

No. 2009-37

AN ACT

SB 240

Amending Titles 35 (Health and Safety) and 75 (Vehicles) of the Pennsylvania Consolidated Statutes, regulating emergency medical services systems; providing for licensure; conferring powers and duties on the Department of Health; further defining "emergency vehicle"; providing for penalties; providing for Emergency Medical Services Operating Fund distributions; and making a related repeal.

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

Section 1. Title 35 of the Pennsylvania Consolidated Statutes is amended by adding a part to read:

PART VI
EMERGENCY MEDICAL SERVICES

Chapter

81. Emergency Medical Services System

CHAPTER 81¹

EMERGENCY MEDICAL SERVICES SYSTEM

Subchapter

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SUBCHAPTER A

PRELIMINARY PROVISIONS

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§ 8101. Short title of chapter.

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

§ 8102. Declaration of policy.

The General Assembly finds and declares as follows:

¹Chapter 72" in enrolled bill. Renumbered to Chapter 81.

(1) Emergency medical services are an essential public service and frequently the health care safety net for many Commonwealth residents.

(2) It is in the public interest to assure that there are high quality and coordinated emergency and urgent medical services readily available to the residents of this Commonwealth to prevent premature death and reduce suffering and disability which arise from severe illness and injury.

(3) The public interest under paragraph (2) is best achieved through a regulated and coordinated emergency medical services system.

(4) Transportation of both emergency and nonemergency patients is an integral part of the health care delivery system in this Commonwealth, and it is in the public interest that the emergency medical services system serve all persons in this Commonwealth who:

(i) require medical care to address illness or injury;

(ii) need transportation to a hospital or other health care facility to receive that care; and

(iii) require medical assessment, monitoring, assistance, treatment or observation during transportation.

(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.

(6) It serves the public interest if the emergency medical services system provides community-based health promotion services that are integrated with the overall health care system.

(7) Emergency medical services should be acknowledged, promoted and supported as an essential public service.

(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.

(9) Residents of this Commonwealth and visitors to this Commonwealth should have prompt and unimpeded access to urgent and emergency medical care throughout 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.*

(11) *The emergency medical services system should be fully integrated with the overall health care system, and in particular with the public health system, to identify, modify and manage illness and injury and illness and injury risks.*

§ 8103. *Definitions.*

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

“Advanced emergency medical services.” Emergency medical services exceeding the scope of practice of an emergency medical technician.

“Advanced emergency medical technician.” An individual who is certified by the Department of Health as an advanced emergency medical technician.

“Advanced life support squad vehicle.” A vehicle which:

(1) is maintained or operated to transport emergency medical service providers above the advanced emergency medical technician level, equipment and supplies to rendezvous with the crew of an ambulance for the purpose of providing advanced emergency medical services to patients; and

(2) is not used in the transportation of patients.

“ALS.” Advanced life support.

“Ambulance.” A ground, water or air vehicle which is maintained or operated for the purpose of providing emergency medical services to and transportation of patients.

“Ambulance attendant.” An individual who is 16 years of age or older and satisfies one of the following:

(1) Possesses a certificate evidencing successful completion of an advanced first aid course sponsored by the American Red Cross and a current certificate evidencing successful completion of a cardiopulmonary resuscitation course acceptable to the Department of Health.

(2) Possesses a current certificate evidencing successful completion of a course determined by the Department of Health to be equivalent to the requirements in paragraph (1).

“Basic emergency medical services” or “basic EMS.” Emergency medical services included within, but not exceeding, the scope of practice of an emergency medical technician.

“Basic life support squad vehicle.” A vehicle which:

(1) is maintained or operated to transport emergency medical services providers, equipment and supplies to rendezvous with the crew of an ambulance for the purpose of providing emergency medical

services at or below the advanced emergency medical technician level to patients; and

(2) is not used in the transportation of patients.

“BLS.” Basic life support.

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

“Commonwealth emergency medical services medical director” or “Commonwealth EMS medical director.” A physician who is approved and employed by the Department of Health to advise and formulate policy on matters pertaining to emergency medical services.

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

“Emergency.” A physiological or psychological illness or injury of an individual, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate emergency medical services to result in:

(1) 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;

(2) serious impairment of bodily functions; or

(3) serious dysfunction of a bodily organ or part.

“Emergency medical responder” or “EMR.” An individual who is certified by the Department of Health as an emergency medical responder.

“Emergency medical services” or “EMS.” Any of the following:

(1) 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:

(i) prevent or protect against loss of life or a deterioration in physiological or psychological condition; or

(ii) address pain or morbidity associated with the person’s condition.

(2) 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.

“Emergency medical services agency” or “EMS agency.” An entity that engages in the business or service of providing emergency medical services to patients within this Commonwealth by operating any of the following:

(1) An ambulance.

(2) An advanced life support squad vehicle.

(3) A basic life support squad vehicle.

(4) A quick response service.

(5) A special operations EMS service. This paragraph includes, but is not limited to:

(i) a tactical EMS service;

- (ii) *a wilderness EMS service;*
- (iii) *a mass-gathering EMS service; and*
- (iv) *an urban search and rescue EMS service.*

(6) *A vehicle or service which provides emergency medical services outside of a health care facility, as prescribed by the Department of Health by regulation.*

“Emergency medical services agency medical director” or “EMS agency medical director.” A physician who is employed by, contracts with or volunteers with an emergency medical services agency either directly or through an intermediary to:

- (1) *evaluate the quality of patient care provided by the emergency medical services providers utilized by the emergency medical services agency; and*
- (2) *provide medical guidance and advice to the emergency medical services agency.*

“Emergency medical services provider” or “EMS provider.” Any of the following:

- (1) *An emergency medical responder.*
- (2) *An emergency medical technician.*
- (3) *An advanced emergency medical technician.*
- (4) *A paramedic.*
- (5) *A prehospital registered nurse.*
- (6) *A prehospital physician extender.*
- (7) *A prehospital emergency medical services physician.*
- (8) *An individual prescribed by regulation of the Department of Health to provide specialized emergency medical services.*

“Emergency medical services system” or “EMS system.” The arrangement of personnel, facilities and equipment to prevent and manage emergencies in a geographic area.

“Emergency medical services vehicle operator” or “EMS vehicle operator.” An individual certified by the Department of Health to operate a ground emergency medical services vehicle.

“Emergency medical technician” or “EMT.” An individual who is certified by the Department of Health as an emergency medical technician.

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

“Foundation.” The Pennsylvania Trauma Systems Foundation, a nonprofit Pennsylvania corporation whose function is to accredit trauma centers that receive or seek to receive Commonwealth funds.

“Hospital.” An institution having an organized medical staff that 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. The term does not include a facility caring exclusively for the mentally ill.

“Medical command facility.” A distinct unit which contains the necessary equipment and personnel for providing medical command to and control over emergency medical services providers.

“Medical command order.” An order issued by a medical command physician to an emergency medical services provider who is functioning on behalf of an emergency medical services agency.

“Medical command physician.” A physician certified by the Department of Health to give medical command orders to emergency medical services providers.

“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.

“Paramedic.” An individual who is certified by the Department of Health as a paramedic.

“Patient.” An individual for whom an emergency medical services provider is:

(1) providing emergency medical services on behalf of an EMS agency; or

(2) required to provide emergency medical services 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 emergency medical services providers and physicians who direct or supervise EMS providers under this chapter and the regulations of the Department of Health.

“Physician.” A person who has a currently registered license to practice medicine or osteopathic medicine in this Commonwealth.

“Prehospital emergency medical services physician” or “prehospital EMS physician.” A physician who is certified by the Department of Health as a prehospital emergency medical services physician.

“Prehospital physician extender” or “PHPE.” A physician assistant who is certified by the Department of Health as a prehospital physician extender.

“Prehospital registered nurse” or “PHRN.” A registered nurse who is certified by the Department of Health as a prehospital registered nurse.

“Quick response service” or “QRS.” An operation in which emergency medical services providers of an EMS agency:

(1) respond to an actual, reported or perceived emergency; and

(2) *provide emergency medical services to patients pending the arrival of an ambulance.*

“Regional emergency medical services council” or “regional EMS council.” A nonprofit incorporated entity or appropriate equivalent that is assigned by the Department of Health to:

(1) *plan, develop, maintain, expand and improve emergency medical services systems within a specific geographic area of this Commonwealth; and*

(2) *coordinate those systems into a regional emergency medical services system.*

“Regional emergency medical services medical director” or “regional EMS medical director.” The medical director of a regional emergency medical services council.

“Review organization.” A committee which engages in peer review as authorized by the regulations of the Department of Health.

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

“Special care unit.” An appropriately equipped area of a hospital where provisions have 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 as a trauma center by the Pennsylvania Trauma Systems Foundation.

§ 8104. Emergency medical services system programs.

(a) *Planning and coordination.—The department shall plan, guide and coordinate programs on the following matters to promote effective and efficient operation of Statewide and regional EMS systems:*

(1) *The number and distribution of EMS providers and other persons integral to an EMS system, such as medical command physicians and EMS agency medical directors, with appropriate training and experience.*

(2) *Reasonably accessible training for EMS providers and other persons integral to an EMS system, including clinical training and continuing education programs coordinated with other programs providing similar, complementary and supplemental training and education.*

(3) *The joining of personnel, facilities and equipment coordinated through a communication system to ensure that EMS requests will be handled by communications facilities that:*

(i) *utilize emergency medical telecommunications screening to determine the appropriate emergency agency response;*

(ii) *are accessible to the general public through a common telephone number and, where feasible, through the universal emergency telephone number 911; and*

(iii) will have direct communications with appropriate personnel facilities and equipment resources.

