as follows:

(i) It shall document every patient encounter on a log that includes the minimum information required by the Department as published in a notice in the *Pennsylvania Bulletin* pertaining to EMS PCR form elements, including documentation required by the Statewide EMS protocols for any patient refusing treatment.

(ii) For any patient transported by ambulance from a special operations EMS incident, it shall complete a written transfer of care form that contains the patient information that is essential for immediate transmission for patient care required under § 1021.41(c), and provide it to the EMS provider on the ambulance who accepts responsibility for the patient.

(iii) For any patient transported by ambulance from a special operations EMS incident who receives EMS from the special operations EMS service exceeding the scope of practice of an EMT, it shall complete an EMS PCR and otherwise comply with § 1021.41.

(iv) For any patient not transported by ambulance who refuses EMS or dies while under the care of a special operations EMS service, the special operations EMS service shall complete an EMS PCR and otherwise comply with § 1021.41.

(3) Notwithstanding § 1027.31(8) (relating to general standards for providing EMS), when an EMS provider at or above the AEMT level is responding as part of a special operations EMS service in a vehicle other than an EMS vehicle, the EMS provider may transport in that vehicle EMS equipment and supplies that an EMT is not authorized to use, provided the EMS agency has adopted policies approved by its EMS agency medical director to ensure the proper storage and security of the equipment and medications, and the EMS provider abides by those policies.

(4) To facilitate the ability of EMS providers to access and move patients, a special operations EMS service may use modes of transportation at the special operations EMS incident site, such as a bike, golf cart or other motorized vehicle, to transport EMS providers and patients.

(c) *Tactical EMS service.*

(1) *Purpose.* An EMS agency that provides a tactical EMS service provides EMS support to a law enforcement service to afford a rapid and safe EMS response if a person becomes ill or injured during a tactical law enforcement operation.

(2) *Affiliation.* To secure and maintain an EMS agency license that authorizes the EMS agency to operate a tactical EMS service, an EMS agency shall demonstrate that it is affiliated with a law enforcement service operated by a government law enforcement agency or a consortium of government law enforcement agencies.

(3) *Staffing.* An EMS agency that provides a tactical EMS service shall be staffed by at least six EMS provid-

ers who are above the AEMT level with a minimum of 2 years of experience as an EMS provider above the AEMT level, and who have completed an educational program approved by the Department on tactical EMS operations. The minimum staff when providing EMS support as a tactical EMS service is two EMS providers who meet these standards. All EMS providers who provide EMS for an EMS agency's tactical EMS service shall be 21 years of age or older.

(4) *Weapons.* Notwithstanding § 1027.3(j) (relating to licensure and general operating standards), when an EMS provider is responding to a tactical law enforcement operation as part of a tactical EMS service, the EMS provider may carry weapons and other tactical items as otherwise permitted by law and approved by the affiliated law enforcement agency.

(5) *Reporting.* The EMS agency shall provide a summary report of a tactical EMS operation response to the regional EMS council assigned to the region in which the tactical EMS service was provided, within 30 days of the tactical EMS operation, on a form or through an electronic process as prescribed by the Department.

(d) *Wilderness EMS service.*

(1) *Purpose.* An EMS agency that provides a wilderness EMS service provides EMS in the wilderness, backcountry or other wild and uncultivated area to afford an EMS response should a person become ill or injured in that setting.

(2) *Coordination.* To secure and maintain an EMS agency license that authorizes the EMS agency to operate a wilderness EMS service, an EMS agency shall demonstrate that it has coordinated with a local, county or State emergency service or services and responds at their request.

(3) *Staffing.* An EMS agency that provides a wilderness EMS service shall be staffed by at least six EMS providers who have completed an educational program approved by the Department on wilderness EMS operations. The minimum staff when providing EMS as a wilderness EMS service is two EMS providers at or above the EMT level who meet these standards. EMS providers who provide EMS for a wilderness EMS service shall be 18 years of age or older.

(4) *Reporting.* The EMS agency shall provide a summary report of a wilderness EMS operation response to the regional EMS council assigned to the region in which the wilderness EMS service was provided, within 30 days of the wilderness EMS operation, on a form or through an electronic process, as prescribed by the Department.

(e) *Mass-gathering EMS service.*

(1) *Purpose.* An EMS agency that provides a mass-gathering EMS service provides EMS when there is a large gathering of persons under circumstances such as the following:

(i) The number of anticipated participants or spectators would overwhelm normal EMS capabilities for the area or local hospital capabilities.

(ii) The nature of the activity occurring at the mass-gathering site may result in increased risk of injury or illness to spectators or participants.

(iii) Areas where access to normal EMS operations are limited due to factors such as physical/logistical restrictions in access routes, gathering areas and the number of spectators.

(iv) Risk analysis has determined that the site of the mass-gathering could be considered a target of opportunity for terrorist activity.

(2) *Coordination.* To secure and maintain an EMS agency license that authorizes the EMS agency to operate a mass-gathering EMS service, an EMS agency shall demonstrate that it has coordinated with an EMS agency that operates an ambulance service and other local, county or State emergency services.

(3) *Staffing.* An EMS agency that provides mass-gathering EMS service shall be staffed by at least six EMS providers. The minimum staff when providing EMS support as a mass-gathering EMS service is two EMS providers with at least one EMS provider at or above the EMT level.

(4) *Reporting.* The EMS agency shall provide a summary report of a mass-gathering event at which it provides EMS to the regional EMS council assigned to the region in which the mass-gathering EMS service was provided, within 30 days of the event, on a form or through an electronic process, as prescribed by the Department.

(f) *Urban search and rescue EMS service.*

(1) *Purpose.* An EMS agency that provides an urban search and rescue (USAR) EMS service provides EMS at an incident in which patients are entrapped by a structural collapse or other entrapment for an extended period of time.

(2) *Coordination.* To secure and maintain an EMS agency license that authorizes the EMS agency to operate a USAR EMS service, an EMS agency shall demonstrate that it has coordinated with a local, county or State emergency service or services and responds at their request.

(3) *Staffing.* An EMS agency that provides a USAR EMS service shall be staffed by at least six EMS providers above the level of AEMT who have completed an educational program approved by the Department on USAR EMS operations. The minimum staff when providing EMS as a USAR EMS service is two EMS providers above the AEMT level who meet these standards. EMS providers who provide EMS for a USAR EMS service shall be 18 years of age or older.

(4) *Reporting.* The EMS agency shall provide a summary report of a USAR EMS operation response to the regional EMS council assigned to the region in which the USAR EMS service was provided, within 30 days of the USAR EMS operation, on a form or through an electronic process, as prescribed by the Department.

(g) *Extraordinary applications.* An EMS agency or an applicant for an EMS agency license may apply to operate under its license a type of special operations EMS service that is not addressed in this chapter. The Department will address each request on an individual basis. It will grant, conditionally grant or deny the request as it deems appropriate to protect the public interest. An EMS agency granted authorization to conduct a special operations EMS service under this subsection shall be subject to any later adopted regulations that apply to that type of special operations EMS service.

