

No. 1985-45

AN ACT

SB 632

Relating to the prevention and reduction of premature death and disability in this Commonwealth; providing for assistance, coordination and support of the development and maintenance of a comprehensive emergency medical services system and for qualifications, eligibility and certification of emergency medical services personnel and licensing ambulance services; imposing powers and duties on the Department of Health; and making repeals.

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

Section 1. Short title.

This act shall be known and may be cited as the Emergency Medical Services Act.

Section 2. Legislative findings and intent.

(a) Findings.—The General Assembly finds it to be in the public interest to assure readily available and coordinated emergency medical services of the highest quality to the people of Pennsylvania. The purposes of emergency medical services are to prevent premature death and reduce suffering and disability that arise from critical illness and injury.

(b) Intent.—

(1) It is the intention of the General Assembly and the purpose of this act to establish and maintain an effective and efficient emergency medical services system which is accessible on a uniform basis to all Pennsylvania residents and to visitors to this Commonwealth.

(2) The General Assembly further intends that residents and visitors to this Commonwealth should have prompt and unimpeded access to basic and advanced life support emergency medical care throughout this Commonwealth.

(3) It is the intent of the General Assembly that the Secretary of Health, in developing a stratified system of trauma care, shall, whenever feasible, involve local citizens in the decisionmaking process.

Section 3. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

“Advanced life support.” The advanced prehospital and interhospital emergency medical care of serious illness or injury by appropriately trained health professionals and by certified EMT-paramedics.

“Ambulance.” Any vehicle which is specifically designed, constructed or modified and equipped, and is used or intended to be used, and is maintained or operated, for the purpose of providing emergency medical care to, and transportation of, patients. The term includes advanced or basic life support vehicles that may or may not transport patients.

“Ambulance attendant.” An individual who holds a valid certificate evidencing the successful completion of a course in advanced first aid sponsored by the American Red Cross and a valid certificate evidencing the successful completion of a course in cardiopulmonary resuscitation sponsored by the American Heart Association or the American Red Cross, or an individual who can evidence the successful completion of an equivalent training program approved by the department.

“Ambulance service.” An entity which regularly engages in the business or service of providing emergency medical care and transportation of patients within this Commonwealth. The term includes mobile advanced life support services that may or may not transport patients.

“Basic life support services.” The prehospital or interhospital emergency medical care and management of illness or injury performed by specially trained and certified or licensed personnel.

“Council.” The State Advisory Council, which shall be known as the Board of Directors of the Pennsylvania Emergency Health Services Council.

“Department.” The Department of Health of the Commonwealth.

“Emergency.” A combination of circumstances resulting in a need for immediate medical intervention.

“Emergency medical services.” The services utilized in responding to the needs of an individual for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

“Emergency medical services council.” A nonprofit incorporated entity or appropriate equivalent whose function is to plan, develop, maintain, expand and improve emergency medical services systems within a specific geographical area of this Commonwealth and which is deemed by the department as being representative of the health professions and major public and voluntary agencies, organizations and institutions concerned with providing emergency medical services.

“Emergency medical services system.” The arrangement of personnel, facilities and equipment for the effective and coordinated delivery of emergency medical services required in prevention and management of incidents which occur either as a result of a medical emergency or of an accident, natural disaster or similar situation.

“Emergency medical technician.” An individual who is trained to provide emergency medical services and is certified as such by the department in accordance with the current national standard curriculum for basic emergency medical technicians as set forth in the rules and regulations promulgated by the department.

“Emergency medical technician-paramedic (referred to as EMT-paramedic).” An emergency medical technician specifically trained to provide advanced life support services who is certified as such by the department in accordance with the current national standard curriculum for emergency medical technician-paramedics as set forth in the rules and regulations promulgated by the department.

“Facility.” A hospital.

“Foundation.” The Pennsylvania Trauma System Foundation.

“Health professional.” A licensed physician or professional registered nurse who has education and continuing education in advanced life support and prehospital care.

“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 facilities for the diagnosis and treatment of disorders within the scope of specific medical specialties, but not facilities caring exclusively for the mentally ill.

“Invalid coach.” A vehicle which is primarily maintained, operated and intended to be used for routine transport of persons who are convalescent or otherwise nonambulatory and do not ordinarily require emergency medical treatment while in transit. Such vehicles shall not be considered ambulance or emergency medical service vehicles.

“Medical command.” An order given to a provider of emergency medical services by an authorized medical command physician who meets qualifications prescribed by the department.

“Medical command facility.” The distinct unit within a facility that contains the necessary equipment and personnel for providing medical command and control to an ambulance service.

“Patient.” An individual who is sick, injured, wounded or otherwise incapacitated and helpless and who needs immediate medical attention.