(4) The number and distribution of ambulances and other EMS vehicles in which:

(i) ambulances and other vehicles meet appropriate criteria relating to location, design, performance and equipment; and

(ii) operators and other personnel staffing vehicles meet appropriate training and experience requirements.

(5) The number and accessibility of facilities that:

(i) are collectively capable of providing EMS on a continuous basis;

(ii) have appropriate specialty capabilities;

(iii) meet appropriate standards relating to capacity, location, personnel and equipment; and

(iv) are coordinated with other health care facilities and resource centers.

(6) Access and transportation to trauma centers and specialty care receiving facilities.

(7) Transfer of patients between facilities or to programs offering necessary follow-up care and rehabilitation.

(8) Utilization of appropriate personnel, facilities and equipment of each entity providing EMS.

(9) Regional EMS councils that provide persons residing in an EMS region, 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 regional EMS system.

(10) The provision of EMS to all persons requiring those services.

(11) A standardized data collection system that covers all phases of the EMS incident, including, but not limited to, the dispatch report and contact, treatment and transport of a patient in the EMS system.

(12) Programs of public education, information and prevention, integrated with public health education and taking into account needs of visitors and residents, concerning methods for accessing EMS and stressing dissemination of information as to first aid and cardiopulmonary resuscitation.

(13) The provision of periodic comprehensive review and evaluation of the extent and quality of the EMS provided in each regional EMS system and reports to the department of each review or evaluation.

(14) Plans to assure that each regional EMS system will be able to provide or secure EMS during mass casualty situations, natural disasters and declared states of emergency in accordance with Chapter 71 (relating to general provisions) and the instructions of the Pennsylvania Emergency Management Agency.

(15) Appropriate intrastate and interstate arrangements for the provision of EMS as needed.

(b) Limitations.—This section is intended to identify EMS objectives to be pursued and achieved by the department in its role as lead agency for EMS. Nothing herein shall be construed to confer regulatory powers upon the department beyond those conferred elsewhere in this chapter.

§ 8105. Duties of department.

(a) Duty.—It shall be the duty of the department to assist in the development of local EMS systems; plan, guide and coordinate the development of regional EMS systems into a unified Statewide system; and coordinate systems in this Commonwealth with similar systems in neighboring states.

(b) Authority.—The department shall be the lead agency for EMS in this Commonwealth. The department is authorized to:

(1) Coordinate a program for planning, developing, maintaining, expanding, improving and upgrading EMS systems in this Commonwealth.

(2) Establish, by regulation, standards and criteria governing the awarding and administration of contracts and grants under this chapter for initiation, maintenance and improvement of regional EMS systems.

(3) Require collection and maintenance of patient data and information in EMS patient care reports by EMS agencies.

(4) 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 shall be reasonable in detail and shall be collected pursuant to regulations issued by the department. Data and information shall be limited to that which may be used for specific planning, research and quality improvement purposes and shall not be duplicative of data and information already available to the department.

(5) Prepare and revise a Statewide EMS system plan under section 8111 (relating to comprehensive plan).

(6) Define and approve training programs and accredit educational institutions for EMS training of EMS providers.

(7) Provide technical assistance to local governments, EMS agencies and other entities for the purpose of assuring effective planning and execution of EMS.

(8) Administer contracts and grants authorized under this chapter and other grants pertaining to EMS.

(9) Establish standards for the licensing, registration and operation of EMS agencies and inspect EMS agencies for compliance with this chapter and regulations adopted under this chapter.

(10) Maintain a quality improvement program for the purpose of monitoring and improving the delivery of EMS.

(11) Promulgate regulations to establish standards and criteria for EMS systems.

(12) Integrate all trauma centers accredited pursuant to section 8107 (relating to Pennsylvania Trauma Systems Foundation) into the Statewide EMS system.

(13) Recommend to 911 and other EMS agency dispatchers protocols with respect to the type and quantity of EMS resources to dispatch to emergencies.

(14) Investigate, based upon complaints and information received, possible violations of this chapter and regulations under this chapter and take disciplinary actions, seek injunctions and refer matters for criminal prosecution.

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

(16) Enter into agreements with other states which may include, as appropriate to effectuate the purposes of this chapter, the acceptance of EMS resources of other states that do not fully satisfy the requirements of this chapter or regulations adopted under this chapter.

(c) EMS protocols.—The department shall establish criteria and protocols, including bypass protocols, for evaluation, triage, treatment, transport, transfer and referral of patients to ensure that they receive appropriate EMS and are transported to the most appropriate facility. Regional EMS councils shall not be eligible for contracts or grant funds or State EMS Operating Fund disbursements unless they assist in ensuring regional implementation of the criteria and protocols. Protocols under this subsection are not subject to the rulemaking process.

§ 8106. Emergency medical services patient care reports.

(a) Preparation.—An EMS agency shall ensure that its responding EMS providers complete an EMS patient care report 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. The department shall employ an electronic EMS patient care reporting process that shall solicit standardized data and patient information. The department may require an EMS agency to complete a different standardized report or different fields in a standardized report based upon the type of resources the EMS agency uses in responding. The department shall permit an EMS agency to file a paper report for extraordinary reasons as determined by the department on a case-by-case basis.

(b) Content.—The report shall contain information as solicited on the form or other reporting process developed by the department. The reporting process shall solicit essential information in reasonable detail. The department may also use the reporting process to collect data to enhance its ability to carry out its responsibilities under sections 8104

(relating to emergency medical services system programs) and 8105 (relating to duties of department).

(c) Patient medical record.—If a patient is transported to a hospital or from a hospital to another health care facility, information about the patient and EMS performed on the patient that is solicited through the reporting process shall be provided by the EMS agency to the hospital or other health care facility and become part of the patient's medical record.

(d) Reporting.—An EMS agency shall report to the department or a regional EMS council, as determined by department regulation, data that is solicited through the reporting process.

(e) Confidentiality.—

(1) Patient information collected by an EMS agency shall be confidential and shall not be released by the EMS agency or a health care facility except as follows:

(i) 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 report.

(ii) Pursuant to an order of a court of competent jurisdiction, including a subpoena when it constitutes a court order, except that disclosure pursuant to a subpoena shall not be permitted as to information in the report that is of such nature that disclosure pursuant to a subpoena is not otherwise authorized by law.

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

(iv) For billing purposes.

(v) For quality improvement activities.

(vi) To the department or a regional EMS council for the purpose of investigating possible violations of this chapter or related regulations.

(vii) To a government agency or its agent, as authorized by the department, for the purpose of the agency performing official government duties.

(2) Notwithstanding the duty of confidentiality applicable to department and regional EMS councils concerning reports under paragraph (1), the report may be released for specific research or EMS planning purposes approved by the department, subject to department approval and supervision to ensure that use of the report is strictly limited to the purposes of the research.

(f) Vendors.—A vendor may not sell or otherwise provide or offer reporting forms or software marketed as appropriate for use in making reports required under this section unless the vendor submits the product to the department for review and receives department approval. Thereafter, the vendor shall submit any modification of the product to the department for review and approval if the vendor intends to offer the modified product for use in the EMS patient care reporting process. If the department makes

changes to the EMS patient care report, it shall publish a notice of the changes in the Pennsylvania Bulletin. The effective date for the changes shall be no fewer than 60 days following publication. After publication of changes, a vendor may not market a product as one appropriate for use in making an EMS patient care report, any reporting forms or software approved by the department prior to publication of the changes, unless the vendor clearly discloses that the forms or software were approved prior to publication of the changes. The department may assess a vendor a \$5,000 civil penalty for each day a vendor violates the provisions of this subsection.

§ 8107. Pennsylvania Trauma Systems Foundation.

(a) **Trauma center accreditation.**—The foundation shall develop a private voluntary accreditation program to:

(1) Establish standards for the operation of trauma centers that receive or seek to receive Commonwealth funds, adopting, at a minimum, current guidelines for trauma centers defined by the American College of Surgeons. Additionally, Level III trauma centers shall meet accreditation criteria for Level III trauma centers imposed by the act of March 24, 2004, (P.L.148, No.15), known as the Pennsylvania Trauma Systems Stabilization Act. For the purpose of reaccreditation, the standards shall require, at a minimum, that each Level I trauma center establish that 600 severe and urgent injury cases have been treated per year and each Level II trauma center establish that 350 severe and urgent injury cases have been treated per year.

(2) Evaluate a hospital making application to the foundation to determine if the hospital meets the foundation's standards. An evaluation shall include hospital site visits by accreditation survey teams composed of independent, qualified persons selected by the foundation.

(3) Issue certificates of accreditation to hospitals that meet the accreditation standards. Certificates of accreditation shall be valid for a period not to exceed three 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 chapter.

(4) Establish an appeal mechanism for reconsideration of accreditation decisions.

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

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

(d) **Board of directors.**—The board of directors of the foundation shall consist of the following voting members: five representatives of State organizations representing physicians; five representatives of State organizations representing hospitals; three representatives of State

organizations representing registered professional nurses; two representatives of other Statewide EMS organizations having expertise in the delivery of trauma services; the chairman and minority chairman of the Public Health and Welfare Committee of the Senate or designees chosen from among the members of the committee; the chairman and minority chairman of the Health and Human Services Committee of the House of Representatives or designees chosen from among the members of the committee; and the Secretary of Health or a designee. The bylaws of the foundation shall identify a method to select members to achieve professional and geographic balance on the board of directors. Terms of office shall be limited to three years.

