

## No. 1979-44

## AN ACT

## HB 657

Reenacting and amending the act of November 30, 1976 (P.L.1207, No.265), entitled "An act to provide assistance and encouragement for the development of comprehensive area emergency medical services systems," redefining the word "rural," further providing for applications for grants and contracts, including rescue services and critical care units, authorizing additional grants and contracts, reducing the amount above which grants must be recommended and extending the life of the act.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. The act of November 30, 1976 (P.L.1207, No.265), known as the "Emergency Medical Services Systems Act," is reenacted and amended to read:

Section 1. Short Title.—This act may be known and cited as the "Emergency Medical Services Systems Act."

Section 2. Definitions.—For the purposes of this act:

"Emergency health services council" means an organization not-for-profit which is recognized by the Department of Health as representative of the health professions and major public and voluntary agencies, organizations and institutions concerned with providing emergency health care; and whose functions are to develop and implement comprehensive emergency health services programs within a defined area of the Commonwealth.

"Emergency medical services system" means a system which provides for the arrangement of personnel, facilities and equipment for the effective and coordinated delivery of emergency health care services required in management of incidents which occur either as a result of a patient's condition or of natural disasters or similar situations.

"Rural" means **[an area outside the standard metropolitan statistical area.] areas outside urbanized areas defined by the United States Bureau of Census.**

"Secretary" means the Secretary of Health.

Section 3. Grants and Contracts for Organization of Emergency Health Services Councils.—(a) The secretary shall make grants to and enter into contracts with eligible entities as defined in section 7(a) for projects to organize emergency health services councils.

(b) If any grants or contracts are entered into under this section for organization of an emergency health services council, no other grant or contract may be entered into under this section for any other council for the same area or for an area which includes, in whole or substantial part, such area.

(c) Reports of any studies assisted under this section shall be submitted to the Department of Health at such intervals as may be prescribed, and a comprehensive emergency health services plan for the geographic area served by the council shall be submitted not later than one year from the date the grant was made or the contract entered into, as the case may be.

(d) An application for a grant or contract under this section shall:

(1) demonstrate the need of the area for which the study and planning will be done for an emergency medical services system;

(2) contain qualitative data that the applicant is qualified to plan an emergency medical services system for such area; and

(3) contain pertinent information assuring that the planning will be conducted in cooperation with each [**areawide comprehensive health planning agency**] *regional health systems agency* whose plan covers, in whole or in part, such area.

(e) Project funds under this section may be used only for the following purposes:

(1) Salaries and related benefits and travel of council staff.

(2) Leasing or rental of office space.

(3) Procurement of office furniture, equipment and supplies.

(4) Printing and duplicating costs.

(f) In the event that an established entity has received, prior to the effective date of this act, from the Department of Health, a declaration of recognition that agency shall become the emergency health services council under this act.

Section 4. Training in Emergency Medical Services.—(a) Grants may be made and contracts entered into with schools of medicine, [**osteopathy,**] *osteopathic medicine*, nursing, training centers for allied health professions, teaching hospitals and other appropriate entities to assist in meeting the cost of training programs in the techniques and methods of providing emergency medical services, including the skills required in connection with the provision of ambulance *and rescue* services.

(b) No grant or contract may be made or entered into under this section unless an application has been submitted to the Department of Health. Such application shall be in such format as prescribed by regulation. Grantees and contractees under this section shall make such reports at such intervals, and containing such information, as required.

Section 5. Grants and Contracts for Establishing or Expansion and Improvement of Emergency Health Services Systems.—(a) The secretary shall make grants to and enter into contacts with eligible entities, as defined in section 7(a) for the establishment, initial operation or expansion and improvement of emergency medical services systems which coordinate with the Statewide emergency medical services plan.

(b) (1) Grants and contracts under this section may only be used for

costs associated with establishment, expansion and improvement of emergency medical services systems through:

- (i) Purchasing of ambulance and ambulance equipment.
  - (ii) Purchasing of communications equipment.
  - (iii) Purchasing of certain equipment for hospital emergency departments.
  - (iv) Providing programs of public education and information regarding the emergency medical services system.
- (2) Project funds may not be used for the following:
- (i) Construction of new facilities.
  - (ii) Acquisition of facilities.
  - (iii) Purchase of built-in hospital equipment which will be used more than 25% of the time for nonemergency uses.
  - (iv) Establishment, expansion or improvement of services or facilities involved in the care of patients in the normal hospital environs or in any other care facility, except for those customarily associated with the emergency department *or critical care units*.
  - (v) Maintenance of equipment or replacement of supplies.
  - (vi) Costs normally borne by the patient.