“Pennsylvania Trauma Systems Foundation.” A nonprofit Pennsylvania corporation whose function is to accredit trauma centers in this Commonwealth. The board of directors of the foundation shall consist of the following 19 voting members: five representatives of State organizations that represent physicians; five representatives of State organizations that represent hospitals; two representatives of State organizations that represent registered professional nurses; two representatives of other Statewide emergency medical service organizations with expertise in delivery of trauma services; the Chairman and Minority Chairman of the House Health and Welfare Committee, or their designees, from the committee membership; the Chairman and Minority Chairman of the Senate Public Health and Welfare Committee, or their designees, from the committee membership; and the Secretary of Health, or his designee. The bylaws of the foundation shall identify a method to select members to achieve professional and geographic balance on the board. Terms of office shall be limited to three years and no person shall be eligible for appointment to more than two consecutive terms.

“Providers of emergency medical services.” Any facility, basic life support service or advanced life support service.

“Rescue vehicle.” A vehicle which is designed or modified and equipped for rescue operations to release persons from entrapment and which is not routinely used for emergency medical care or transport of patients.

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

“Secretary.” The Secretary of Health of the Commonwealth.

“Special care unit.” An appropriately equipped area of the hospital where provision has been made for a concentration of physicians, nurses and others who have special skills and experiences to provide medical care for critically ill patients.

“Trauma center.” A facility accredited in accordance with section 6.

“Volunteer Ambulance Services Certification (VASC).” The program administered by the department on the effective date of this act for the purpose of certifying ambulance services.

Section 4. Emergency medical services system.

The secretary shall plan, guide and coordinate programs to ensure that the Commonwealth’s emergency medical services system shall:

(1) Include an adequate number of health professionals and other health personnel with appropriate training and experience.

(2) Provide continuous training for its personnel, 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.

(3) Join personnel, facilities and equipment, coordinated by a central communication system, so that requests for emergency medical services will be handled by communications facilities which:

- (i) utilize emergency medical telecommunications screening to determine the appropriate emergency service response;
 - (ii) are accessible to the general public through a common telephone number and, where feasible, the universal emergency telephone number 911; and
 - (iii) will have direct communications with the personnel, facilities and equipment of this system and with other appropriate emergency medical services systems.
- (4) Include an adequate number of ambulances and other transportation means to meet the individual characteristics of the system's service area wherein:
- (i) the ambulances and other vehicles meet criteria relating to location, design, performance and equipment; and
 - (ii) all operators and other personnel staffing the vehicles meet appropriate training and experience requirements.
- (5) Include an adequate number of easily accessible facilities which:
- (i) are collectively capable of providing emergency medical services on a continuous basis;
 - (ii) have appropriate nonduplicative and categorized capabilities;
 - (iii) meet appropriate standards relating to capacity, location, personnel and equipment; and
 - (iv) are coordinated with other health care facilities of the system.
- (6) Provide access, including appropriate transportation, to trauma centers in the system's service area or, if there are no centers or an inadequate number of centers in the area, provide access to the centers in neighboring areas if access to those centers is feasible in terms of time and distance.
- (7) Provide, as necessary, for transfer of patients to facilities or programs which offer followup care and rehabilitation as is necessary to effect the maximum recovery of the patient.
- (8) Provide for the effective utilization of the appropriate personnel, facilities and equipment of each entity providing emergency medical services in the system's service area.
- (9) Be organized in a manner that provides persons who reside in the system's service area and who have no professional or financial interest in the provision of health care with an adequate opportunity to participate in the making of policy for the system.
- (10) Provide necessary emergency medical services to all patients requiring the services.
- (11) Provide for a standardized patient data collection system which covers all phases of the system.
- (12) Provide programs of public education, information and prevention in the system's service area, taking into account the needs of visitors to and residents of that area to know or easily access the means of obtaining emergency medical services. These programs shall stress the general dissemination of information regarding appropriate methods of first aid and cardiopulmonary resuscitation and the availability of first aid training programs in the area.

(13) Provide for:

- (i) Periodic, comprehensive review and evaluation of the extent and quality of the emergency health care services provided in the system's service area.
- (ii) Submission to the department of the reports of each review and evaluation.

(14) 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. (relating to emergency management services) and in coordination with the Pennsylvania Emergency Management Agency.

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

Section 5. Duties of department.

(a) Duty.—It shall be the duty of the secretary to plan, guide, assist and coordinate the development of areawide emergency medical services systems into a unified Statewide system and to coordinate the system with similar systems in neighboring states.

(b) Authority.—The department shall be the Commonwealth lead agency for emergency medical services in this Commonwealth. The department shall have authority to:

(1) Maintain and coordinate a program for planning, developing, maintaining, expanding, improving and upgrading emergency medical services systems throughout this Commonwealth.

(2) Establish, by regulation, standards and criteria governing the award and administration of contracts under this act.

(3) Require the collection and maintenance of standardized patient data and information by ambulance services licensed under section 12. Each ambulance service shall insure that the responding ambulance personnel will complete a summary for each ambulance call to which they respond containing such information as prescribed and on forms provided by the department. Such summary information shall require essential information only and shall be reasonable in detail. Reports required pursuant to this section shall be confidential and not open to public inspection or dissemination. This shall not restrict the collection and analysis of data by the department or by those with whom the department contracts, subject to strict supervision by the department to insure that the use of the reports is limited to specific research and planning purposes.