(e) Data collection.—The foundation shall compile and maintain statistics on mortality and morbidity on multisystem trauma victims. The data collection shall be coordinated and performed in conjunction with State data collection activities.

§ 8108. State Advisory Board.

(a) Designation and composition.—The board shall be composed of volunteer, professional and paraprofessional organizations involved in EMS. The board shall 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. The board may be composed of up to 30 organizations. Each organization that is a member of the Pennsylvania Emergency Health Services Council and is elected to serve as a member on the board shall have one vote on the board.

(b) Duties.—The duties of the board shall be to:

(1) Elect officers.

(2) 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.

(3) 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.

(c) Open meetings.—Meetings of the board shall be held in accordance with 65 Pa.C.S. Ch. 7 (relating to open meetings).

(d) Terms.—A voting member of the board 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 board shall constitute a quorum for the transaction of business.

(f) Compensation.—Members of the board shall serve without compensation, except the Pennsylvania Emergency Health Services Council, through its contract or grant with the department, may pay necessary and reasonable expenses incurred by members of the board while performing their official duties.

(g) *Contracts and grants.*—The department shall contract with or provide a grant to the board for performance of its work under subsection (b). Contracts and grants between the department and the board for the performance of work other than under subsection (b) shall be subject to section 8112 (relating to contracts and grants) where applicable.

§ 8109. *Regional emergency medical services councils.*

(a) *Purpose.*—Regional EMS councils shall assist the department in carrying out the provisions of this chapter. Each regional EMS council shall adhere to policy direction from the department.

(b) *Organization.*—For purposes of this chapter, the organizational structure of a regional EMS council shall be representative of the public, health professions and major private and public voluntary agencies, organizations and institutions concerned with providing EMS in the region and 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 that meets requirements for representation as determined by the department.*

(c) *Duties.*—Each regional EMS council shall, if directed by the department:

(1) *Assist the department in achieving the Statewide and regional EMS system components and goals described under section 8104 (relating to emergency medical services system programs).*

(2) *Assist the department in the collection and maintenance of standardized data and information as provided in section 8106 (relating to emergency medical services patient care reports).*

(3) *Prepare, annually review and revise, as needed, a regional EMS system plan for the EMS region the department has designated and for which the department has contracted or provided a grant to it to serve.*

(4) *Carry out, to the extent feasible, the Statewide and regional EMS system plans.*

(5) *Assure the reasonable availability of training and continuing education programs for EMS providers.*

(6) *Provide necessary and reasonable staff services and appropriate and convenient office facilities that can serve as the EMS region's location for the planning, maintenance and coordinative and evaluative functions of the council.*

(7) *Establish a mechanism to provide for input from facilities and EMS agencies in the EMS region in decisions that include, but are not limited to, membership on its governing body.*

(8) *Establish, subject to department approval, regional EMS triage, treatment and transportation protocols consistent with Statewide protocols adopted by the department. A regional EMS council may also*

establish, subject to department approval, additional triage, treatment and transportation protocols. No regional protocol shall be subject to the rulemaking process.

(9) Advise public safety answering points and municipal and county governments as to the EMS resources available for dispatching and recommend dispatch criteria that may be developed by the department or the council as approved by the department.

(10) Assist the department in achieving a unified Statewide EMS system.

(11) Designate a regional EMS medical director and establish a medical advisory committee and a quality improvement committee.

(12) Develop a conflict of interest policy, subject to department approval, and require its board or advisory council members, officials and employees to agree to the policy in writing.

(13) Perform other duties assigned by the department to assist the department in carrying out the requirements of this chapter.

(d) Regional EMS medical directors.—The department shall consult with the regional EMS medical directors in developing and adopting EMS protocols and may consult with them on any matter involved in the department's administration of this chapter.

SUBCHAPTER B PROGRAM

Sec.

8111. Comprehensive plan.

8112. Contracts and grants.

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8130. Advanced life support ambulances.

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- 8132. *Advanced life support squad vehicles.*
 - 8133. *Basic life support ambulances.*
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 - 8135. *Quick response services.*
 - 8136. *Special operations emergency medical services.*
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 - 8138. *Other vehicles and services.*
 - 8139. *Stretcher and wheelchair vehicles.*
 - 8140. *Conditional temporary licenses.*
 - 8141. *Plans of correction.*
 - 8142. *Emergency medical services agency license sanctions.*
- § 8111. *Comprehensive plan.*

(a) *Preparation.—*

(1) *The department, with the assistance of the board, shall prepare a Statewide EMS system plan, which plan shall include both short-range and long-range goals and objectives, and shall make the plan available to the General Assembly and all concerned agencies, entities and individuals.*

(2) *A regional EMS system plan, upon approval of the department, shall:*

(i) *Become part of the Statewide EMS system plan.*

(ii) *Include for the EMS region the same types of information that subsection (b) requires for the Statewide plan.*

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

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

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

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

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

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

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

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

(c) *Revisions.—*

(1) *The department shall collect and analyze EMS data for the purpose of:*

(i) *Revising the Statewide EMS system plan, including determining the status of the Statewide EMS system, the degree of compliance with the requirements of this chapter and the effectiveness of EMS systems in reducing morbidity and mortality associated with medical emergencies.*

(ii) *Planning future EMS system initiatives.*

(2) *Persons regulated by the department under this chapter and dispatchers of EMS agencies shall provide data, without charge, as reasonably requested by the department and regional EMS councils, to aid them in developing and revising Statewide and regional EMS system plans and in conducting investigations under this chapter as authorized by the department.*

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

(e) *Use of Statewide plan.—*

(1) *The department shall use the Statewide plan for contract and grant purposes as set forth in section 8112(a) (relating to contracts and grants).*

(2) *Nothing in the Statewide plan shall be construed to vest the department with any regulatory authority.*

§ 8112. Contracts and grants.

(a) *General power.—The department may enter into contracts or grants with entities to serve as regional EMS councils responsible for the initiation, expansion, maintenance and improvement of regional EMS systems that are in accordance with the Statewide EMS system plan.*

(b) *Limitation.—An entity with which the department enters into a contract or grant under this section to serve as a regional EMS council shall carry out the duties assigned by the department under section 8109(c) (relating to regional emergency medical services councils).*

(c) *Purposes.—In contracting with or giving a grant to regional EMS councils, the department may allocate Emergency Medical Services Operating Fund moneys appropriated to the department only for the following purposes:*

(1) *Providing programs of public education, information, health promotion and prevention regarding EMS.*

(2) *Purchasing ambulances, other EMS vehicles, medical equipment and rescue equipment.*

(3) *Applying to costs associated with conducting training and testing programs for EMS providers.*

(4) *Applying to costs associated with inspections and investigations conducted to assist the department to carry out its regulatory authority under this chapter.*

(5) *Purchasing communications equipment and services, including alerting equipment, provided that the purchases are in accordance with the Statewide EMS system plan.*

(6) *Assisting with the merger of EMS agencies or assisting an EMS agency to acquire another EMS agency, when the department determines circumstances exist such that the transaction and financial assistance are needed to serve the public interest.*

(7) *Applying to costs associated with the maintenance and operation of regional EMS councils. Those 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 business which are deemed by the department to be necessary and appropriate for carrying out the purposes of this chapter.

(8) Applying to costs associated with collection and analysis of data necessary to evaluate the effectiveness of EMS systems in providing EMS and to administer quality improvement programs.

(9) Applying to costs associated with assisting EMS agencies to recruit and retain EMS providers.

(d) Restriction.—In contracting with or providing grants to regional EMS councils, the department may not allocate Emergency Medical Services Operating Fund moneys appropriated to the department for the following purposes:

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

(2) Purchasing 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) Applying to costs deemed by the department as inappropriate for carrying out the purposes of this chapter.

(5) Applying to costs which are normally borne by patients, except for extraordinary costs as determined by the department.

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

(f) Contract and grant prerequisites.—The department shall not contract with or provide a grant to an entity for that entity to serve as a regional EMS council unless:

(1) The entity has submitted a contract or grant application to the department in a form and format prescribed by the department that is consistent with the Statewide and regional EMS system plans.

(2) The application addresses planning, maintenance and improvement of the regional EMS system.

(3) The entity demonstrates to the department's satisfaction the qualifications and commitment to plan, maintain and improve a regional EMS system and that the entity has the required organizational structure and provisions for representation of appropriate entities.

(g) Technical assistance.—The department shall provide technical assistance, as appropriate, to regional EMS councils and to such other eligible entities as necessary for the purpose of their carrying out the

provisions of contracts and grants under this section, with special consideration for contractors and grantees representing rural areas.

(h) Payments.—Payments pursuant to a contract or grant under this section may be made in advance or by way of reimbursement and in installments and on conditions as the department determines will most effectively carry out the provisions of this chapter.

(i) Other funds considered.—

(1) In determining the amount of a contract or grant under this section, the amount of funds available to the contractor or grantee from non-State contributions and Federal grant or contract programs pertaining to EMS shall be taken into consideration.

(2) For purposes of this subsection, “non-State contributions” include the outlay of cash and in-kind services to the contractor or grantee or toward the operation of a regional EMS system by private, public or government third parties, including the Federal Government.

(j) Other contracts and grants.—The department may enter into contracts and grants with organizations other than regional EMS councils in order to assist the department in complying with the provisions of this section and chapter.

(k) Public disclosure.—

(1) Subject to the provisions of paragraph (2), finalized contracts and grants shall be deemed public records subject to disclosure.

(2) The department may not disclose information in contracts or grants that could be used by persons to undermine measures to combat, respond to or recover from terrorist attacks.