(h) *Construction.* This section enables an EMS agency that has been licensed to provide a special operations EMS service to hold itself out as being licensed to provide that service and to provide that service in accordance with the requirements in this section. It does not require an EMS agency to be licensed to conduct a special

operations EMS service to respond to a call requesting EMS under circumstances in which a special operations EMS service would be appropriate.

§ 1027.42. Water ambulance service.

(a) *Generally.* An EMS agency that operates a water ambulance service employs one or more water ambulances staffed by an ambulance crew capable of providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS.

(b) *Application.* The requirements for ambulances, EMS agencies and EMS vehicles under this subpart apply to water ambulance services except as otherwise provided in this subpart.

(c) *Specific provisions.*

(1) A BLS water ambulance service shall meet the requirements of § 1027.33 (relating to basic life support ambulance service).

(2) An intermediate ALS water ambulance service shall meet the requirements of § 1027.34 (relating to intermediate advanced life support ambulance service).

(3) An ALS water ambulance service shall meet the requirements of § 1027.35 (relating to advanced life support ambulance service).

(d) *EMSVOs.* Notwithstanding subsection (c), the minimum staffing standards for a water ambulance service do not include an EMSVO.

Subchapter C. MISCELLANEOUS

Sec.

1027.51. Stretcher and wheelchair vehicles.

1027.52. Out-of-State providers.

§ 1027.51. Stretcher and wheelchair vehicles.

(a) *Stretcher vehicle.* A stretcher vehicle is a ground vehicle, other than an ambulance, that is commercially used to transport by stretcher a person who does not receive and cannot reasonably be anticipated to require medical assessment, monitoring, treatment or observation by EMS providers during transport, but who, due to the person's condition, requires vehicle transportation on a stretcher or in a wheelchair.

(b) *Wheelchair vehicle.* A wheelchair vehicle is a ground vehicle, other than an ambulance, that is commercially used to transport by wheelchair a person who does not receive and cannot reasonably be anticipated to require medical assessment, monitoring, treatment or observation by EMS providers during transport, but who, due to the person's condition, requires vehicle transportation on a stretcher or in a wheelchair.

(c) *Prohibition.* An entity may not operate a stretcher or wheelchair vehicle to transport a person who the entity knows or should reasonably know requires medical assessment, monitoring, treatment or observation during transport.

§ 1027.52. Out-of-State providers.

(a) An entity located or headquartered outside of this Commonwealth, that is not licensed as an EMS agency by the Department, may not engage in the business of providing EMS to patients within this Commonwealth except when dispatched by a PSAP to provide EMS. This is to occur only when a PSAP determines that an EMS agency is unable to respond within a reasonable time or its response is not sufficient to deal with the emergency.

(b) An entity located or headquartered outside of this Commonwealth that is not licensed as an EMS agency by the Department, may provide EMS to patients when transporting them from locations outside this Commonwealth to locations within this Commonwealth.

(c) An entity located or headquartered outside this Commonwealth, which is not an agency of the Federal government, needs to be licensed as an EMS agency by the Department to provide EMS to patients within this Commonwealth other than as described in subsections (a) and (b).

CHAPTER 1029. MEDICAL COMMAND FACILITIES AND RECEIVING FACILITIES

Subchap.

A. MEDICAL COMMAND FACILITIES

B. RECEIVING FACILITIES

Subchapter A. MEDICAL COMMAND FACILITIES

Sec.

1029.1. General provisions.

1029.2. Operational requirements.

1029.3. Processing certification and registration applications.

1029.4. Inspections and investigations.

1029.5. Plan of correction.

1029.6. Discontinuation of service.

§ 1029.1. General provisions.

(a) *Certification and registration required.* To operate as a medical command facility, a medical unit shall be certified and currently registered as a medical command facility.

(b) *Certification requirements.*

(1) The Department will certify as a medical command facility a facility that was recognized by the Department as a medical command facility immediately prior to October 12, 2013.

(2) The Department will certify other applicants for certification as a medical command facility if the Department is satisfied that the applicant has met the following requirements:

(i) It is a distinct medical unit operated by a hospital or consortium of hospitals.

(ii) It has the equipment and personnel needed to provide medical command to and control over EMS providers.

(iii) It employs a medical command facility medical director.

(iv) It has adopted policies and procedures to ensure that a medical command physician is available to provide medical command at all times.

(v) It satisfies the communications, recordkeeping and other requirements imposed under this chapter.

(c) *Certification application.* An application for certification as a medical command facility shall be submitted on a form or through an electronic process, as prescribed by the Department, to the regional EMS council exercising responsibility for the EMS region in which the applicant is located. The application form shall solicit information to enable the Department to determine whether the applicant has satisfied the certification requirements under subsection (b).

(d) *Triennial registration.* A medical command facility's certification is deemed registered when the certification is issued. Except for a medical command facility certified under subsection (b)(1), a medical command facility's registration of its certification is valid for 3 years. The initial registration of the certification of a medical com-

mand facility certified under subsection (b)(1) based upon its prior recognition as a medical command facility will expire when its recognition as a medical command facility would have expired under the Emergency Medical Services Act (35 P. S. §§ 6921—6938) (repealed by the act of August 18, 2009 (P. L. 308, No. 37)).

(e) *Registration application.* A medical command facility shall submit an application for registration of its certification on a form or through an electronic process, as prescribed by the Department, between 60 and 90 days before its current registration expires to the regional EMS council exercising responsibility for the EMS region in which the applicant is located. The application form shall solicit information to enable the Department to determine whether the applicant continues to satisfy the certification requirements under subsection (b)(2).

§ 1029.2. Operational requirements.

The operational requirements of a medical command facility are as follows:

(1) It shall continue to satisfy all requirements under § 1029.1 (relating to general provisions).

(2) It shall satisfy the following communication and recordkeeping requirements:

(i) Compatibility with regional telecommunication systems plans, if in place.

(ii) Communication by way of telecommunications equipment/radios with EMS providers providing EMS for an EMS agency within the area in which medical command is exercised.

(iii) Audio recording of medical command communications or, when medical command is provided at the scene, otherwise documenting medical command sessions.

(iv) Maintenance of the recording of a medical command session, or documentation of a medical command session when medical command is provided at the scene, for 7 years.

(v) An appropriate program for training emergency department staff in the effective use of telecommunication equipment.

(vi) Protocols to provide for prompt response to requests from EMS providers for both radio and telephone medical guidance, assistance or advice.

(vii) Documentation that each medical command physician has been educated on all updates to Statewide EMS protocols.

(3) It shall accurately and promptly relay information regarding patients to the appropriate receiving facility.

(4) It shall adhere to EMS protocols approved by the Department except when a departure is required for good cause.

(5) It shall establish a process whereby the medical command facility medical director or the director's designee identifies problems to EMS providers and instructs how to correct those problems.

(6) It shall obtain a contingency agreement with at least one other medical command facility to ensure availability of medical command at all times, including during mass casualty situations, natural disasters and declared states of emergency.

(7) It shall establish internal procedures that comply with the Statewide EMS protocols.

(8) It shall notify PSAPs, through which it routinely receives requests for medical command, when it will not have a medical command physician available to provide medical command.

(9) It shall participate in the regional EMS council's quality improvement program.

(10) It shall employ sufficient administrative support staff to enable the institution to carry out its essential duties, including audits, equipment maintenance, and processing and responding to complaints.