(3) Each grant or contract under this section shall be made for costs of establishment and operation in the year for which the grant or contract is made. If a grant or contract is made under this section for a system, **[one]** additional **[grant or contract] grants or contracts** for that system shall be made after a review of the first nine months' activities of the applicant carried out under the **[first] present** grant or contract, if it is determined that the applicant is satisfactorily progressing in the establishment and operation of the system in accordance with the plan contained in his application, pursuant to section 7, for the **[first] grant or contract**.

(4) Subject to section 7(e):

(i) The amount of the **[first] 1979-1980** grant or contract under this section for an emergency medical services system may not exceed **[50%] 40%** of the eligible costs.

(ii) The amount of the **[second] 1980-1981** grant or contract under this section for a system may not exceed **[25%] 30%** of the eligible costs.

**(iii) The amount of the 1981-1982 grant or contract under this section for a system may not exceed 25% of the eligible costs.**

Section 6. Grants and Contracts for Research.—(a) The secretary may make grants to public or nonprofit entities and enter into contracts with public entities and nonprofit organizations for the support of research in emergency medical techniques, methods, devices and delivery. Special consideration shall be given to applications for grants or contracts for research relating to the delivery of emergency medical services in rural areas.

(b) No grant may be made or contract entered into under this section for amounts in excess of **[35,000] \$25,000** unless the application has been recommended for approval by a peer review panel designated or

established by the secretary. Any application for a grant or contract under this section shall be submitted in such form and manner and contain such information as prescribed in regulations.

(c) The recipient of a grant or contract under this section shall make such reports as may be required by regulation.

Section 7. General Provisions Respecting Grants and Contracts.—(a) For purposes of sections 3, 5 and 6, the term “eligible entity” means:

- (1) a unit of general local government;
- (2) an emergency health services council;
- (3) a public entity administering a compact or other regional arrangement or consortium; or
- (4) any other public entity and any nonprofit entity.

(b) (1) No grant or contract may be made under this act unless an application has been submitted to, and approved by, the Department of Health.

(2) No application for a grant or contract under sections 3, 5 or 6 may be approved unless:

- (i) the application meets the application requirements of such sections;
- (ii) each areawide Health Service Agency, if any, whose plan covers, in whole or in part, the service area of such system, has had not less than 30 days, measured from the date a copy of the application was submitted to the agency by the applicant, in which to comment on the application;
- (iii) the applicant agrees to maintain such records and make such reports as necessary to carry out the provisions of this section, **including information pertaining to all other sources of applicant income**;

(iv) the application is submitted in such form and such manner and contains such information, including specification of applicable provisions of law or regulations which restrict the full utilization of the training and skills of health professions and allied and other health personnel in the provision of health care services in such a system, as prescribed in regulations; and

(v) an emergency medical services system shall:  
 (A) include an adequate number of health professionals, allied health professionals, and other health personnel with appropriate training and experience;

(B) provide for its personnel continuous training, including clinical training and continuing education programs which are coordinated with other programs in the system’s service area which provide similar training and education;

(C) join the personnel, facilities and equipment of the system by a central communications system so that requests for emergency health care services will be handled by [a] communications [facility] **facilities** which (I) utilizes emergency medical telephonic screening to determine the appropriate emergency service response, (II) utilizes the universal emergency telephone number 911, and (III) will have direct

communication network connections with the personnel, facilities, and equipment of the system and with other appropriate emergency medical services systems;

(D) include an adequate number of necessary ground, air, and water vehicles and transportation means to meet the individual characteristics of the system's service area which (I) vehicles and facilities meet design criteria relating to location, design, performance, and equipment, and (II) the operators and other personnel of these said vehicles and facilities meet appropriate training and experience requirements;

(E) include an adequate number of easily accessible emergency medical services facilities which are collectively capable of providing services on a continuous basis, which have appropriate nonduplicative and categorized capabilities, which meet appropriate standards relating to capacity, location, personnel, and equipment and which are coordinated with other health care facilities of the system;

(F) provide access, including appropriate transportation, to specialized critical medical care units in the system's service area, or, if there are no such units or an inadequate number of them in such area, provide access to such units in neighboring areas if access to such units is feasible in terms of time and distance;

(G) provide for the effective utilization of the appropriate personnel, facilities, and equipment of each agency providing emergency services in the system's service area;

(H) be organized in a manner that provides persons who reside in the system's service area and who have no professional training or financial interest in the provision of health care with an adequate opportunity to participate in the making of policy for the system;

(I) provide, without prior inquiry as to ability to pay, necessary emergency medical services to all patients requiring such services;