(l) Sole source contract or grant.—Upon expiration of a contract or grant with an entity to carry out the duties of a regional EMS council as set forth in subsection (c), 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 and perform the duties set forth in subsection (c), as determined by the department, 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.

§ 8113. Emergency medical services providers.

(a) Certification.—The department shall issue certifications for the following types of EMS providers, which shall be permanent, subject to disciplinary action pursuant to section 8121 (relating to certification sanctions):

- (1) Emergency medical responder.*
- (2) Emergency medical technician.*
- (3) Advanced emergency medical technician.*
- (4) Paramedic.*
- (5) Prehospital registered nurse.*

(6) *Prehospital physician extender.*

(7) *Prehospital EMS physician.*

(8) *Any other class of EMS provider the department establishes by regulation.*

(b) *Other emergency medical services providers.—The department may establish, by regulation as the need arises, classes of EMS providers to provide specialized EMS. The regulations shall establish certification, practice, disciplinary and other provider standards consistent with the purposes of this chapter and the statutory regulatory schemes applicable to paramedics except as necessary to meet the special EMS needs for which the class of EMS provider is created.*

(c) *Application.—An applicant for EMS provider certification shall complete an application for certification on a form or through an electronic application process prescribed by the department.*

(d) *Education.—The department shall assist, encourage and coordinate the education of EMS providers.*

(1) *The department shall develop standards through regulations for the accreditation, reaccreditation and operation of educational institutes to provide the training persons must successfully complete to be certified as EMS providers.*

(2) *The department shall develop standards through regulations for the approval of continuing education courses for EMS providers and for the accreditation of persons and Commonwealth agencies that provide continuing education EMS providers may take to secure renewal of registration.*

(3) *The department, in consultation with the board, shall review and update the permitted scope of continuing education programs not less than biennially.*

(4) *If the educational institute or provider of continuing education courses fails to satisfy the operational standards or fails to continue to meet the accreditation standards, the department may take one or more of the following actions:*

(i) *Deny the application for reaccreditation.*

(ii) *Impose terms of probation.*

(iii) *Revoke, suspend, limit or otherwise restrict the accreditation.*

(iv) *Impose a civil penalty not exceeding \$1,000 for each infraction.*

(e) *Examinations.—*

(1) *A person who intends to secure EMS provider certification shall take the required certification examinations within one year after completing the EMS provider training required for certification.*

(2) *Except as otherwise provided in this subsection, a person who fails a written or practical skills examination for an EMS provider certification may repeat the failed examination without retaking the examination the person passed.*

(3) *A person who fails the written examination three times shall complete a refresher course approved by the department or repeat the EMS provider training program before taking the examination again.*

(4) *A person who fails the practical skills examination three times shall complete a remedial course approved by the department or repeat the EMS provider training program before again taking the examination.*

(5) *A person who fails either examination six times or who does not pass the required examinations within two years after completing the EMS provider training program shall receive no credit for an examination previously passed and shall repeat the training program for the EMS provider certification before the person may take the certification examinations again.*

(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.*

(7) *The department may, by regulation, change the standards in this subsection.*

(f) Reciprocity and endorsement.—The department may issue EMS provider certifications by reciprocity or endorsement as follows:

(1) *If the department, upon review of the criteria for certification of a type of EMS provider in another state, determines that the criteria is substantially equivalent to the criteria for a similar certification in this Commonwealth, the department may enter into a reciprocity agreement with its counterpart certifying agency in the other state to certify that type of EMS provider based solely on the other state's certification of the provider. No reciprocity agreement may deprive the department from denying a certification based on disciplinary considerations.*

(2) *If the department, upon review of a course or an examination approved by another state for EMS provider certification or continuing education or upon review of a national course or examination, determines that the course or examination meets or exceeds the standards for such a course or examination for a similar type of certification in this Commonwealth, or for registration of the certification, the department may endorse the course or examination as meeting the course or examination requirements for that type of EMS provider certification in acting upon an applicant's application for certification or registration of the certification in this Commonwealth.*

(g) Skills.—The department shall publish in the Pennsylvania Bulletin a list of skills within the scope of practice of each type of EMS provider. The list shall be updated by publication as necessary.

(h) Medical command orders and protocols.—

(1) *An EMS provider, other than a prehospital EMS physician, shall provide EMS pursuant to department-approved protocols and medical command orders.*

(2) *The protocols shall identify circumstances in which an EMS provider shall seek direction from a medical command physician, which direction may be given by the physician in person or through an authorized agent or via radio or other telecommunications device approved by the department, and shall address the responsibilities of an EMS provider when medical command cannot be secured or is disrupted.*

(i) *Reports of convictions, discipline and exclusions.—*

(1) *An applicant for an EMS provider certification shall report to the department all misdemeanor, felony and other criminal convictions that are not summary or equivalent offenses, and all disciplinary sanctions that have been imposed upon a license, certification or other authorization of the applicant to practice an occupation or profession, and any exclusion from a Federal or State health care program of the applicant or an entity in which the applicant had equity or capital, stock or profits of the entity equal to at least 5% of the value of the property or assets of the entity at the time of the exclusion.*

(2) *The applicant shall also provide the department with a certified copy of the criminal charging, judgment and sentencing documents for each conviction and a certified copy of an adjudication or other document imposing discipline against the applicant.*

(3) *The department may not certify an applicant until the department receives the documents, unless the applicant establishes that the documents from which certified copies are to be made no longer exist.*

(4) *An EMS provider shall report the same type of convictions, disciplinary sanctions and exclusions and provide the same documents to the department within 30 days after each conviction, discipline and exclusion.*

(j) *Identification.—*

(1) *An EMS provider shall provide proof of authority to practice as an EMS provider if requested when providing services as an EMS provider.*

(2) *For purposes of this subsection, “proof of authority to practice” means a card or certificate issued by the department that shows current registration of the EMS provider’s certification.*

(k) *Change of address.—*

(1) *An EMS provider and an applicant for EMS provider certification shall ensure that the department has the current address at which the person can be reached by mail at all times.*

(2) *Neither an EMS provider's home address, telephone number nor any other residential contact information provided to the department shall be deemed a public record.*

(l) *Current registration.—To provide EMS, an EMS provider shall maintain current registration of his certification as an EMS provider.*

(m) *Downgrading certification or practice.—*

(1) *An EMS provider who has a currently registered certification as an advanced EMT or higher-level EMS provider and is not permitted to practice at that level by an EMS agency pursuant to sections 8125(b)(2) (relating to medical director of emergency medical services agency) and 8129(k) (relating to emergency medical services agencies) may function as a lower-level EMS provider for that EMS agency, as authorized by the EMS agency medical director, if the EMS agency permits.*

(2) *Upon expiration of the biennial registration period, an EMS provider who is at or above the advanced EMT level and whose practice for an EMS agency has been downgraded pursuant to sections 8125(b)(2) and 8129(k) may choose to maintain current registration of the EMS provider's certification by meeting the biennial registration requirements for that certification.*

(3) *An EMS provider who has a currently registered certification as an advanced EMT or higher-level EMS provider and does not meet the requirements for biennial registration of that certification may apply to and secure from the department registration of a lower-level EMS provider certification if the EMS provider meets the registration requirements for that certification.*

(4) *Instead of a registration certificate, the department shall issue a lower-level certification to an EMS provider who does not already have that certification and applies for a registration of that certification under this subsection.*

(5) *An EMS provider whose practice level has been downgraded under this section and who does not maintain current registration of the higher-level certification may not display an insignia, patch or any other indicia of the higher-level certification when providing EMS.*

(n) *Biennial registrations.—*

(1) *The biennial registration of each EMS provider certification subject to a biennial registration requirement shall expire on January 1 of the next even-numbered year.*

(2) *The continuing education requirements for the biennial registration following the initial registration of a certification shall be prorated based upon the month in which the EMS provider became certified, with any fractional requirement rounded down.*

(o) *Exceptions for members of armed forces returning from tour of duty.—EMS providers and EMS vehicle operators returning from active military service who have a certification registration that expired during their tours of duty or will expire within 12 months after their return from*

military duty may secure an exception to satisfying the continuing education requirements for certification registration as follows:

(1) EMS providers who have a triennial certification registration requirement may secure an exception to the period of time in which they would otherwise need to meet continuing education requirements for triennial registration of their certifications, as the department deems appropriate.

(2) EMS providers and EMS vehicle operators who have a biennial certification registration requirement may secure an exception to the period of time in which they would otherwise need to meet continuing education requirements for biennial registration of their certifications, as the department deems appropriate. Before an EMS provider without a current biennial registration begins to work for an EMS agency, the EMS agency medical director must determine that the EMS provider has continuing competency in the knowledge and skills required to provide the services the EMS agency will assign to the EMS provider.

(3) EMS providers may seek an exception to their continuing education requirements for certification registration by asking the department to endorse their relevant military training as satisfying some or all of the applicable continuing education requirements.

§ 8114. Emergency medical responders.

(a) Scope of practice.—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 in an out-of-hospital emergency until a higher-level EMS provider arrives at the scene and then may assist that EMS provider.

(2) As a member of the crew of an ambulance.

(3) In another capacity as authorized by the department by regulation.

(b) Certification.—The department shall certify as an EMR an individual who meets all of the following:

(1) Is at least 16 years of age.

(2) Has successfully completed an EMR training course approved by the department.

(3) Has a current certificate evidencing successful completion of a CPR course acceptable to the department.

(4) Has passed an EMR skills practical examination approved by the department.

(5) Has passed a written EMR certification examination approved by the department.