(4) Collect, as deemed necessary and appropriate, data and information regarding patients admitted to a facility through the emergency department, through a trauma center or directly to a special care unit, in a manner which protects and maintains the confidential nature of patient records. Such data and information shall include essential information

only, shall be reasonable in detail and shall be collected pursuant to regulations issued by the department. Such data and information shall be limited to specific planning, research and quality assurance purposes and shall not be duplicative of data and information already available to the department.

(5) Prepare a Commonwealth plan for emergency medical services development in accordance with the provisions of section 9.

(6) Define and approve training programs and accredit educational institutions for emergency medical services training of emergency medical services personnel, including, but not limited to, emergency medical technicians and EMT-paramedics and other emergency medical services personnel.

(7) Provide technical assistance to local government, emergency medical services providers and other entities for the purpose of assuring effective planning and execution of programs under this act.

(8) Administer contracts authorized under this act and grants pursuant to 23 U.S.C. § 402, pertaining to emergency medical services and all other Federal laws pertaining to emergency medical services.

(9) Establish minimum standards for, license and inspect ambulance services in accordance with section 12.

(10) Maintain a quality assurance program for the purpose of monitoring the delivery of emergency medical services.

(11) Promulgate rules and regulations to establish standards and criteria for emergency medical services systems.

(12) Integrate all trauma centers accredited pursuant to section 6 into the emergency medical services system.

(13) Investigate complaints related to the delivery of services by trauma centers and forward the results of the investigation to the accrediting entity with a recommendation for action.

(14) Compile and maintain statistics on mortality and morbidity on multisystem trauma victims. This data collection shall be coordinated and performed in conjunction with other data collection activities.

Section 6. Pennsylvania Trauma Systems Foundation.

(a) Trauma center accreditation.—The Pennsylvania Trauma Systems Foundation shall develop a private voluntary accreditation program to:

(1) Establish standards for the operation of trauma centers in this Commonwealth, adopting, at a minimum, the current guidelines for trauma centers as defined by the American College of Surgeons for Level I or Level II trauma centers. For the purpose of reaccreditation, the standards shall require, as a minimum, that each accredited Level I trauma center shall establish that 600 severe and urgent injury cases have been treated per year and Level II trauma centers shall establish that 350 severe and urgent injury cases have been treated per year.

(2) Evaluate any hospital which makes application to the foundation to determine if the applicant hospital meets the standards as adopted by the foundation. Such evaluation shall include the conduct of hospital site visits by accreditation survey teams composed of independent, qualified persons selected by the foundation.

(3) Issue certificates of accreditation to those hospitals which meet the accreditation standards. Certificates of accreditation shall be valid for a period not to exceed two years. Certificates of accreditation may be revoked by the foundation if it is determined that the trauma center no longer meets accreditation standards as set forth in this act.

(4) Establish an appeals mechanism to reconsider accreditation decisions.

(b) Judicial review.—A person aggrieved by a final determination of the foundation pursuant to this section may file a petition for review within 30 days in the appropriate court of common pleas.

(c) Report on accreditation.—Two years after the effective date of this act, the foundation shall forward a report to the General Assembly which describes the results of the trauma center accreditation process in this Commonwealth. The report shall identify those hospitals which have been accredited.

(d) Report on impact.—Two years after the effective date of this act, the department shall forward a report to the General Assembly documenting the impact of the trauma center accreditation program upon patient care throughout this Commonwealth.

(e) Prohibition.—No hospital shall hold itself out as a trauma center unless it has a current certificate of accreditation issued under this section.

(f) Duty of secretary.—If the foundation has not begun an accreditation program by June 30, 1985, in accordance with this section, the secretary shall establish a trauma center accreditation program.

Section 7. State Advisory Council.

(a) Designation and composition.—The State Advisory Council shall be known as the Board of Directors of the Pennsylvania Emergency Health Services Council which shall be composed of volunteer, professional and paraprofessional organizations involved in emergency medical services. The council shall be geographically representative of the provider organizations which represent emergency medical technicians, EMT-paramedics, registered nurses, firefighters, emergency medical services councils, physicians, hospital administrators and other health care providers concerned with emergency medical services. The council may be composed of up to 30 organizations. Each organization shall have one voting member.

(b) Duties.—The council shall:

(1) Elect its own officers.

(2) Advise the department on matters relating to manpower and training, communications, ambulance services, special care units and the content of rules, regulations, standards and policies promulgated by the department under this act, and such other subjects as may be deemed appropriate by the department.

(3) Serve as the forum for discussion on the content of the Statewide emergency medical services development plan, or any proposed revisions thereto, and advise the department as to the content of the plan.

(c) Open meetings.—All meetings of the council shall be held in accordance with the provisions of the act of July 19, 1974 (P.L.486, No.175), referred to as the Public Agency Open Meeting Law.