(11) It shall establish a program of training for medical command physicians, EMS providers and emergency department staff and establish a method to ensure that each medical command physician receives education about all updates and changes to the Statewide EMS protocols.

(12) It shall provide medical command to EMS providers whenever they seek direction.

§ 1029.3. Processing certification and registration applications.

(a) A regional EMS council that receives an application for medical command facility certification or an application to register that certification shall review the application for completeness. The regional EMS council shall apprise the applicant if the application is incomplete and obtain a completed application from the applicant.

(b) The regional EMS council shall conduct an onsite inspection of the applying facility to verify information contained within the application and to complete a physical inspection of the medical command area.

(c) After completing its review, the regional EMS council shall forward a copy of its recommendation to the Department and to the applying facility. If the applying facility disagrees with the recommendation of the regional EMS council, it may submit a written rebuttal to the Department within 10 days of its receipt of the recommendation.

(d) The Department will review the application, information and recommendation submitted by the regional EMS council and the rebuttal statement, if any, submitted by the applying facility and make a decision within 30 days from the time of its receipt of the regional EMS council's recommendation to grant or deny the application.

(e) The Department may inspect the facility and gather additional information to aid it in making a decision on the application.

§ 1029.4. Inspections and investigations.

(a) The Department will conduct inspections of a medical command facility from time to time, as deemed appropriate and necessary, but at least once every 3 years, including when necessary to investigate a complaint or a reasonable belief that a violation of this subchapter may exist. The Department may have a regional EMS council conduct or assist the Department in conducting an inspection or investigation.

(b) A medical command facility and an applicant for medical command facility certification shall fully respond to an inquiry of the Department or a regional EMS council regarding its compliance with this subchapter and provide them full and free access to examine the facility and its records relating to its operation as a medical command facility.

§ 1029.5. Plan of correction.

(a) *Notification of violation.* Upon determining that a medical command facility has violated the act or this

subchapter, the Department may issue a written notice to the medical command facility specifying the violation or violations. The notice will require the medical command facility to take immediate action to discontinue the violation or violations or to submit a plan of correction, or both, to bring the medical command facility into compliance. If the medical command facility cannot remedy the problem immediately and a plan of correction is therefore required, the Department may direct that the violation be remedied within a specified period of time.

(b) *Response by medical command facility.* After receiving the notice of violation or violations, the medical command facility shall do one of the following:

(1) Comply with the requirements specified in the notice.

(2) Refuse to comply with one or more of the requirements specified in the notice and apprise the Department of its decision, with an explanation, within the time and manner specified in the notice.

(3) Comply with the requirements specified in the notice and apprise the Department of its decision, within the time and manner specified in the notice of any violation identified in the notice with which it disagrees, supported by an explanation for its disagreement.

(c) *Medical command facility disagreement or refusal to comply.* If the medical command facility fails to comply with any of the directives in the notice and responds as required under subsection (b)(2), or disagrees with any of the violations identified and responds as required under subsection (b)(3), the Department will evaluate the explanation provided by the medical command facility to determine whether the response was justified. If the Department determines that the response was justified in whole or part, it will inform the medical command facility and rescind any violation identified or directive given in the notice that the Department determines should not have applied.

(d) *Consequence of failure to comply.* A medical command facility's response to a notice under subsection (b)(2) does not act to stay any of the directives in the notice. A medical command facility's failure to comply with a directive in the notice constitutes a ground for discipline if the violation to which the directive relates is found to be true following a hearing.

§ 1029.6. Discontinuation of service.

A medical command facility may not discontinue medical command operations without providing 90 days advance written notice to the Department, regional EMS councils responsible for regions in which the medical command facility routinely provides medical command and EMS agencies for which it routinely provides medical command. A medical command facility shall advertise notice of its intent to discontinue service as a medical command facility in a newspaper of general circulation in its service area at least 90 days in advance of discontinuing service as a medical command facility.

Subchapter B. RECEIVING FACILITIES

Sec.

1029.21. Receiving facilities.

§ 1029.21. Receiving facilities.

(a) *General requirements.* A receiving facility shall include a fixed location, with an organized emergency department, including a physician educated to manage cardiac, trauma, pediatric, obstetrics, medical behavioral and all-hazards emergencies. A physician who satisfies

these requirements shall be present in the facility and available to the emergency department 24 hours-a-day, 7 days-a-week.

(b) *Patients with special needs.* Patients with special needs, particularly those with time-sensitive illnesses, who need to be transported to a receiving facility shall be transported to a specialty receiving facility consistent with the Statewide EMS protocols.

(c) *Transports to receiving facilities.* Unless directed otherwise by a medical command physician, if patient transport by ambulance is required for additional care that has not been prearranged, an ambulance must transport the patient to a receiving facility or other facility as the Department has designated in the Statewide EMS protocols.

(d) *Confirmation of receiving patient.* When a patient has been transported to a receiving facility, the receiving facility shall acknowledge in writing that it has received the patient if the transporting ambulance crew requests that acknowledgement.

CHAPTER 1031. COMPLAINTS, DISCIPLINARY ACTIONS, ADJUDICATIONS AND APPEALS

Sec.

- 1031.1. Administrative and appellate procedure.
- 1031.2. Complaints and investigations.
- 1031.3. Discipline of EMS providers.
- 1031.4. Petition for certification after revocation.
- 1031.5. Discipline of EMS vehicle operators.
- 1031.6. Temporary suspension of EMS provider and EMS vehicle operator certifications.
- 1031.7. Discipline of EMS instructors.
- 1031.8. Discipline of medical command physicians and medical command facility medical directors.
- 1031.9. Automatic suspension for incapacity.
- 1031.10. Discipline of EMS agencies.
- 1031.11. Discipline of medical command facilities.
- 1031.12. Discipline of EMS educational institutes.
- 1031.13. Discipline of providers of EMS continuing education.
- 1031.14. Civil money penalty for practicing without a license or certification.
- 1031.15. Discipline of vendors of EMS PCR software.
- 1031.16. Discipline of management companies.

§ 1031.1. Administrative and appellate procedure.

(a) *Administrative proceedings.* Except as otherwise provided in this chapter, the Department will hold hearings and issue adjudications for proceedings conducted under the act and this subpart in accordance with 2 Pa.C.S. (relating to administrative law and procedure) and will conduct those proceedings under 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure).

(b) *Judicial appeals.* Department adjudications issued under the act and this chapter may be appealed to the Commonwealth Court under 42 Pa.C.S. § 763 (relating to direct appeals from government agencies).

§ 1031.2. Complaints and investigations.

(a) *Filing a complaint.* A person may file with the Department a complaint about a violation of the act or this subpart by an individual or entity regulated by the Department under the act or an individual or entity believed to have provided EMS or have engaged in any other activity for which some type of authorization under the act or this subpart is required, without that individual or entity having secured a certification, license or other authorization from the Department to engage in that activity as required by the act and this subpart.

(b) *Filing office.* The complaint shall be filed with the regional EMS council that serves the EMS region where the conduct occurred. The regional EMS council shall provide the Bureau with a copy of the complaint. A

complaint concerning the conduct of a regional EMS council shall be filed directly with the Bureau.