(c) Triennial registration.—An EMR's certification is deemed registered for three years after issuance. An EMR must register the EMR certification at three-year intervals by completing an application for

triennial registration on a form or through an electronic process, as prescribed by the department. The following shall apply:

(1) The department shall issue a triennial registration of an EMR certification to an EMR who meets all of the following:

(i) Has a current registration and applies for a new registration no later than:

(A) 30 days before the current registration is to expire; or

(B) a lesser time established by regulation of the department.

(ii) Successfully:

(A) completes EMR triennial registration practical skills and written knowledge examinations approved by the department; or

(B) secures continuing education credits for EMR triennial registration as required by the department in continuing education programs approved by the department.

(2) An EMR whose registration of an EMR certification has expired must qualify for a triennial registration of the certification as prescribed by regulation of the department.

(d) Transition for first responders.—An individual who is certified as a first responder on the effective date of this section shall be considered to be an EMR with a current registration and shall be subject to the triennial registration requirements of an EMR. The registration of the EMR certification shall expire on the same date the first responder certification would have expired if the first responder certification remained in effect.

(e) Transition for ambulance attendants.—An individual who is an ambulance attendant on the effective date of this section shall be considered to be an EMR with a current registration and shall be subject to the triennial registration requirements of an EMR. The registration of the EMR certification shall expire on the same date that the person's qualifications as an ambulance attendant expire and would have needed to be renewed.

§ 8115. Emergency medical technicians.

(a) Scope of practice.—An EMT performs basic EMS skills involving basic interventions and equipment found on an EMS vehicle as follows:

(1) For an EMS agency as a member of the crew of an ambulance.

(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 and then may assist the ambulance crew.

(3) As a first aid or safety officer, or in a similar capacity, for or independent of an EMS agency, as prescribed by regulation of the department.

(4) For an EMS agency in another capacity authorized by regulation of the department.

(b) Certification.—The department shall certify as an EMT an individual who meets all of the following:

(1) Is at least 16 years of age.

(2) *Has successfully completed an EMT training course which:*

- (i) teaches basic EMS; and*
- (ii) is approved by the department.*

(3) *Has a current certificate evidencing successful completion of a CPR course acceptable to the department.*

(4) *Has passed an EMT skills practical examination approved by the department.*

(5) *Has passed a written EMT certification examination approved by the department.*

(c) *Triennial registration.—An EMT's certification is deemed registered for three years after issuance. An EMT must register the EMT certification at three-year intervals by completing an application for triennial registration on a form or through an electronic process, as prescribed by the department. The following shall apply:*

(1) *The department shall issue a triennial registration of an EMT certification to an EMT who meets all of the following:*

(i) Has a current registration and applies for a new registration no later than:

(A) 30 days before the current registration is to expire; or

(B) a lesser time established by regulation of the department.

(ii) Successfully:

(A) completes EMT triennial registration practical skills and written knowledge examinations approved by the department; or

(B) secures continuing education credits for EMT triennial registration as required by the department in continuing education programs approved by the department.

(2) *An EMT whose registration of an EMT certification has expired must qualify for a triennial registration of the certification as prescribed by regulation of the department.*

§ 8116. Advanced emergency medical technicians.

(a) *Scope of practice.—An advanced EMT performs basic EMS and ALS skills which include interventions and administration of medications with basic and advanced equipment found on an EMS vehicle as follows:*

(1) For an EMS agency as a member of the crew of an ambulance.

(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 and then may assist the ambulance crew.

(3) As a first aid or safety officer, or in a similar capacity, for or independent of an EMS agency, as prescribed by regulation of the department.

(4) For an EMS agency in another capacity as authorized by regulation of the department.

(b) *Certification.—The department shall certify as an advanced EMT an individual who meets all of the following:*

- (1) *Is at least 18 years of age.*
- (2) *Has successfully completed a course under subparagraph (i) or (ii):*
 - (i) *An advanced EMT training course which:*
 - (A) *teaches basic life support skills;*
 - (B) *teaches advanced life support skills deemed appropriate by regulation of the department; and*
 - (C) *is approved by the department.*
 - (ii) *An EMT course and secured training and education, through continuing education courses, in skills included in the scope of practice for an advanced EMT for which the applicant did not receive training in the EMT course.*
- (3) *Has a current certificate evidencing successful completion of a CPR course acceptable to the department.*
- (4) *Has passed an advanced EMT skills practical examination approved by the department.*
- (5) *Has passed a written advanced EMT certification examination approved by the department.*

(c) *Biennial registration.*—*An advanced EMT's certification is deemed registered when the certification is issued. The initial registration shall expire as set forth in section 8113(n) (relating to emergency medical services providers). Except for the initial registration period, an advanced EMT must register the advanced EMT certification at two-year intervals by completing an application for biennial registration on a form or through an electronic process, as prescribed by regulation of the department. The following shall apply:*

- (1) *The department shall issue a biennial registration of an advanced EMT certification to an advanced EMT who meets all of the following:*
 - (i) *Has a current registration and applies for a new registration no later than:*
 - (A) *30 days before the current registration is to expire; or*
 - (B) *a lesser time established by regulation of the department.*
 - (ii) *Successfully:*
 - (A) *completes advanced EMT biennial registration practical skills and written knowledge examinations approved by the department; or*
 - (B) *secures continuing education credits for advanced EMT biennial registration as required by the department in continuing education programs approved by the department.*
- (2) *An advanced EMT whose registration of an advanced EMT certification has expired must qualify for a biennial registration of the certification as prescribed by regulation of the department.*

§ 8117. *Paramedics.*

(a) Scope of practice.—A paramedic is a higher-level EMS provider than an advanced EMT. A paramedic performs basic and advanced EMS skills which include interventions and administration of medications with basic and advanced equipment found on an EMS vehicle as follows:

(1) For an EMS agency as a member of the crew of an ambulance.

(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 and then may assist the ambulance crew.

(3) As a first aid or safety officer, or in a similar capacity, for or independent of an EMS agency, as prescribed by regulation of the department.

(4) For an EMS agency in another capacity authorized by regulation of the department.

(b) Paramedic training.—To be eligible to enroll in a paramedic training course required for certification as a paramedic, an individual must satisfy all of the following:

(1) Be at least 18 years of age when the course commences.

(2) Have a high school diploma or its equivalent.

(3) Be currently certified by the department as an EMT or advanced EMT.

(c) Certification.—The department shall certify as a paramedic an EMT or advanced EMT who meets all of the following:

(1) Is at least 18 years of age.

(2) Has successfully completed a paramedic training course which:

(i) teaches basic life support skills;

(ii) teaches advanced life support skills deemed appropriate by regulation of the department; and

(iii) is approved by the department.

(3) Has a current certificate evidencing successful completion of a CPR course acceptable to the department.

(4) Has passed a paramedic skills practical examination approved by the department.

(5) Has passed a written paramedic certification examination approved by the department.

(d) Biennial registration.—A paramedic's certification is deemed registered when the certification is issued. The initial registration shall expire as set forth in section 8113(n) (relating to emergency medical services providers). Except for the initial registration period, a paramedic must register the paramedic certification at two-year intervals by completing an application for biennial registration on a form or through an electronic process as prescribed by regulation of the department. The following shall apply:

(1) The department shall issue a biennial registration of a paramedic certification to a paramedic who meets all of the following:

(i) *Has a current registration and applies for a new registration no later than:*

- (A) *30 days before the current registration is to expire; or*
- (B) *a lesser time established by regulation of the department.*

(ii) *Successfully secures continuing education credits for paramedic biennial registration as required by the department in continuing education programs approved by the department.*

(2) *A paramedic whose registration of a paramedic certification has expired must qualify for a biennial registration of the certification as prescribed by regulation of the department.*

§ 8118. *Prehospital registered nurses.*

(a) *Scope of practice.—A PHRN is a higher-level EMS provider than an advanced EMT. A PHRN performs for an EMS agency basic and advanced EMS skills and, as authorized by the department, additional nursing skills within the scope of practice of a registered nurse under the act of May 22, 1951 (P.L.317, No.69), known as The Professional Nursing Law, or a successor act, as follows:*

- (1) *As a member of the crew of an ambulance.*
- (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 and then may assist the ambulance crew.*
- (3) *As a first aid or safety officer, or in a similar capacity, as prescribed by regulation of the department.*
- (4) *In another capacity as authorized by regulation of the department.*

(b) *Certification.—The department shall certify as a PHRN an individual who meets all of the following:*

- (1) *Has a current license as a registered nurse with the State Board of Nursing.*
- (2) *Is at least 18 years of age.*
- (3) *Has a current certificate evidencing successful completion of a CPR course acceptable to the department.*
- (4) *Has passed a PHRN skills practical examination approved by the department.*
- (5) *Has passed a written PHRN certification examination approved by the department.*

(c) *Biennial registration.—A PHRN's certification is deemed registered when the certification is issued. The initial registration shall expire as set forth in section 8113(n) (relating to emergency medical services providers). Except for the initial registration period, a PHRN must register the PHRN certification at two-year intervals by completing an application for biennial registration on a form or through an electronic process, as prescribed by regulation of the department. The following shall apply:*

- (1) *The department shall issue a biennial registration of a PHRN certification to a PHRN who meets all of the following:*

(i) *Has a current registration and applies for a new registration no later than:*

(A) *30 days before the current registration is to expire; or*

(B) *a lesser time established by regulation of the department.*

(ii) *Has current registration of a registered nurse license.*

(iii) *Successfully secures continuing education credits for a PHRN biennial registration as required by the department in continuing education programs approved by the department.*

(2) *A PHRN whose registration of a PHRN certification has expired must qualify for a biennial registration of the certification as prescribed by regulation of the department.*

§ 8119. Prehospital physician extenders.