(d) **Terms.**—A voting member of the council shall serve a three-year term. A voting member shall not serve more than two consecutive terms.

(e) **Quorum.**—A simple majority of the voting members of the council will constitute a quorum for the transaction of business.

(f) **Compensation.**—Members of the council shall serve without compensation, except the department may pay necessary and reasonable expenses incurred by members while performing official duties.

Section 8. Emergency medical services councils.

(a) **Purpose.**—Emergency medical services councils shall assist the department in carrying out the provisions of this act. Every emergency medical services council shall adhere to policy direction established by the department.

(b) **Organization.**—For purposes of this act, the organizational structure of an emergency medical services council shall be one of the following:

(1) A unit of general local government, with an advisory council, meeting requirements for representation.

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

(3) Any other public or private nonprofit entity which meets requirements for representation.

(c) **Duties.**—Each emergency medical services council shall:

(1) Assist the department in achieving the emergency medical services system described in section 4.

(2) Assist the department in the collection and maintenance of standardized patient data and information as provided in section 5.

(3) Prepare plans for expanding or improving emergency medical services in the area; the plans shall contain such information as prescribed by the secretary.

(4) Carry out, to the extent feasible, the emergency medical services plans.

(5) Assure the reasonable availability of training programs for emergency medical technicians and EMT-paramedics under section 12(f).

(6) Provide necessary and reasonable staff services and appropriate and convenient office facilities that can serve as an areawide location for the planning, developmental maintenance, coordinative and evaluative functions of the council.

Section 9. Comprehensive emergency medical services development plan.

(a) **Preparation.**—The department, with the assistance of the council, shall prepare a Statewide emergency medical services development plan, to be completed not later than one year from the effective date of this act, and shall make the plan available to the General Assembly and all concerned agencies, entities and individuals.

(b) **Content.**—At a minimum, the plan shall contain:

(1) An inventory of emergency services resources available within this Commonwealth.

(2) An assessment of the effectiveness of existing services and a determination of the need for additional services.

(3) A statement of goals and specific measurable objectives for delivery of emergency medical services to all persons in this Commonwealth.

(4) Methods to be used in achieving the stated objectives.

(5) A schedule for achievement of the stated objectives.

(6) A method for evaluating the stated objectives.

(7) Estimated costs for achieving the stated objectives.

(c) Revisions.—The department shall collect and analyze emergency medical services data for the purpose of:

(1) revising annually the emergency medical services development plan, including the status of emergency medical services development, the degree of compliance with the requirements of this act and the effectiveness of emergency medical services systems in reducing morbidity and mortality associated with medical emergencies; and

(2) planning future program efforts.

(d) Annual reports.—The department shall, annually, publish comprehensive, specific reports of activity and plan implementation.

Section 10. Contracts for initiation, maintenance, expansion or improvement of emergency medical services systems.

(a) General power.—The secretary may enter into contracts with emergency medical services councils and other appropriate entities for the initiation, expansion, maintenance and improvement of emergency medical services systems which are in accordance with the Statewide emergency medical services plan.

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

(c) Purposes.—Contracts under subsection (a) may only be used for:

(1) Providing programs of public education, information and prevention regarding emergency medical services.

(2) Purchasing ambulances, medical equipment and rescue equipment.

(3) Costs associated with the conduct of training programs for prehospital and interhospital emergency medical services personnel.

(4) Costs associated with ambulance service inspection conducted to assist the department with ambulance service licensure.

(5) Purchasing communications, including alerting equipment, provided that the purchases are in accordance with the Statewide telecommunications plan.

(6) Purchasing certain equipment for hospital emergency departments if the equipment is used or intended to be used in equipment exchange programs with ambulance services.

(7) Costs associated with maintenance and operation of emergency medical services councils. Costs may include, but shall not be limited to, salaries, wages and benefits of staff; travel; equipment and supplies; leasing of office space; and other costs incidental to the conduct of busi-

ness which are deemed by the secretary to be necessary and appropriate for carrying out the purposes of this act.

(8) Costs associated with collection and analysis of data necessary to evaluate the effectiveness of emergency medical services systems in providing emergency medical services.

(d) Restriction.—Contract funds may not be used for:

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

(2) Purchasing hospital equipment unless such equipment is used or intended to be used in an equipment exchange program with ambulance services.

(3) Maintenance of ambulances, medical equipment or rescue equipment except as authorized in subsection (c)(2).

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

(5) Costs which are normally borne by patients.

(e) Reports.—The recipient of a contract under this act shall make reports to the department as may be required by the secretary.

(f) Application prerequisite.—No contract may be made under this section unless:

(1) An application has been submitted to the department in a form and format prescribed by the department.

(2) The application demonstrates the need for planning, initiation, maintenance, expansion or improvement of an emergency medical services system.

(3) The application contains data and information which demonstrates the qualifications of the applicant to plan, initiate, expand or improve an emergency medical services system and which includes organizational structure and provision for representation of appropriate entities.