(c) *Status of complaint.* If a person files a complaint seeking to have the Department impose a disciplinary or corrective measure under this chapter, the Department's action in the handling of the complaint will be on behalf of the Commonwealth to determine whether there has been a violation of a statutory or regulatory requirement over which the Department has jurisdiction under the act.

(d) *Processing a complaint.* Upon receipt of a complaint filed under this section, the Bureau will assess whether the Department has jurisdiction over the matter about which the complaint is filed. If the matter is within the Department's jurisdiction and an investigation is needed, the Bureau will investigate the complaint or assign the complaint to a regional EMS council or other appropriate entity to investigate. Unless the Bureau determines that disclosure to the individual or entity about whom the complaint has been filed will compromise the investigation or would be inappropriate for some other reason, the investigation will be initiated by providing that individual or entity with a copy of the complaint and requesting a response. The Department will redact and withhold identifying information of the complainant throughout the investigation and will not provide this information if the Department determines that release of this information may compromise the investigation or that release of this information may endanger the life or physical safety of the complainant. In the event the Department does not release identifying information of the complainant, the Department may disclose this information to those persons authorized by the Department to conduct the investigation or as otherwise required by law. If the matter is not within the Department's jurisdiction to address, the Bureau will advise the person who filed the complaint and refer the complainant to another agency if the Bureau believes that the matter about which the complaint has been filed may be within the other agency's jurisdiction.

(e) *Notification of results of investigation.* When an investigation is completed, the Bureau will notify the complainant of the general results of the investigation of the matter about which the complaint was filed. This notification does not include providing the complainant with a copy of any document collected or prepared during the course of the investigation or communications with persons involved in the investigation, including the subject of the complaint. The Bureau will also provide the same information to the individual or entity about whom the complaint was filed if the individual or entity was officially apprised of the complaint or investigation. If the Department is considering taking disciplinary action against the individual or entity, notification may occur when a disciplinary decision is reached or when disciplinary charges are filed.

§ 1031.3. Discipline of EMS providers.

(a) *Grounds for discipline.* The Department may discipline or impose corrective measures on an EMS provider or an applicant for EMS provider certification for one or more of the following reasons:

- (1) Having a lack of physical or mental ability to provide adequate EMS, with reasonable accommodations if the person has a disability.
- (2) Deceptively or fraudulently procuring or representing certification or registration credentials, or making misleading, deceptive or untrue representations to secure

or aid or abet another person to secure a certification, license, registration or other authorization issued under this subpart.

(3) Engaging in willful or negligent misconduct in providing EMS or engaging in practice beyond the scope of certification authorization without legal authority to do so.

(4) Abusing or abandoning a patient.

(5) Rendering EMS while under the influence of alcohol, illegal drugs or the knowing abuse of legal drugs.

(6) Operating an emergency vehicle in a reckless manner or while under the influence of alcohol, illegal drugs or the knowing abuse of legal drugs.

(7) Disclosing medical or other information about a patient when prohibited by Federal or State law.

(8) Willfully preparing or filing a false medical report or record or inducing another person to do so.

(9) Destroying a medical report or record required to be maintained.

(10) Refusing to render EMS because of a patient's race, sex, creed, national origin, sexual preference, age, handicap or medical problem or refusing to render emergency medical care because of a patient's financial inability to pay.

(11) Failing to comply with Department-approved EMS protocols.

(12) Failing to comply with reporting requirements imposed by the act or this subpart.

(13) Practicing without the current registration of a certification.

(14) Being convicted of a felony, a crime related to the practice of the EMS provider or a crime involving moral turpitude.

(15) Willfully falsifying or failing to prepare an EMS PCR or complete details on an EMS PCR.

(16) Misappropriating drugs or EMS agency property.

(17) Having a certification or other authorization to practice a profession or occupation revoked, suspended or subjected to other disciplinary sanction.

(18) Violating, aiding or abetting another person to violate a duty imposed by the act, this subpart or an order of the Department previously entered in a disciplinary proceeding.

(19) Based upon a finding of misconduct by the relevant Federal or State agency, having been excluded from a Federal or State health care program or having had equity or capital stock or profits of an entity equal to 5% or more of the value of the property or assets of the entity when it was excluded from a Federal or State health care program.

(20) Any other reason as determined by the Department that poses a threat to the health and safety of the public.

(b) *Types of discipline authorized.* If disciplinary action or corrective action is appropriate under subsection (a), the Department may do one or more of the following:

- (1) Deny an application for certification or registration of the certification.
- (2) Issue a public reprimand.
- (3) Revoke, suspend, limit or otherwise restrict the certification.

(4) Require the person to take refresher or other educational courses.

(5) Impose a civil money penalty not exceeding \$1,000 for each incident in which the EMS provider engages in conduct that constitutes a basis for discipline.

(6) Stay enforcement of a suspension, revocation or other discipline and place the individual on probation with the right to vacate the probationary order for noncompliance.

(c) *Denial of registration.* The Bureau will not deny a registration of an EMS provider certification without giving the EMS provider prior notice of the reason for the denial and providing an opportunity for a hearing. If the reason for the denial is the failure of the EMS provider to present prima facie evidence that the continuing education or examination requirement for registration has been satisfied, the opportunity for a hearing may occur after the prior registration has expired.

§ 1031.4. Petition for certification after revocation.

(a) *Petition for certification after revocation.* A person whose certification has been revoked may not apply for reinstatement of that certification. A person whose EMS provider certification has been revoked may petition the Department for allowance to apply for a new certification no earlier than 5 years after the effective date of the revocation. The petition must aver facts to establish that the petitioner has been rehabilitated to the extent that issuing that person a certification would not be detrimental to the public interest. In assessing the public interest, the Department will weigh the facts that tend to show that the petitioner has been rehabilitated against the Department's duty to maintain public confidence in its ability to regulate EMS providers, deter other EMS providers from engaging in conduct similar to that which resulted in the revocation and protect persons who may require EMS.

(b) *Department action on the petition.*

(1) The Department will deny a petition for allowance to apply for a new certification, without conducting a hearing, if it accepts as true all facts averred and it concludes that those facts fail to establish that the petitioner has been rehabilitated to the extent that certification would not be detrimental to the public interest.

(2) The Department may grant or hold a hearing on a petition for a new certification if it concludes that the facts averred in the petition, if true, establish a prima facie case that the petitioner has been rehabilitated to the extent that certification would not be detrimental to the public interest.

(c) *Grant of petition for a new certification.* If the Department grants the petition, the petitioner shall repeat the educational program and the certification examinations that are required for the EMS provider certification the petitioner is seeking and shall satisfy all other requirements for that certification that exist at the time the petitioner files an application for certification after having successfully completed that education and the examinations.

(d) *Denial of petition for a new certification.* If the Department denies the petition, the petitioner may not again petition the Department for allowance to apply for certification until 1 year has expired from the date of the denial.

§ 1031.5. Discipline of EMS vehicle operators.

(a) *Grounds for discipline.* The Department may discipline or impose corrective measures on an EMSVO or an applicant for EMSVO certification for one or more of the following reasons:

(1) Having a lack of physical or mental ability to operate an EMS vehicle, with reasonable accommodations if the person has a disability.