(a) *Scope of practice.—A PHPE is a higher-level EMS provider than an advanced EMT. A PHPE performs for an EMS agency basic and advanced EMS skills and, as authorized by regulation of the department, additional physician assistant skills within the scope of practice of a physician assistant under the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985, or the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act, or a successor act, as follows, but supervision of a PHPE shall be conducted as set forth in this chapter:*

(1) *As a member of the crew of an ambulance.*

(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 and then may assist the ambulance crew.*

(3) *As a first aid or safety officer, or in a similar capacity, for an EMS agency as prescribed by regulation of the department.*

(4) *In another capacity as authorized by regulation of the department.*

(b) *Certification.—The department shall certify as a PHPE a physician assistant who meets all of the following:*

(1) *Has a currently registered license as a physician assistant with the State Board of Medicine or the State Board of Osteopathic Medicine.*

(2) *Is at least 18 years of age.*

(3) *Has a current certificate evidencing successful completion of a CPR course acceptable to the department.*

(4) *Has passed a PHPE skills practical examination approved by the department.*

(5) *Has passed a written PHPE certification examination approved by the department.*

(c) *Biennial registration.—A PHPE's certification is deemed registered when the certification is issued. The initial registration shall expire as set forth in section 8113(n) (relating to emergency medical services providers). Except for the initial registration period, a PHPE must register the PHPE*

certification at two-year intervals by completing an application for biennial registration on a form or through an electronic process as prescribed by regulation of the department. The following shall apply:

(1) The department shall issue a biennial registration of a PHPE certification to a PHPE who:

(i) Has a current registration and applies for a new registration no later than:

(A) 30 days before the current registration is to expire; or

(B) a lesser time as established by regulation of the department.

(ii) Has current registration of a physician assistant license.

(iii) Successfully secures continuing education credits for PHPE biennial registration as required by the department in continuing education programs approved by the department.

(2) A PHPE whose registration of a PHPE certification has expired must qualify for a biennial registration of the certification as prescribed by regulation of the department.

§ 8120. Prehospital emergency medical services physicians.

(a) Scope of practice.—A prehospital EMS physician is a higher-level EMS provider than an advanced EMT. A prehospital EMS physician performs for an EMS agency basic and advanced EMS skills within the scope of practice of a physician under the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985, or the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act, as applicable, or a successor act, as follows:

(1) As a member of the crew of an ambulance.

(2) As a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital emergency.

(3) As a first-aid or safety officer, or in a similar capacity, as prescribed by regulation of the department.

(4) In another capacity authorized by regulation of the department.

(b) Certification.—The department shall certify as a prehospital EMS physician a physician who has:

(1) Successfully completed one or more of the following:

(i) An emergency medicine residency program that is 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 an emergency medicine residency program that satisfies the requirements of subparagraph (i) and has successfully completed programs approved by the department in advanced cardiac life support, advanced trauma life support and advanced pediatric life support.

(iii) An anesthesia, family practice, internal medicine or general surgery residency program that is accepted by either the State Board of Medicine or the State Board of Osteopathic Medicine as providing

the graduate medical training the board requires for issuance of a physician license without restriction and the successful completion of programs approved by the department in advanced cardiac life support, advanced trauma life support and advanced pediatric life support.

(2) A current certificate evidencing successful completion of a CPR course acceptable to the department.

(3) Passed an EMS skills practical examination approved by the department or served as a prehospital health professional physician prior to the effective date of this section.

(c) Biennial registration.—A prehospital EMS physician's certification is deemed registered when the certification is issued. The initial registration shall expire under section 8113(n) (relating to emergency medical services providers). Except for the initial registration period, a prehospital EMS physician shall register the prehospital EMS physician certification at two-year intervals by completing an application for biennial registration on a form or through an electronic process as prescribed by the department. The following shall apply:

(1) The department shall issue a biennial registration of a prehospital EMS physician certification to a prehospital EMS physician who meets all of the following:

(i) Has a current registration and applies for a new registration no later than 30 days before the current registration is to expire or within a lesser time period as the department may establish by regulation.

(ii) Has current registration of a physician license.

(iii) Successfully secures continuing education credits for prehospital EMS physician biennial registration as required by the department in continuing education programs approved by the department.

(2) A prehospital EMS physician whose registration of a prehospital EMS physician certification has expired shall qualify for a biennial registration of the certification as prescribed by regulation of the department.

(d) Transition for prehospital health professional physicians.—A physician who served as a prehospital health professional physician prior to the effective date of this section and who satisfies the certification requirements under subsection (b)(1) may serve as a prehospital EMS physician for 90 days after the effective date of this section without having secured a certification as a prehospital EMS physician.

§ 8121. Certification sanctions.

(a) Grounds for discipline.—The department may discipline an EMS provider or applicant for EMS provider certification for any of the following reasons:

(1) Lack of physical or mental ability to provide adequate services.

(2) *Deceptive or fraudulent procurement or representation of certification or registration credentials or for making misleading, deceptive or untrue representations to secure or aid or abet another person to secure a certification, license, registration or any other authorization issued by the department under this chapter.*

(3) *Willful or negligent misconduct in providing EMS or practicing beyond the scope of certification authorization without legal authority to do so.*

(4) *Abuse or abandonment of a patient.*

(5) *The rendering of services while under the influence of alcohol or illegal drugs or the knowing abuse of legal drugs.*

(6) *The operation of an emergency vehicle in a reckless manner or while under the influence of alcohol or illegal drugs or the knowing abuse of legal drugs.*

(7) *Disclosure of medical or other information about a patient where prohibited by Federal or State law.*

(8) *Willful preparation or filing of a false medical report or record or the inducement of others to do so.*

(9) *Destruction of a medical report or record required to be maintained.*

(10) *Refusal to render emergency medical care because of a patient's race, sex, creed, national origin, sexual preference, age, handicap, medical problem or financial inability to pay.*

(11) *Failure to comply with department-approved protocols.*

(12) *Failure to comply with reporting requirements imposed under this chapter or as established by the department.*

(13) *Practicing without the current registration of a certification.*

(14) *Conviction of a felony, a crime related to the practice of the EMS provider or a crime involving moral turpitude. For the purposes of this paragraph, a conviction includes a judgment of guilt, a plea of guilty or a plea of nolo contendere.*

(15) *Willful falsification of or a failure to complete details on an EMS patient care report.*

(16) *Misappropriation of 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 or aiding or abetting another person to violate a duty imposed under this chapter, a regulation promulgated under this chapter 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 which poses a threat to the health and safety of the public.

(b) Disciplinary options.—If the department is empowered to take disciplinary action against an individual under this section, 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 the certification.

(4) Require the person to take refresher 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 any suspension, revocation or other discipline and place the individual on probation with the right to vacate the probationary order for noncompliance.

(c) Registration of certification.—The department shall not deny a registration of an EMS provider certification without giving the applicant prior notice of the reason for the denial and providing an opportunity for a hearing.

(d) Reinstatement.—A person whose certification has been revoked may not apply for reinstatement of that certification. A person may petition the department for allowance to apply for a new certification five years from the effective date of the revocation by filing with the department a petition that avers facts to establish that the person has been rehabilitated to an extent that issuing the person a certification would not be detrimental to the public interest. The department may grant or deny the petition, without conducting a hearing, if it accepts as true all facts averred, other than the conclusory averments, such as that the person has been rehabilitated. If the department grants the person allowance to apply for a new certification, the person shall repeat the training program and the certification examinations for the level of certification for which the person is applying and satisfy all other requirements for the certification that exist at the time of reapplication. If the department does not grant the person allowance to apply for a new certification, the person may not again petition the department for allowance to apply for a new certification until another year from the date of denial.

§ 8122. Emergency medical services vehicle operators.

(a) Certification.—An EMS vehicle operator certification shall be permanent, subject to disciplinary action under this section. The department shall certify as an EMS vehicle operator a person who meets all of the following:

(1) Completes an application for an EMS vehicle operator certification on a form or through an electronic application process, as prescribed by the department.

(2) Is at least 18 years of age.

(3) Has a current license to operate the vehicle.

(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 an 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 four years prior to the date of application of driving under the influence of alcohol or drugs.

(ii) Within the last two 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 emergency vehicle operator's course of instruction approved by the department following a disqualification from certification under paragraph (7), regardless of whether the person successfully completed the course previously.

(b) Registration.—An EMS vehicle operator, other than an EMS vehicle operator who operates a vehicle exclusively for a QRS, shall register the EMS vehicle operator's certification. An EMS vehicle operator who operates an EMS vehicle exclusively for a QRS shall have no registration requirements. Except as otherwise provided in this subsection, an EMS vehicle operator's certification shall be deemed registered for three years after issuance. An EMS vehicle operator may not operate a ground EMS vehicle unless the certification is currently registered. The following shall apply:

(1) The department shall issue a registration of an EMS vehicle operator's certification to an EMS vehicle operator who meets all of the following:

(i) Completes an application for registration on a form or through an electronic application process, as prescribed by the department.

(ii) Has a current registration and applies for a new registration no later than 30 days before the current registration is to expire or within a lesser time period as the department may establish by regulation.

(iii) Has a current license to operate the vehicle.

(iv) Successfully completes continuing education credits for EMS vehicle operators as required by the department in continuing education programs approved by the department.