(4) The application contains an assurance that planning for an emergency medical services system is conducted in cooperation with each area-wide health systems agency, where available, whose plan covers, in whole or in part, such area.

(g) Technical assistance.—The department shall provide technical assistance, as appropriate, to emergency medical services councils and to such other eligible entities as necessary for the purpose of their carrying out the provisions of contracts under this section, with special consideration for contractors representing rural areas.

(h) Payments.—Payments pursuant to contracts under this section 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 the provisions of this act.

(i) Other grants considered.—In determining the amount of any contract under this act, the amount of funds available to the applicant from nonstate contributions and Federal grant or contract programs pertaining to emergency medical services shall be taken into consideration. Nonstate contribu-

tions include the outlay of cash and in-kind services of the contractor or to the contractor or toward the operation of an emergency medical services system by private, public or governmental third parties, including the Federal Government.

(j) Other contracts.—Except as provided in subsection (c), the secretary may enter into contracts with organizations other than emergency medical services councils in order to assist the department in complying with the provisions of this act.

(k) Public disclosure.—Finalized contracts shall be deemed public records.

Section 11. Emergency medical services personnel.

(a) Education.—The department shall assist, encourage and coordinate the education of emergency medical technicians and EMT-paramedics, who shall be certified by the department upon successful completion of courses of instruction recognized by the department and written and practical skill examinations administered by the department or its designees.

(1) The department shall develop standards in the form of rules and regulations for the accreditation of appropriate educational institutes and shall be empowered to recognize such institutes as meeting such standards.

(2) Emergency medical technician and EMT-paramedic students enrolled in courses recognized by the department shall be subject to the appropriate liability exemptions listed in this section, as shall participating institutes, organizations and facilities pursuant to the provisions of subsection (j)(3).

(b) Certification of emergency medical technician.—The department shall certify any person as an emergency medical technician who:

(1) Has completed a basic training program for emergency medical technicians approved by the department, which program follows in accordance with the current national standard curriculum for emergency medical technicians as set forth in the rules and regulations promulgated by the department.

(2) Has taken and successfully passed a written examination prescribed by the department.

(3) Has taken and successfully passed a practical test of emergency medical technician skills prescribed by the department.

(4) Is at least 16 years of age.

Notwithstanding the provisions of the act of July 20, 1974 (P.L.551, No.190), known as the Medical Practice Act of 1974, or the provisions of any act to the contrary, any person with a valid certification from the department as an emergency medical technician may, in the case of an emergency, perform those duties as deemed appropriate by the department in accordance with rules and regulations promulgated under this act.

(c) Eligibility.—To be eligible to enroll in a course leading to certification as an EMT-paramedic, a person shall:

(1) be at least 18 years of age;

(2) have a high school diploma or its equivalent; and

(3) be currently certified by the department as an emergency medical technician.

(d) Certification of EMT-paramedic.—The department shall certify a person as an EMT-paramedic, provided the person meets the requirements of subsection (c) and:

(1) Completes a training course for EMT-paramedics approved by the department, which course follows in accordance with the current national standard curriculum for emergency medical technician-paramedics as set forth in the rules and regulations promulgated by the department.

(2) Is verified as having demonstrated competency in all required skills.

(3) Takes and passes a written examination for EMT-paramedics prescribed by the department.

Notwithstanding the provisions of the Medical Practice Act of 1974, or the provisions of any other act to the contrary, any person with a valid certification from the department as an EMT-paramedic may, in the case of an emergency, perform those duties as deemed appropriate by the department in accordance with rules and regulations promulgated under this act.

(e) Scope of practice of emergency medical technician and EMT-paramedic.—The services provided by an emergency medical technician or EMT-paramedic are limited to the services required in responding to the perceived needs of an individual for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury. Such services shall only be delivered in a prehospital, interhospital or emergency care setting in a hospital, shall not include diagnosis and treatment of nonurgent care and shall be subject to rules and regulations promulgated by the department.

(f) Physician communication.—Any licensed physician who is approved for such responsibility by the regional emergency medical services council, which shall notify the department of such approval, may give appropriate medical commands via radio or other telecommunications device to an emergency medical technician or EMT-paramedic or health professional consistent with respective levels of skill and education and regulations promulgated pursuant to this act.

(g) Drug administration.—Every licensed physician giving a medical command to an EMT-paramedic or health professional requiring administration of a drug shall first identify the drug and then specify the dosage and the manner of administration.

(h) Standing orders.—When specified in the approved emergency medical services council transfer and medical treatment protocols established pursuant to rules and regulations, an emergency medical technician, EMT-paramedic or health professional may perform specific emergency skills and treatment prior to the initiation of medical command.

(i) Care where communications are disrupted.—If telecommunications cannot be established between an emergency medical technician or an EMT-paramedic, or a health professional and a licensed physician, or if telecommunications once established are interrupted and cannot be reestablished, an

emergency medical technician or an EMT-paramedic or health professional may initiate and continue emergency medical care in accordance with the approved emergency medical services council transfer and medical treatment protocols established pursuant to rules and regulations.