(2) Deceptively or fraudulently procuring or representing certification or registration credentials, or making misleading, deceptive or untrue representations to secure a certification or registration.

(3) Operating an emergency vehicle in a reckless manner or while under the influence of alcohol, illegal drugs or the knowing abuse of legal drugs.

(4) Having a driver's license suspended in any jurisdiction due to the use of alcohol or drugs or a moving traffic violation.

(5) Operating a ground EMS vehicle without a driver's license or while a driver's license is suspended.

(6) Being convicted of a felony or a crime involving moral turpitude.

(7) Failing to report a criminal conviction that the applicant or EMSVO is required to report or failing to report the suspension of a driver's license due to the use of alcohol or drugs or a moving traffic violation.

(8) Any other reason as determined by the Department that poses a threat to the health and safety of the public.

(b) *Types of discipline authorized.* If disciplinary or corrective action is appropriate under subsection (a), the Department may:

(1) Deny an application for certification or registration of the certification.

(2) Issue a public reprimand.

(3) Revoke or suspend the certification.

(4) Impose conditions for lifting a suspension.

(c) *Automatic suspension.* An EMSVO certification shall be automatically suspended for 4 years if an EMSVO is convicted of a criminal offense that involves driving under the influence of alcohol or drugs, and for 2 years if the EMSVO is convicted of a criminal offense that involves reckless driving or had a driver's license suspended due to the use of drugs or alcohol or a moving traffic violation.

§ 1031.6. Temporary suspension of EMS provider and EMS vehicle operator certifications.

(a) *Issuance of temporary suspension.* The Department will issue an order temporarily suspending an EMS provider or EMS vehicle operator certification, without a hearing, if based upon evidence received that appears to be credible the Department determines that the person is a clear and immediate danger to the public health and safety.

(b) *Notice and preliminary hearing.* Notice of the temporary suspension will include a written statement of the factual allegations upon which the determination is based. Unless an extension of time is requested by the EMS provider or EMS vehicle operator, within 30 days after an order under subsection (a) is issued, the Department shall conduct a preliminary hearing to determine whether there is a prima facie case supporting the temporary suspension. The EMS provider or EMS vehicle operator may be present at the preliminary hearing and

may be represented by counsel, cross-examine witnesses, inspect physical evidence, call witnesses and offer testimony and other evidence to rebut the prima facie case. If and when the Department determines that the evidence does not establish a prima facie case that the EMS provider or EMS vehicle operator is a clear and immediate danger to the public health and safety, the Department will immediately issue an order lifting the suspension.

(c) *Beginning of formal disciplinary proceedings.* After issuing an order under subsection (a), the Department shall begin formal disciplinary action under § 1031.3 or § 1031.5 (relating to discipline of EMS providers; and discipline of EMS vehicle operators).

(d) *Duration of temporary suspension if prima facie case is established.* If the Department determines that a prima facie case supporting the temporary suspension is established at the preliminary hearing, the temporary suspension shall remain in effect, but no longer than 180 days unless agreed upon by the parties.

§ 1031.7. Discipline of EMS instructors.

(a) *Grounds for discipline.* The Department may discipline or impose corrective measures on a certified EMS instructor, or an applicant for certification as an EMS instructor, for one or more of the following reasons:

- (1) Any reason an EMS provider may be disciplined under § 1031.3 (relating to discipline of EMS providers).
- (2) Providing instruction while under the influence of alcohol or illegal drugs or the knowing abuse of legal drugs.
- (3) Failing to perform a duty imposed upon an EMS instructor under this subpart.
- (4) Any other reason as determined by the Department that poses a threat to the health and safety of students.

(b) *Types of discipline authorized.* If disciplinary action or corrective action is appropriate under subsection (a), the Department may do one or more of the following:

- (1) Deny an application for certification.
- (2) Issue a public reprimand.
- (3) Revoke, suspend, limit or otherwise restrict the certification.
- (4) Impose a civil money penalty not exceeding \$1,000 for each incident in which the EMS instructor engages in conduct that constitutes a basis for discipline.
- (5) Stay enforcement of a suspension, revocation or other discipline and place the individual on probation with the right to vacate the probationary order for noncompliance.

§ 1031.8. Discipline of medical command physicians and medical command facility medical directors.

(a) *Grounds for discipline.* The Department may discipline or impose corrective measures on a medical command physician or medical command facility medical director for the following reasons:

- (1) Violating a responsibility imposed on the physician by § 1023.2 or § 1023.3 (relating to medical command physician; and medical command facility medical director).
- (2) Without good cause, failing to comply with an EMS protocol established or approved by the Department.

(b) *Types of discipline authorized.* If disciplinary action or corrective action is appropriate under subsection (a), the Department may do one or more of the following:

- (1) Deny the application for certification.
- (2) Issue a public reprimand.
- (3) Revoke, suspend, limit or otherwise restrict or condition the certification.
- (4) Impose a civil money penalty not exceeding \$1,000 for each incident in which the physician engages in conduct that constitutes a basis for discipline.
- (5) Stay enforcement of any suspension, revocation or other discipline and place the individual on probation with the right to vacate the probationary order for noncompliance.

§ 1031.9. Automatic suspension for incapacity.

The Department will automatically suspend a certification issued under this subpart upon receiving a certified copy of court records establishing that the person has been adjudicated as incapacitated under 20 Pa.C.S. § 5511 (relating to petition and hearing; independent evaluation) or an equivalent statutory provision, and will lift the suspension upon receiving a certified copy of court records establishing that the person has regained capacity under 20 Pa.C.S. § 5517 (relating to adjudication of capacity and modification of existing orders) or an equivalent statutory provision.

§ 1031.10. Discipline of EMS agencies.

(a) *Grounds for discipline.* The Department may discipline an EMS agency or an applicant for an EMS agency license for one or more of the following reasons:

- (1) Violating a requirement of the act or a regulation adopted under the act.
- (2) Failing to submit a plan of correction acceptable to the Department to correct a violation cited by the Department or failing to comply with a plan of correction accepted by the Department.
- (3) Refusing to accept a conditional temporary license properly sought by the Department or to abide by its terms.
- (4) Engaging in fraud or deceit in obtaining or attempting to obtain a license.
- (5) Lending its license or, except as authorized by the Department in acting upon the license application or an application to amend the license, enabling another person to manage or operate the EMS agency or any service the EMS agency is licensed to provide.
- (6) Engaging in incompetence, negligence or misconduct in operating the EMS agency or in providing EMS to patients.

(7) Using the license of another or in any way knowingly aiding or abetting the improper granting of a license, certification, accreditation or other authorization issued under the act.

(8) Failing to meet or continue to meet applicable licensure standards.

(9) The EMS agency is not a responsible person or is not staffed by responsible persons and refuses to remove from its staff the irresponsible person or persons when directed to do so by the Department.

(10) Being convicted of a felony or a crime involving moral turpitude or related to the practice of the EMS agency.

(11) Making misrepresentations in seeking funds made available through the Department.

(12) Refusing to render EMS because of a patient's race, sex, creed, national origin, sexual preference, age, handicap, medical problem or refusing to respond to an emergency and render EMS because of a patient's financial inability to pay.