(2) If a person who is issued an EMS vehicle operator's certification also has an EMS provider's certification, the registration of the EMS

vehicle operator's certification shall expire at the same time as the registration of the EMS provider's certification. If the person does not maintain current registration of the EMS provider's certification, the registration of the EMS vehicle operator's certification shall continue on the same renewal cycle. If an EMS vehicle operator who is an EMS provider becomes certified as a higher-level EMS provider, the registration of the EMS vehicle operator's certification shall expire at the same time as the registration of the higher-level EMS provider's certification.

(3) If an EMS provider's certification is subject to a biennial registration cycle, the continuing education requirements for the registration of the EMS vehicle operator's certification following the initial registration of the certification shall be prorated based upon the month in which the EMS provider became certified, with any fractional requirement rounded down.

(4) An EMS vehicle operator whose registration of an EMS vehicle operator's certification has expired shall qualify for a biennial registration of the certification as prescribed by regulation of the department.

(c) Transition for EMS vehicle operators.—An individual who served as an EMS vehicle operator prior to the effective date of this section and who satisfies the EMS vehicle operator's certification requirements under subsection (a) may serve as an EMS vehicle operator for 90 days after the effective date of this section without having secured a certification as an EMS vehicle operator.

(d) Grounds for discipline.—The department may suspend or revoke or, as applicable, refuse to issue an EMS vehicle operator's certification for any of the following reasons:

(1) Lack of physical or mental ability to operate an EMS vehicle.

(2) Deceptive or fraudulent procurement or representation of certification or registration credentials or for making misleading, deceptive or untrue representations to secure a certification or registration.

(3) The operation of 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 due to use of alcohol or drugs or a moving traffic violation.

(5) Conviction of a felony or crime involving moral turpitude. For the purposes of this paragraph, a conviction includes a judgment of guilt, a plea of guilty or a plea of nolo contendere.

(6) Failing to perform a duty imposed upon an EMS vehicle operator under this chapter or a related regulation.

(7) Other reasons as determined by the department which pose a threat to the health and safety of the public.

(e) *Suspension of certification.*—If the department suspends a certification, it may also impose conditions for the lifting of the suspension, including requiring the person to successfully repeat an emergency vehicle operator's course approved by the department.

(f) *Reporting responsibilities and automatic suspension.*—An EMS vehicle operator shall report to the department within 30 days a suspension of that person's driver's license or a conviction of reckless driving, a felony, a misdemeanor or any other crime that is not a summary offense or equivalent. For a conviction of driving under the influence of alcohol or drugs or reckless driving or for suspension of a driver's license, the certification shall automatically be suspended for the periods of time specified in subsection (a)(7).

(g) *Change of address.*—

(1) An EMS vehicle operator and an applicant for an EMS vehicle operator's certification shall ensure that the department has the current address at which the person can be reached by mail at all times.

(2) Neither an EMS vehicle operator's home address, telephone number nor any other residential contact information provided to the department shall be deemed a public record.

§ 8123. *Suspension of certification.*

(a) *Temporary suspensions.*—The department may temporarily suspend the certification of an EMS provider or EMS vehicle operator without a hearing if the department determines that the person is a clear and immediate danger to the public health and safety. Notice to a provider or operator of a temporary suspension shall include a written statement of the underlying factual allegations. After issuance of the notice, the department shall commence formal disciplinary action against the person under section 8121 (relating to certification sanctions) or 8122 (relating to emergency medical services vehicle operators). Within 30 days following the issuance of an order temporarily suspending the certification, the department shall conduct a preliminary hearing to determine if there is a prima facie case supporting the temporary suspension. The person 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. If the department determines that there is not a prima facie case, the suspension shall be lifted immediately. If the department determines that there is a prima facie case, the temporary suspension shall remain in effect until vacated by the department, but not longer than 180 days unless agreed upon by the parties.

(b) *Automatic suspensions.*—The department shall automatically suspend a certification issued under this chapter 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. The department shall 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) or an equivalent statutory provision.

§ 8124. Emergency medical services instructors.

(a) Certification.—An EMS instructor's certification is permanently subject to disciplinary action under this section. The department shall certify as an EMS instructor a person who:

(1) Completes an application for an EMS instructor's certification on a form or through an electronic application process, as prescribed by the department.

(2) Is at least 18 years of age.

(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 or a doctorate or master's degree.

(4) Is certified and currently registered as an EMT or higher-level EMS provider.

(5) Possesses current certification in a CPR course acceptable to the department or current certification as a CPR instructor.

(6) Has at least one year's experience working as an EMT or higher-level EMS provider.

(7) Has provided at least 20 hours of monitored instruction time in an EMS provider's certification program.

(b) Triennial registration.—

(1) An EMS instructor's certification is deemed registered for three years after issuance. An EMS instructor shall register the EMS instructor's certification at three-year intervals by completing an application for triennial registration on a form or through an electronic process, as prescribed by the department. An EMS instructor may not teach in an accredited EMS institute, pursuant to an EMS instructor's certification, unless the certification is currently registered. The department shall issue a triennial registration of an EMS instructor's certification to an EMS instructor who:

(i) Has completed an application for triennial registration on a form or through an electronic application process, as prescribed by the department.

(ii) Has a current registration and applies for a new registration no later than 30 days before the current registration is to expire or within a lesser time as the department may establish by regulation.

(iii) Has taught at least 60 hours of EMS provider's certification or rescue courses approved by the department during the previous three years.

(iv) Is certified and currently registered as an EMT or higher-level EMS provider.

(v) *Possesses current certification in a CPR course acceptable to the department or current certification as a CPR instructor.*

(2) *An EMS instructor whose registration as an EMS instructor's certification has expired shall qualify for a triennial registration of the certification as prescribed by regulation of the department.*

(c) *Regulations.—The department may adopt regulations to set standards for EMS instructors in providing instruction in EMS institutions.*

(d) *Grounds for discipline.—The department may impose discipline against an EMS instructor for the following reasons:*

(1) *Any reason an EMS provider may be disciplined under section 8121 (relating to certification sanctions).*

(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 by this chapter or a related regulation.*

(4) *Other reasons as determined by the department that pose a threat to the health, safety or welfare of students.*

(e) *Disciplinary options.—If the department is empowered to impose discipline against an individual under this section, 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 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 any suspension, revocation or other discipline and place the individual on probation with the right to vacate the probationary order for noncompliance.*

(f) *Construction.—This section shall not be construed to require the certification as EMS instructors of all instructors of EMS courses accepted toward educational requirements for EMS provider's certification or toward continuing education requirements for the registration of EMS provider's certifications.*

§ 8125. *Medical director of emergency medical services agency.*

(a) *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 an advanced cardiac life support course acceptable to the department within the preceding two years and have completed, at least once, an advanced trauma life support course acceptable to the department and an advanced pediatric life support course acceptable to the department or other programs determined by the department to meet or exceed the standards of these programs.*

(iii) *Have served as an advanced life support service medical director under the act of July 3, 1985 (P.L.164, No.45), known as the Emergency Medical Services Act, prior to the effective date of this chapter.*

(3) *Have a valid Drug Enforcement Agency number.*

(4) *Have completed the EMS agency medical director's course, an EMS fellowship or other EMS training program that is determined by the department to be equivalent. This training shall assure that the EMS agency medical director has knowledge of:*

(i) *The scope of practice of EMS providers.*

(ii) *The provision of EMS pursuant to department-approved protocols.*

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

(iv) *Quality improvement 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.*

(b) *Roles and responsibilities.—An EMS agency medical director is responsible for the following:*

(1) *Reviewing department-approved 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 them.*

(2) *Conducting for and reporting to the EMS agency the following:*

(i) *An initial assessment of an EMS provider at or above the advanced EMT level to determine whether the EMS provider has demonstrated competency in the knowledge and skills one must have to competently perform the skills within the scope of practice of the EMS provider at that level 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 year as being able to perform at the EMS provider's certification level.

(ii) At least annually, an assessment of each EMS provider at or above the advanced EMT level as to whether the EMS provider has demonstrated competency in the knowledge and skills an EMS provider must have to competently perform the skills within the scope of practice of the EMS provider at that level and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level.

(3) Participating in and reviewing quality improvement reviews of patient care provided by the EMS agency and participating in the Statewide and regional quality improvement program.

(4) Providing medical guidance and advice to the EMS agency.

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

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

(7) Recommending to the department suspension, revocation or restriction of EMS provider's certifications.

(8) Reviewing regional mass casualty and disaster plans.

(9) Performing other functions as the department may impose by regulation.

§ 8126. Medical command physicians and facility medical directors.

(a) Role of medical command physician.—A medical command physician communicates with and issues medical command orders to EMS providers when they seek direction. A medical command physician shall have an arrangement with a medical command facility to provide medical command on its behalf and shall function under the direction of a medical command facility medical director and under the policies and procedures of the medical command facility. A medical command physician shall provide medical command to EMS providers consistent with Statewide protocols and protocols that are in effect in either the region in which treatment originates or the region from which the EMS providers begin receiving medical command from a medical command physician. For good cause, a medical command physician may give medical command orders that are inconsistent with these protocols.