(j) Liability.—

(1) No authorized medical command physician who in good faith gives instructions to an emergency medical technician or EMT-paramedic or health professional shall be liable for any civil damages as a result of issuing the instructions, unless guilty of gross or willful negligence.

(2) No emergency medical technician or EMT-paramedic or health professional who in good faith attempts to render or facilitate emergency medical care authorized by this act shall be liable for civil damages as a result of any acts or omissions, unless guilty of gross or willful negligence. This provision shall apply to students enrolled in approved courses of instruction and supervised pursuant to rules and regulations.

(3) No approved emergency medical services training institute nor any entity participating as part of any approved educational program offered by such institute as authorized by this act shall be liable for any civil damages as a result of primary and continuing educational practice by duly enrolled students under proper supervision, unless guilty of gross or willful negligence.

(4) No medical command facility recognized by the department which in good faith provides medical commands to an emergency medical technician, EMT-paramedic or health professional in accordance with this act shall be liable for any civil damages as a result of issuing instructions, unless guilty of gross or willful negligence.

(5) No emergency medical technician or EMT-paramedic who in good faith attempts to render emergency care authorized by this act at an emergency scene while enroute to a place of employment shall receive any form of reprimand or penalty by an employer as a result of late arrival at the place of employment. An employer may request written verification from any such emergency medical technician or EMT-paramedic, who shall obtain the written verification from either the police officer or ambulance personnel who is in charge at the emergency scene.

(k) Continuity of care.—Until rules and regulations are promulgated under this act, certified prehospital personnel shall comply with the rules and regulations in effect on the effective date of this act.

Section 12. Minimum standards for ambulance service.

(a) License required.—Two years after the effective date of the rules and regulations promulgated under this act, no person, as an owner, agent or otherwise, shall operate, conduct, maintain, advertise or otherwise engage in or profess to be engaged in providing a basic life support ambulance service or an advanced life support service upon the highways or in any other public place within this Commonwealth unless that person holds a currently valid license as a basic life support ambulance service or advanced life support ambulance service issued by the department pursuant to this act or unless such person is exempted under the provisions of subsection (r).

(b) **Application.**—A person desiring to secure a license to maintain and operate an ambulance service shall submit an application to the department within one year from the effective date of rules and regulations promulgated under this act. Applications for an ambulance service license shall be made on forms prescribed by the department and shall contain such information as the department considers necessary to determine that the ambulance service meets the requirements under this act and related rules and regulations. Applications for renewal of a license shall be made on forms prescribed by the department in accordance with the rules and regulations promulgated by the department.

(c) **Fees.**—The department shall levy no fee for licenses for basic or advanced life support ambulance services.

(d) **Rules and regulations.**—Within one year of the effective date of this act, the secretary shall promulgate rules and regulations setting forth the minimum essential equipment for ambulances used to provide basic or advanced life support services in this Commonwealth and shall prescribe design criteria for any vehicle used or intended to be used as an ambulance. Equipment listed shall include the minimum essential equipment required for effective operation and rendering of appropriate emergency medical care in accordance with current national standards.

(e) **Minimum standards for staffing.**—Minimum staffing standards for ambulance services which operate at the basic life support level of care shall be as follows:

(1) Upon the effective date of this act, all ambulances in this Commonwealth, when transporting a patient or patients, shall be operated with a minimum staffing of two persons, one of whom shall accompany the patient in the patient compartment during transport.

(2) One year after the effective date of this act, each ambulance service shall require that an ambulance, when transporting a patient or patients, except for routine transfer of convalescent or other nonemergency cases, shall be staffed by at least two persons. One person shall at least qualify as an ambulance attendant as defined in this act and shall accompany the patient in the patient compartment of the ambulance during transport.

(3) Two years after the effective date of this act, all ambulances, when transporting a patient or patients, except for routine transfer of convalescent or other nonemergency cases, shall be staffed by at least two persons, who shall, at least, qualify as ambulance attendants. At least one attendant shall accompany the patient in the patient compartment of the ambulance during transport.

(4) Three years after the effective date of this act, all ambulances, when transporting a patient or patients, except for routine transfer of convalescent or other nonemergency cases, shall be staffed by at least two persons, one of whom shall be an emergency medical technician, EMT-paramedic or health professional, and one of whom shall, at least, qualify as an ambulance attendant. The emergency medical technician, EMT-paramedic or health professional shall accompany the patient in the patient compartment.

(f) **Training.**—The department shall assure the availability of emergency medical technician training for those individuals who show evidence of sponsorship by a licensed ambulance service as provided by this act or by a person or entity having made application to become a licensed ambulance service. This training shall be available to each county of this Commonwealth during day and evening hours at reasonable cost in accordance with policies and guidelines published by the department upon advice from the council.

(g) **Staff for advanced life support vehicle.**—

(1) Upon the effective date of this act, each advanced life support service shall require that at least two persons shall respond to calls for assistance. This staff shall consist of one of the following:

(i) Two health professionals.