(13) Violating an order previously issued by the Department in a disciplinary matter.

(b) *Types of discipline authorized.* If disciplinary action is appropriate under subsection (a), the Department may do one or more of the following:

(1) Deny an application for a license.

(2) Issue a public reprimand.

(3) Revoke, suspend, limit or otherwise restrict the license.

(4) Impose a civil money penalty not exceeding \$5,000 for each incident in which the EMS agency engages in conduct that constitutes a basis for discipline.

(5) Stay enforcement of a suspension, revocation or other discipline and place the EMS agency on probation with the right to vacate the probationary order for noncompliance.

§ 1031.11. Discipline of medical command facilities.

(a) *Grounds for discipline.* The Department may discipline a medical command facility or an applicant for a medical command facility certification for one or more of the following reasons:

(1) Submitting a fraudulent or deceptive application for certification or registration of the certification.

(2) Violating a requirement in § 1029.1 or § 1029.2 (relating to general provisions; and operational requirements).

(3) Refusing to permit an inspection or to respond to an inquiry as required under § 1029.4 (relating to inspections and investigations).

(4) Failing to comply, without just cause, with an EMS protocol approved by the Department.

(5) Failing to submit a plan of correction acceptable to the Department to correct a violation cited by the Department or failing to comply with a plan of correction accepted by the Department.

(b) *Types of discipline authorized.* If disciplinary action is appropriate under subsection (a), the Department may do one or more of the following:

(1) Deny an application for certification.

(2) Issue a public reprimand.

(3) Revoke, suspend, limit or otherwise restrict or condition the certification.

(4) Impose a civil money penalty not exceeding \$5,000 for each act that constitutes a basis for discipline.

(5) Stay enforcement of a suspension, revocation or other discipline and place the medical command facility on probation with the right to vacate the probationary order for noncompliance.

§ 1031.12. Discipline of EMS educational institutes.

(a) *Grounds for discipline.* The Department may discipline an EMS educational institute or an applicant for an EMS educational institute certification for one or more of the following reasons:

(1) Failure to satisfy the responsibilities imposed upon it under §§ 1025.1—1025.3 (relating to accreditation and operational requirements of EMS educational institutes; accreditation process; and advertising).

(2) An absence of students in the program for 2 consecutive years.

(3) Submission of a fraudulent or deceptive application for accreditation.

(b) *Types of discipline authorized.* If disciplinary action is appropriate under subsection (a), the Department may do one or more of the following:

(1) Deny the application for accreditation or reaccreditation.

(2) Impose terms of probation.

(3) Revoke, suspend, limit or otherwise restrict the accreditation.

(4) Impose a civil money penalty not exceeding \$1,000 for each infraction.

§ 1031.13. Discipline of providers of EMS continuing education.

(a) *Grounds for discipline.* The Department may discipline a continuing education sponsor or an applicant for accreditation or reaccreditation as a continuing education sponsor for one or both of the following reasons:

(1) Failure to satisfy the requirements in Chapter 1025, Subchapter B (relating to EMS continuing education courses).

(2) Submission of a fraudulent or deceptive application for accreditation or reaccreditation.

(b) *Types of discipline authorized.* If disciplinary action is appropriate under subsection (a), the Department may do one or more of the following:

(1) Deny or withdraw its accreditation or reaccreditation.

(2) Downgrade its accreditation status to provisional accreditation, subject to withdrawal if deficiencies are not resolved within a time period prescribed by the Department.

(3) Withdraw approval of a continuing education course applicable to any future presentation of the course.

(4) Impose terms of probation.

(5) Revoke, suspend, limit or otherwise restrict the accreditation or reaccreditation.

(6) Impose a civil money penalty not exceeding \$1,000 for each infraction.

§ 1031.14. Civil money penalty for practicing without a license or certification.

(a) *Operating an EMS agency without a license.* The Department may impose a civil money penalty of up to \$5,000 per day upon a person who owns or operates an EMS agency in this Commonwealth without having a license to operate that EMS agency.

(b) *Practicing as an EMS provider without a certification.* The Department may impose a civil money penalty of up to \$1,000 per day upon a person who provides EMS without an EMS provider's certification or other legal authority to provide EMS.

§ 1031.15. Discipline of vendors of EMS PCR software.

The Department may assess a vendor of EMS PCR software a civil money penalty of up to \$5,000 for each

day a vendor violates a duty imposed by § 1021.43(b) or (d) (relating to vendors of EMS patient care reports).

§ 1031.16. Discipline of management companies.

(a) The Department may deny, withdraw or condition the approval of an entity to offer management services for one or more of the following reasons:

- (1) The entity is not a responsible person.
- (2) Persons having a substantial ownership interest in the entity are not responsible persons.
- (3) The entity will not be staffed by or conduct its activities through responsible persons.
- (4) The entity refuses to provide the Department with records or information reasonably requested by the Department to make a determination regarding paragraphs (1)—(3).
- (5) The entity conducts the operation or managerial control of an EMS agency, or conducts the day-to-day operations of the EMS agency, in a manner that subjects the EMS agency to possible disciplinary action under § 1031.10 (relating to discipline of EMS agencies).
- (6) The entity violates a requirement of the act or a regulation adopted under the act that is applicable to the entity.
- (7) Engaging in fraud or deceit in obtaining or attempting to obtain or maintain Department approval.

(b) For purposes of subsection (a):

- (1) A responsible person is a person who has not engaged in an act contrary to justice, honesty or good morals which indicates that the person is likely to betray the public trust in managing the operation of the EMS agency, or is a person who has engaged in this conduct but has been rehabilitated and is not likely to again betray the public trust.
- (2) A person has a substantial ownership in the entity if the person has equity in the capital, stock or the profits of the applicant equal to 5% or more of the property or assets of the applicant.
- (3) A person staffs an entity that manages an EMS agency if the person manages activity integral to the operation of the EMS agency.

CHAPTER 1033. SPECIAL EVENT EMS

- Sec.
- 1033.1. Special event EMS planning requirements.
 - 1033.2. Administration, management and medical direction requirements.
 - 1033.3. Special event EMS personnel and capability requirements.
 - 1033.4. Onsite facility requirements.
 - 1033.5. Communications system requirements.
 - 1033.6. Requirements for educating event attendees regarding access to EMS.
 - 1033.7. Special event report.

§ 1033.1. Special event EMS planning requirements.

(a) *Procedure for obtaining required plan approval.* The entity responsible for the management and administration of a special event may submit a special event EMS plan to the Department, through the regional EMS council assigned responsibility for the region in which the special event is to occur, to secure a determination from the Department as to whether the plan is adequate to address the EMS needs presented by a special event or a series of special events conducted at the same location.

- (1) The applicant shall submit its plan at least 90 days prior to the date of the first day of the event.

(2) The Department will approve or disapprove a special event EMS plan within 60 days after a complete plan is filed with the regional EMS council.

(3) The Department's approval of a special event EMS plan will be for the special event or series of special events in a calendar year, as identified in the plan. The entity shall submit a new special event EMS plan to secure Department approval of a plan for a special event or series of special events in a subsequent calendar year.