(J) provide for transfer of patients to facilities and programs which offer such followup care and rehabilitation as is necessary to effect the maximum recovery of the patient;

(K) provide for a standardized patient data collection system which data shall cover all phases of the system;

(L) provide programs of public education and information in the system's service area, taking into account the needs of visitors to, as well as residents of, that area to know or be able to learn immediately the means of obtaining emergency medical services, which programs stress the general dissemination of information regarding appropriate methods of first aid and cardiopulmonary resuscitation and regarding the availability of first aid training programs in the area;

(M) provide for (I) periodic, comprehensive and independent review and evaluation of the extent and quality of the emergency health care services provided in the system's service area, and (II) submission to the Department of Health of the reports of each such review and evaluation;

(N) have a plan to assure that the system will be capable of providing

emergency medical services in the system's service area during mass casualty situations, natural disasters, or declared states of emergency, **in consonance with 35 Pa.C.S. § 7101, et seq. (referring to emergency management services) and in coordination with the Pennsylvania Emergency Management Agency;** and

(O) provide for the establishment of appropriate arrangements with emergency medical services systems or similar entities serving neighboring areas for the provision of emergency medical services on a reciprocal basis where access to such services would be more appropriate and effective in terms of the services available, time and distance.

The secretary shall by regulations prescribe standards and criteria for the requirements prescribed by this subsection. ***The secretary may adjust the guidelines based on regional variations.*** In prescribing such standards and criteria, the secretary shall consider relevant standards and criteria prescribed by other public agencies and by private organizations.

(c) The Department of Health shall provide technical assistance, as appropriate, to eligible entities as necessary for the purpose of their preparing applications or otherwise qualifying for or carrying out grants or contracts under sections 3, 4, 5 or 6, with special consideration for applicants in rural areas.

(d) Payments under grants and contracts under this act may be made in advance or by way of reimbursement and in such installments and on such conditions as the secretary determines will most effectively carry out this act.

(e) In determining the amount of any grant or contract under sections 3, 4, 5 or 6, the amount of funds available to the applicant from Federal grant or contract programs pertaining to emergency health services shall be taken into consideration.

(f) Non-State contributions shall be cash and may include the outlay of money to the grantee by private, public or governmental third parties, including the Federal Government.

(g) Anyone applying for and/or receiving funds under this act shall not be precluded from applying for and/or receiving funds under any other State or Federal program.

Section 8. Administration.—(a) The secretary shall administer the program of grants and contracts authorized by this act through an identifiable administrative unit within the Department of Health. Such unit shall also be responsible for collecting, analyzing, cataloging, and disseminating all data useful in the development and operation of emergency medical services systems, including data derived from reviews and evaluations of emergency medical services systems assisted under section 5.

(b) The secretary may waive compliance with regulations as they pertain to certain specific eligible entities if he determines that compliance is not necessary for a specific eligible entity to set up and operate an emergency medical services system ***provided that due notice is given of such action.***

Section 9. Annual Report.—The secretary shall prepare and submit annually to the General Assembly a report on the administration of this act. Each report shall include an evaluation of the adequacy of the provision of emergency medical services in the Commonwealth during the period covered by the report, and evaluation of the extent to which the needs for such services are being adequately met through assistance provided under this act, ***and a full accounting of program expenditures, the purpose for which each grant is awarded and the amount of such grants,*** and his recommendations for such legislation as he determines is required to provide emergency medical services at a level adequate to meet such needs. ***Such report shall also include accounting of any funds appropriated by governmental sources which are used by the department or its grantees, including the purposes for which such funds are used.***

Section 10. Appropriations to Rural Areas.—Not less than ~~[20%]~~30% of the appropriations made pursuant to this act shall be made available for grants and contracts under this act for such fiscal year for emergency medical services systems which service or will serve rural areas.

Section 11. Legislative Intent; ***Legislative Oversight.***—(a) This act shall not authorize the secretary to effect mandatory licensure, certification or training of ambulance services and personnel.

(b) This act shall expire if not reenacted by the General Assembly prior to the end of the fiscal year ending June 30, ~~[1979]~~1982 and every third fiscal year thereafter.

(c) ***Rules and regulations promulgated pursuant to this act shall not take effect until 30 calendar days after they are submitted to the Health and Welfare Committees of the Senate and the House of Representatives for their consideration and shall not take effect if they are rejected by either committee within the 30-day period.***

Section 12. Effective Date.—This act shall take effect July 1, 1976.

Section 2. This act shall take effect immediately and shall be retroactive to June 30, 1979.

APPROVED—The 13th day of July, A. D. 1979.

DICK THORNBURGH