(ii) One health professional and either one emergency medical technician or one EMT-paramedic.

(iii) One emergency medical technician and one EMT-paramedic.

(2) Paragraph (1) shall not apply as follows:

(i) Temporary licenses may be issued to advanced life support services which are not generally able to provide this service 24 hours per day and 7 days per week in accordance with subsection (n).

(ii) An advanced life support ambulance service may be staffed by one EMT-paramedic or one health professional when responding to calls for assistance, provided that the minimum advanced life support staffing requirements set forth in this subsection are met during emergency medical treatment and transport of the patient.

(h) **Issuance of license.**—The department shall issue a license to an ambulance service pursuant to this act when it is satisfied that the following standards have been met:

(1) The ambulance service is staffed by responsible persons.

(2) The ambulance or other vehicle used to provide emergency medical services is adequately constructed, equipped, maintained and operated to safely and efficiently render the services offered.

(3) The ambulance service meets the required staffing standards set forth in this act.

(4) The ambulance service provides safe and efficient services which are adequate for the emergency medical care, the treatment and comfort and, when appropriate, the transportation of patients.

(5) There is compliance with the rules and regulations promulgated by the department under this act.

(i) **Nontransferability of license.**—A license to operate a basic life support ambulance service, or an advanced life support service, is not transferable and shall remain valid for a period of three years unless revoked or suspended by the department.

(j) **Display.**—The license shall at all times be posted in a conspicuous place on the ambulance or mobile advanced life support vehicle.

(k) **Inspection.**—Each basic life support ambulance service and advanced life support ambulance service and its vehicles, equipment and personnel qualifications shall be inspected by the department or its representa-

tive. The inspections shall be conducted, from time to time, as deemed appropriate and necessary, but not less than once every three years.

(l) Refusal or suspension.—The department may refuse to renew a license or may suspend or revoke a license of an ambulance service for the following reasons:

(1) A serious violation of the provisions of this act or of the regulations for minimum ambulance standards promulgated under this act. For purposes of this paragraph, a serious violation is one which poses a continued significant threat to the health of the patient.

(2) Failure of a licensee to submit a reasonable timetable to correct deficiencies.

(3) The existence of a continuing pattern of deficiencies over a period of three or more years.

(4) Failure, by the holder of a provisional license, to correct deficiencies in accordance with a timetable submitted by the applicant or licensee and agreed upon by the department.

(5) Fraud or deceit in obtaining or attempting to obtain a license.

(6) Lending, borrowing or using the license of another, or in any way knowingly aiding or abetting the improper granting of a license.

(7) Incompetence, negligence or misconduct in operating the ambulance service or in providing emergency medical services to patients.

(m) Provisional license.—When there are numerous deficiencies or a serious specific deficiency in compliance with this act or rules or regulations promulgated thereunder, the department may issue a provisional license for operation of an ambulance service when the department deems it is in the public interest to do so.

(n) Temporary license.—When a new or existing advanced life support service cannot provide service 24 hours a day, 7 days a week, the department may issue a temporary license for operation of the advanced life support service when the department deems it is in the public interest to do so. The temporary license shall be valid for a period of one year and may be renewed for the same incremental period not to exceed two years.

(o) Violation.—

(1) Upon determining that a violation of this act or rules and regulations promulgated thereunder exists, the department shall issue a written notice to the ambulance service specifying the violation or violations that have been found. The notice shall require the ambulance service to take action or submit a plan of correction to the department that shall bring the ambulance service into compliance with applicable law or regulations within a specified period of time. The plan of correction must be submitted within 30 days of receipt of the written notice.

(2) If, after such reasonable time for compliance, the department determines that the violation persists, the department shall afford the holder of the license an opportunity for an administrative hearing to be conducted by the department pursuant to Title 2 of the Pennsylvania Consolidated Statutes (relating to administrative law and procedure). If, after the hearing, the department rules that the license shall be suspended or revoked, appeals may be taken as provided by law.

(p) Cessation of service.—Upon suspension or revocation of a license, the service shall cease operations and no person shall permit or cause the service to continue.

(q) Discontinuance of service.—Holders of licenses to operate a basic life support ambulance service or an advanced life support service shall not discontinue service until 90 days after the holder notifies the department, in writing, that the service is to be discontinued. Notice to the department shall include a statement that the licensee has notified the chief executive officer of each political subdivision in the licensee's ambulance service area of the intent to discontinue ambulance service and that the intent to discontinue service has been advertised in a newspaper of general circulation in the licensee's service area.

(r) License not required.—For ambulance services owned and operated by a hospital licensed under Chapter 8 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act, a separate ambulance service license pursuant to this act shall not be required. All such ambulance services shall, nevertheless, be subject to the standards and criteria set forth in this act and the rules and regulations promulgated thereunder.