(b) *Plan content.* The special event EMS plan must contain the following information:

- (1) The type and nature of event, location, length and anticipated attendance.
- (2) Identification of sponsoring organization.
- (3) The name and qualifications of the special event EMS medical director and the special event EMS director.
- (4) A listing of all EMS agencies that will be involved, the type of EMS service each EMS agency will provide and the number and level of certification of EMS providers each EMS agency will provide, as well as the number and type of health care practitioners who are not participating on behalf of an EMS agency, including EMS providers who are not participating on behalf of an EMS agency, who will be involved.
- (5) The type and quantity of EMS vehicles and other vehicles, equipment and supplies to be utilized by each EMS agency that will be involved.
- (6) A written agreement with each EMS agency that has agreed to participate, in which the EMS agency identifies the type of EMS service, the number of EMS providers by certification level, the vehicles, the equipment and supplies it will provide.
- (7) A description of the onsite treatment facilities including maps of the special event site.
- (8) A description of the special event emergency medical communications capabilities.
- (9) A risk assessment for the event, and a plan for responding to a possible disaster or mass casualty incident at the event site, including a plan for emergency evacuation of the event site.
- (10) A plan for educating event attendees regarding EMS system access and specific hazards, such as severe weather.
- (11) Measures that have and will be taken to coordinate EMS for the special event or events with local emergency care services and public safety agencies—such as EMS, police, fire, rescue, and hospital agencies or organizations.

(c) *Plan approval.* To secure Department approval of a special event EMS plan, the applicant shall satisfy the requirements in this chapter.

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§ 1033.2. Administration, management and medical direction requirements.

(a) *Special event EMS director.* EMS provided at a special event shall be supervised by a special event EMS director.

(1) *Responsibilities.* The responsibilities of the special event EMS director include:

- (i) Preparing a plan under § 1033.1 (relating to special event EMS planning requirements).
- (ii) Managing the delivery of special event EMS.

(iii) Ensuring implementation of the EMS coordination measures contained in the special event EMS plan.

(iv) Ensuring that a record is kept that lists the individuals that requested or received EMS and the disposition of each case, including identification of the transporting EMS agency and ambulance, and the receiving facility, if the individual was transported to a receiving facility.

(2) *Qualifications.* A special event EMS director shall be experienced in the administration and management of EMS at the level of EMS provided for in the special event EMS plan.

(b) *Special event EMS medical director.*

(1) *Responsibilities.* The responsibilities of a special event EMS medical director include:

(i) Ensuring that each EMS provider provided by an EMS agency that is used under the special event EMS plan has been appropriately credentialed by the provider's EMS agency medical director to provide EMS at the level required in the plan.

(ii) Ensuring that if onsite medical command is provided, that it be provided through a medical command facility and that medical command communications are documented.

(iii) Ensuring that equipment and medications are appropriately stored and secured.

(iv) Reviewing with the EMS agency medical directors for the EMS agencies involved, quality improvement issues related to the special event.

(v) Ensuring that adequate EMS PCRs and records are maintained for patients who receive EMS during the special event.

(2) *Qualifications.* A special event EMS medical director shall be an EMS agency medical director or satisfy the standards for being an EMS agency medical director in § 1023.1(b) (relating to EMS agency medical director) without serving as an EMS agency medical director.

§ 1033.3. Special event EMS personnel and capability requirements.

(a) Special event EMS providers shall be certified at appropriate levels based on the level of EMS approved by the Department in the special event EMS plan.

(b) One ambulance shall be stationed onsite at a special event if the event is expected to involve the presence of between 5,000 and 25,000 persons at any one time.

(c) Two ambulances shall be stationed onsite at a special event if the event is expected to involve the presence of more than 25,000 but less than 55,000 persons at any one time.

(d) Three ambulances shall be stationed onsite at a special event if the event is expected to involve the presence of more than 55,000 persons at any one time.

(e) Sufficient EMS providers shall be available to ensure the availability of EMS to persons present at the special event.

§ 1033.4. Onsite facility requirements.

A special event expected to involve the presence of more than 25,000 persons at any one time shall require the use of onsite treatment facilities. The onsite treatment facilities shall provide:

(1) Environmental control, providing protection from weather elements to ensure patient safety and comfort.

(2) Sufficient beds, cots and equipment to provide for evaluation and treatment of at least four simultaneous patients.

(3) Adequate lighting and ventilation to allow for patient evaluation and treatment.

§ 1033.5. Communications system requirements.

A special event EMS system shall have onsite communications capabilities to ensure:

(1) Uniform access to care for patients in need of EMS.

(2) Onsite coordination of the activities of EMS providers, including capability for interoperable communication with all EMS agencies involved in the plan and with EMS agencies local to the event site that are not involved in the special event EMS plan.

(3) Communication with existing community PSAPs.

(4) Communication interface with other involved public safety agencies.

(5) Communication with receiving facilities.

(6) Communication with ambulances providing emergency transportation.

(7) Communication with medical command physicians.

§ 1033.6. Requirements for educating event attendees regarding access to EMS.

(a) The entity responsible for the management and administration of a special event shall develop and implement a plan to educate special event participants and spectators about the following:

(1) The presence and location of EMS at the special event.

(2) The methods of obtaining EMS at the special event.

(b) The entity responsible for the management and administration of a special event shall establish a procedure and means for alerting the participants and spectators of specific hazards or serious changing conditions, such as severe weather, and for providing event evacuation instructions.

§ 1033.7. Special event report.

An entity for which the Department has approved a special event EMS plan shall complete a special event report form prepared by the Department and provided to it by the relevant regional EMS council and file the completed report with that regional EMS council within 30 days following the last day of a special event. Among other matters, the report shall provide a summary of the patient information required to be kept under § 1033.2(a)(1)(iv) (relating to administration, management and medical direction requirements).

[Pa.B. Doc. No. 13-1953. Filed for public inspection September 27, 2013, 9:00 a.m.]

NOTICES

DEPARTMENT OF HEALTH

Effective Dates for the Emergency Medical Services System Act and Regulations; Rescission Dates for the Emergency Medical Services Act Regulations

Sections 8101—8157 of 35 Pa.C.S. (relating to Emergency Medical Services System Act) (EMS System Act) set forth the requirements for the Department of Health (Department) to promulgate new regulations for implementation of the Commonwealth's EMS system. The EMS System Act also provides that the regulations promulgated under the prior Emergency Medical Services Act (prior EMS Act) (35 P. S. §§ 6921—6938) (repealed) remain in full force and effect until revoked, vacated or modified under the EMS System Act. The prior EMS Act was repealed in its entirety upon enactment of the EMS System Act on August 18, 2009.

The EMS System Act regulations, 28 Pa. Code Chapters 1021, 1023, 1025, 1027, 1029, 1031 and 1033, were deemed approved by the Senate Committee on Public Health and Welfare and the House Committee on Veterans Affairs and Emergency Preparedness on August 21, 2013, and were approved by the Independent Regulatory Review Commission on August 22, 2013. With the approval of the regulations by the Office of Attorney General on September 17, 2013, and the subsequent publication of the regulations at 43 Pa.B. 6093 October 12, 2013), the Department is preparing to fully implement the new regulations. However, under the EMS System Act, certain sections of the EMS System Act and its corresponding regulations do not take effect until 180 days or more after publication of the final-form rulemaking in the *Pennsylvania Bulletin*. Due to the various effective dates, the Department prepared the following charts to aid the regulated community and the general public in determining the effective dates for various sections of the EMS System Act, the EMS System Act regulations and the rescission dates for the prior EMS Act regulations.

Statute Section	EMS System Act	Effective Date
<i>Subchapter A. Preliminary Provisions</i>		
§ 8101	Short title of chapter	February 16, 2010
§ 8102	Declaration of policy	February 16, 2010
§ 8103	Definitions	February 16, 2010
§ 8104	Emergency medical services system programs	February 16, 2010
§ 8105	Duties of department	February 16, 2010
§ 8106	Emergency medical services patient care reports	February 16, 2010
§ 8107	Pennsylvania Trauma Systems Foundation	February 16, 2010
§ 8108	State Advisory Board	February 16, 2010
§ 8109	Regional emergency medical services councils	February 16, 2010
<i>Subchapter B. Program</i>		
§ 8111	Comprehensive plan	February 16, 2010
§ 8112	Contracts and grants	February 16, 2010
§ 8113(a), (c), (d) and (n)	Emergency medical services providers	April 10, 2014
§ 8113(b), (e)—(m) and (o)	Emergency medical services providers	February 16, 2010
§ 8114	Emergency medical responders	April 10, 2014
§ 8115	Emergency medical technicians	April 10, 2014
§ 8116	Advanced emergency medical technicians	April 10, 2014
§ 8117	Paramedics	April 10, 2014
§ 8118	Prehospital registered nurses	April 10, 2014
§ 8119	Prehospital physician extenders	April 10, 2014
§ 8120	Prehospital emergency medical services physicians	April 10, 2014
§ 8121	Certification sanctions	February 16, 2010
§ 8122	Emergency medical services vehicle operators	April 10, 2014
§ 8123	Suspension of certification	February 16, 2010
§ 8124	Emergency medical services instructors	February 16, 2010
§ 8125	Medical director of emergency medical services agency	February 16, 2010
§ 8126	Medical command physicians and facility medical directors	February 16, 2010

<i>Statute Section</i>	<i>EMS System Act</i>	<i>Effective Date</i>
§ 8127	Medical command facilities	February 16, 2010
§ 8128	Receiving facilities	February 16, 2010
§ 8129	Emergency medical services agencies	April 10, 2014
§ 8130	Advanced life support ambulances	April 10, 2014
§ 8131	Air ambulances	April 10, 2014
§ 8132	Advanced life support squad vehicles	April 10, 2014
§ 8133	Basic life support ambulances	April 10, 2014
§ 8134	Basic life support squad vehicles	April 10, 2014
§ 8135	Quick response services	April 10, 2014
§ 8136	Special operations emergency medical services	April 10, 2014
§ 8137	First aid and other safety services	April 10, 2014
§ 8138	Other vehicles and services	April 10, 2014
§ 8139	Stretcher and wheelchair vehicles	February 16, 2010
§ 8140	Conditional temporary licenses	April 10, 2014
§ 8141	Plans of correction	April 10, 2014
§ 8142	Emergency medical services agency license sanctions	April 10, 2014
<i>Subchapter C. Miscellaneous Provisions</i>		
§ 8151	Limitations on liability	February 16, 2010
§ 8152	Peer review	February 16, 2010
§ 8153	Support of emergency medical services	February 16, 2010
§ 8154	Prohibited acts	February 16, 2010
§ 8155	Surrender of license, accreditation or certification	February 16, 2010
§ 8156	Penalties	February 16, 2010
§ 8157	Adjudications and judicial review	February 16, 2010
<i>Regulatory Section</i>	<i>28 Pa. Code Chapters 1021—1033</i>	<i>Effective Date</i>
Chapter 1021	Administration of the EMS system	October 12, 2013
Chapter 1023	Personnel	
§§ 1023.1—1023.5		October 12, 2013
§ 1023.21		October 12, 2013
§§ 1023.22—1023.32		April 10, 2014
§ 1023.33		October 12, 2013
§ 1023.34		October 12, 2013
§ 1023.51		October 12, 2013
§ 1023.52		April 10, 2014
Chapter 1025	Education	April 10, 2014
Chapter 1027	EMS agencies	
§§ 1027.1—1027.13		April 10, 2014
§ 1027.14		October 7, 2014
§§ 1027.31—1027.42		April 10, 2014
§ 1027.51		October 12, 2013
§ 1027.52		April 10, 2014
Chapter 1029	Medical command facilities and receiving facilities	October 12, 2013
Chapter 1031	Complaints, disciplinary actions, adjudications and appeals	
§§ 1031.1—1031.4		October 12, 2013
§ 1031.5		April 10, 2014
§§ 1031.6—1031.9		October 12, 2013

<i>Regulatory Section</i>	<i>28 Pa. Code Chapters 1021—1033</i>	<i>Effective Date</i>
§ 1031.10		April 10, 2014
§ 1031.11		October 12, 2013
§ 1031.12		April 10, 2014
§ 1031.13		April 10, 2014
§ 1031.14		October 12, 2013
§ 1031.15		October 12, 2013
§ 1031.16		April 10, 2014
Chapter 1033	Special event EMS	October 12, 2013

<i>Regulatory Section</i>	<i>28 Pa. Code Chapters 1001—1015</i>	<i>Rescission Date</i>
Chapter 1001	Administration of the EMS System	October 12, 2013
Chapter 1003	Personnel	
§§ 1003.1—1003.5		October 12, 2013
§§ 1003.21—1003.23		April 10, 2014
§ 1003.23a		October 12, 2013
§ 1003.24		April 10, 2014
§ 1003.25a		April 10, 2014
§ 1003.25b		April 10, 2014
§ 1003.26		April 10, 2014
§ 1003.27		October 12, 2013
§ 1003.28		October 12, 2013
§§ 1003.29—1003.34		April 10, 2014
Chapter 1005	Licensing of BLS and ALS ground ambulance services	April 10, 2014
Chapter 1007	Licensing of air ambulance services—rotorcraft	April 10, 2014
Chapter 1009	Medical command facilities	October 12, 2013
Chapter 1011	Accreditation of EMS training institutes	April 10, 2014
Chapter 1013	Special event EMS	October 12, 2013
Chapter 1015	Quick response service recognition program	April 10, 2014

Questions regarding this notice should be directed to Richard L. Gibbons, Director, Bureau of Emergency Medical Services, Department of Health, Room 606, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120-0701, (717) 787-8740.

Persons with a disability who require an alternative format of this notice (for example, large print, audiotape or Braille) should contact Richard Gibbons at the previously listed address or telephone numbers or for speech or hearing impaired persons may use VTT (717) 783-6514 or the Pennsylvania AT&T Relay Service (800) 654-5984.

MICHAEL WOLF,
Secretary

(Editor's Note: See 43 Pa.B. 6093 (October 12, 2013) for a final-form rulemaking relating to this notice.)

[Pa.B. Doc. No. 13-1954. Filed for public inspection October 11, 2013, 9:00 a.m.]