(s) VASC services.—Basic life support ambulance services that are VASC certified upon the effective date of the rules and regulations for ambulance licensure promulgated under this act shall be deemed in compliance with this act until the expiration of their current VASC certification. Prior to the expiration of VASC certification, an ambulance service shall obtain a license pursuant to the provisions of this act.

(t) Exemptions.—The following are exempted from the licensing provisions of this act:

(1) Privately owned vehicles not ordinarily used to transport patients.

(2) A vehicle rendering temporary service as an ambulance in an emergency when ambulances based in the locality of the emergency are insufficient to render services required.

(3) Services located or headquartered outside this Commonwealth which do not routinely transport patients from locations beyond the limits of this Commonwealth to locations within this Commonwealth.

(4) Ambulances and ambulance services owned and operated by an agency of the Federal Government.

(5) Invalid coaches.

(6) Rescue vehicles.

Section 13. Limitation of liability for failure to obtain consent.

No ambulance attendant, emergency medical technician or EMT-paramedic nor any certified or health professional may be subject to civil liability based solely upon failure to obtain consent in rendering emergency medical services to any person, regardless of age, where the person is unable to give consent for any reason, including minority, and where there is no other person reasonably available who is legally authorized to give consent to the providing of such care or who is legally authorized to refuse to give consent to the providing of such care, provided that the ambulance attendant, emergency medical technician, EMT-paramedic or health professional has acted in good faith and without knowledge of facts negating consent.

Section 14. Support of emergency medical services.

(a) **Fine.**—A \$10 fine shall be levied on all moving traffic violations. These fines shall be in addition to other fines imposed at the discretion of the court.

(b) **Emergency Medical Services Operating Fund.**—Money collected shall be paid to the court imposing the fine which shall forward it to the State Treasurer for deposit into a special revolving fund to be known as the Emergency Medical Services Operating Fund.

(c) **Purpose of fund.**—All money from the Emergency Medical Services Operating Fund shall be disbursed by the department for the initiation, expansion, maintenance and improvement of emergency medical services.

(d) **Allocation to Catastrophic Medical and Rehabilitation Fund.**—Twenty-five percent of the fund shall be allocated to a Catastrophic Medical and Rehabilitation Fund for victims of trauma. The catastrophic fund shall be available to trauma victims to purchase medical, rehabilitation and attendant care services when all alternative financial resources have been exhausted.

Section 15. Prohibited acts.

(a) **Making false ambulance requests.**—It shall be unlawful for any person to intentionally report a medical emergency and summon an ambulance when such person does not have good cause to believe that the services of an ambulance are needed. A person violating this subsection commits a summary offense.

(b) **Obstruction.**—It is unlawful for any person to intentionally impede or obstruct any ambulance attendant, emergency medical technician or EMT-paramedic or health professional in the performance of official duties, provided that the ambulance attendant, emergency medical technician or EMT-paramedic displays accepted American Red Cross or department insignia or credentials. A person violating this subsection commits a summary offense.

(c) **Impersonating ambulance personnel.**—It is unlawful for any person who is not an ambulance attendant, emergency medical technician, EMT-paramedic or health professional to display an insignia or credentials or act in any manner that would lead reasonable persons to conclude that the person is an ambulance attendant, emergency medical technician, EMT-paramedic or health professional. A person violating this subsection commits a summary offense.

(d) **Misrepresentation of license.**—It shall be unlawful for any person who does not possess a valid ambulance service license issued by the department to advertise, display vehicle markings or exhibit any other means that would lead a reasonable person to conclude that such service holds such license, is a licensed service or provides a level of emergency care beyond the level of care actually provided. A person violating this subsection commits a summary offense.

Section 16. Penalties.

A person who operates an ambulance service which does not have a currently valid license or who violates any other provision of this act, except as otherwise specified, commits a summary offense.

Section 17. Allocations.

Of all funds available to the department for the initiation, expansion, maintenance, evaluation and improvement of emergency medical services systems, at least 75% shall be allocated for the direct support of emergency medical services systems, with at least 10% of these funds to be allocated to provide additional financial assistance for those emergency medical services systems serving rural areas.

Section 18. Severability.

The provisions of this act are severable. If any provision of this act or its application to any person or circumstance is held invalid, the invalidity shall not affect other provisions or applications of this act which can be given effect without the invalid provision or application.

Section 19. Repeals.

(a) Specific repeals.—The following acts are repealed:

Act of November 30, 1976 (P.L.1205, No.264), entitled “An act defining emergency medical technician; authorizing such personnel to render emergency care; exempting such personnel and physicians working in conjunction with them from civil liability when rendering such care; and making repeals,” effective on the effective date of rules and regulations promulgated under this act.

Act of November 30, 1976 (P.L.1207, No.265), known as the Emergency Medical Services Systems Act.

(b) General repeal.—All other acts and parts of acts are repealed insofar as they are inconsistent with this act.

Section 20. Effective date.

This act shall take effect July 1, 1985, or immediately, whichever is later.

APPROVED—The 3rd day of July, A. D. 1985.

DICK THORNBURGH