(b) Certification.—The department shall certify as a medical command physician a physician who was approved as a medical command physician in this Commonwealth immediately prior to the effective date of this section. The department shall also certify as a medical command physician a physician who:

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

(2) *Satisfies one of the following:*

(i) *Has 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) *Has successfully completed or taught an advanced cardiac life support course acceptable to the department within the preceding two years and has successfully completed or taught an advanced trauma life support course acceptable to the department and an advanced pediatric life support course acceptable to the department or other programs determined by the department to meet or exceed the standards of these programs.*

(iii) *Has had an emergency medicine practice in another jurisdiction and establishes 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.*

(3) *Has completed a medical command course offered or approved by the department.*

(4) *Is practicing as an emergency medicine physician or is participating as a resident in a second or subsequent year in an emergency medicine residency program or has had at least three years' experience as a full-time emergency medicine physician.*

(5) *Has a current Drug Enforcement Agency number, except for an emergency medicine resident who is authorized to use a hospital's Drug Enforcement Agency number for practice within the emergency medicine residency program.*

(6) *Has 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.*

(c) *Triennial registration.—A medical command physician's certification is deemed registered for three years after issuance. A medical command physician shall triennially register the physician's certification with the department on a form or through an electronic application process, as prescribed by the department, as a condition for continued practice as a medical command physician. The department shall issue a triennial registration of a medical command physician's certification to a medical command physician within 30 days after the physician applies for a new registration if the physician demonstrates that the physician continues to meet the requirements for the certification, except the requirements of subsection (b)(2), and satisfies such other requirements as the department may impose by regulation.*

(d) Residents.—A physician who is in a second year in an emergency medicine residency program may issue medical command orders only to the extent that performance of that function is a component of and within the framework of the emergency medicine residency program and may do so only with supervision by a medical command physician who has served as a medical command physician for at least two years, has completed two years in an emergency medicine residency program or has secured medical command certification by satisfying subsection (b)(2)(iii).

(e) Role of medical command facility medical director.—A medical command facility medical director shall be responsible for the following in a medical command facility:

(1) Medical command.

(2) Quality improvement.

(3) Serving as a liaison with the regional EMS council medical director.

(4) Participating in prehospital training activities.

(5) Verifying to the department that a physician seeking a medical command physician's certification, based upon the physician's arrangement with the medical command facility, meets all certification requirements.

(6) Ensuring that the medical command facility satisfies statutory and regulatory requirements.

(f) Certification.—The department shall certify as a medical command facility medical director a physician who was approved as a medical command facility medical director in this Commonwealth immediately prior to the effective date of this section. The department shall also certify as a medical command facility medical director a physician who:

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

(2) Is currently serving as a medical command physician.

(3) Satisfies one of the following:

(i) Has 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) Has successfully:

(A) 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

(B) completed or taught:

(1) an advanced cardiac life support course acceptable to the department within the preceding two years;

(II) an advanced trauma life support course acceptable to the department; and

(III) an advanced pediatric life support course acceptable to the department.

(4) Has experience in prehospital and emergency department care of acutely ill or injured patients.

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

(6) Has experience in the training of EMS providers both below and above the advanced EMT level.

(7) Has experience in the medical audit, review and critique of EMS providers below and above the advanced EMT level.

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

(g) Triennial registration.—A medical command facility medical director's certification is deemed registered for three years after issuance. A medical command facility medical director shall triennially register the physician's certification with the department on a form or through an electronic application process, as prescribed by the department, as a condition for continued practice as a medical command facility medical director. The department shall issue a triennial registration of a medical command facility medical director certification to a medical command facility medical director within 30 days after the physician applies for a new registration if the physician demonstrates that the physician continues to meet the requirements for the certification, except the requirements of subsection (f)(3), and satisfies such other requirements as the department may impose by regulation.

(h) Grounds for discipline.—The department may discipline a medical command physician or medical command facility medical director for the following reasons:

(1) Violating a responsibility imposed on the physician by this chapter or the related regulations.

(2) Without good cause, failing to comply with a medical treatment, transport or transfer protocol established or approved by the department.

(i) Types of discipline authorized.—When the department is empowered to discipline a medical command physician or medical command facility medical director under subsection (h), the department may do one or more of the following:

(1) Deny the application for a 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.*

§ 8127. Medical command facilities.

(a) *Certification required.—To operate as a medical command facility, a medical unit must be certified by the department as a medical command facility. The department shall issue a certification to each medical unit that operated as a medical command facility immediately prior to the effective date of this section.*

(b) *Application.—Application for certification shall be on a form or through an electronic application process prescribed by the department. The application shall solicit information necessary to determine that the applicant meets the certification requirements of this chapter.*

(c) *Requirements.—An applicant shall establish that the applicant:*

(1) *Is a distinct medical unit operated by a hospital or consortium of hospitals.*

(2) *Possesses the necessary equipment and personnel for providing medical command to and control over EMS providers.*

(3) *Employs a medical command facility medical director.*

(4) *Has taken measures necessary to ensure that a medical command physician is available to provide medical command at all times.*

(5) *Meets the communication, recordkeeping and other requirements of the department.*

(d) *Additional requirements.—In addition to the requirements of subsection (c), the department may establish by regulation requirements 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.*

(e) *Triennial registration.—A medical command facility's certification is deemed registered for three years after issuance. A medical command facility must register its certification at three-year intervals by completing an application for triennial registration on a form or through an electronic application process prescribed by the department. The department shall grant or deny recertification within 30 days of receipt of the application.*

(f) *Inspections and inquiries.—The department shall conduct an inspection of the medical unit of each applicant and also inspect existing medical command facilities from time to time as appropriate but not less than once every three years. The department shall have full and free access to examine the medical command facility and its records relating to its operation as a medical command facility. The medical command facility shall fully respond to any inquiry by the department relevant to the*

determination of whether the facility meets certification and operational requirements.

(g) Grounds for discipline.—The department may discipline a medical command facility for the following reasons:

(1) Violating a requirement of this section.

(2) Violating a certification requirement or an operational requirement imposed under subsection (d).

(3) Refusing to permit an inspection or respond to an inquiry under subsection (f).

(4) Failing to comply, without just cause, with a medical treatment, transport or transfer protocol approved by the department.

(h) Types of discipline.—When the department is empowered to discipline a medical command facility, the department may do one or more of the following:

(1) Deny the application for a certification.

(2) Issue a public reprimand.

(3) Revoke, suspend, limit or otherwise restrict or condition the certification.

(4) Impose a civil money penalty of up to \$5,000 for each act that presents a basis for discipline.

(5) Stay enforcement of any suspension, revocation or other discipline and place the facility on probation with the right to vacate the probationary order for noncompliance.

§ 8128. Receiving facilities.

(a) Purpose.—A receiving facility is a facility to which an ambulance may transport a patient who requires prompt medical care in addition to that provided by the ambulance crew after the crew responds to an emergency.

(b) Requirements.—A receiving facility shall include, but need not be limited to, a fixed location having an organized emergency department, including a physician trained to manage cardiac, trauma, pediatric, medical, behavioral and all-hazards emergencies, who is present in the facility and available to the emergency department 24 hours per day and seven days per week. By regulation, the department may authorize other types of facilities to serve as receiving facilities for purposes of serving patients who have special medical needs.

(c) Patient transports.—Unless directed otherwise by a medical command physician, the initial transport of a patient following an ambulance response to a reported emergency shall be to a receiving facility pursuant to a protocol under section 8105(c) (relating to duties of department) or 8109(c)(8) (relating to regional emergency medical services councils) or such other location as the department designated by protocol.

§ 8129. Emergency medical services agencies.

(a) License required.—A person may not, as an owner, agent or otherwise, operate, conduct, maintain, advertise or otherwise engage in or

profess to be engaged in operating or providing an ambulance, advanced life support squad vehicle, basic life support squad vehicle, quick response service, special operations EMS service or other vehicle or service as prescribed by the department by regulation to provide EMS outside a health care facility or on roadways, airways or waterways of this Commonwealth unless the person holds a current EMS agency license authorizing the particular service or operation.

(b) Application.—An application for an EMS agency license shall be submitted on a form or through an electronic application process prescribed by the department.

(c) Issuance of license.—The department shall issue a license to an applicant when it is satisfied that:

(1) The applicant and persons having substantial ownership interests in the applicant are responsible persons and the EMS agency will be staffed by and conduct its activities utilizing responsible persons.

For purposes of this paragraph:

(i) a responsible person is a person who has not engaged in any 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 an EMS agency or a person who has engaged in such conduct but has been rehabilitated and establishes that he or she is not likely to again betray the public trust;

(ii) a person has a substantial ownership interest if the person has equity in the capital, stock or the profits of the EMS agency equal to 5% or more of the value of the property or assets of the EMS agency; and

(iii) a person staffs an EMS agency if the person engages in an activity integral to operation of the EMS agency, including, but not limited to, making or participating in the making or execution of management decisions, providing EMS, billing, calltaking and dispatching.

(2) The applicant meets supply and equipment requirements and each ambulance or other vehicle that will be used in providing EMS is adequately constructed and equipped and will be maintained and operated to safely and efficiently render the services offered.

(3) The applicant will meet the staffing standards for its vehicles and services.

(4) The applicant will provide safe and efficient services that are adequate for the emergency medical care, the treatment and comfort and, when appropriate, the transportation of patients.

(5) The applicant will have an EMS agency medical director who, in addition to satisfying the criteria of section 8125(a) (relating to medical director of emergency medical services agency), satisfies other criteria the department may establish by regulation based on the types of

vehicles and services the applicant intends to provide under the EMS agency license.

(6) The applicant is in compliance with the rules and regulations promulgated under this chapter.

(d) Persons under 18 years of age.—An EMS agency shall ensure that a person 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 one year of active practice as an EMS provider.

(e) Triennial registration.—An EMS agency's license is deemed registered for three years after the issuance. An EMS agency must register its license at three-year intervals by completing an application on a form or through an electronic application process prescribed by the department. The department shall act on the application within 90 days of receipt of a complete and accurate application. The department shall not deny a registration of a license without giving the applicant prior notice of the reason for denial and providing an opportunity for a hearing.

(f) Nontransferability of license.—An EMS agency may not transfer its license. An EMS agency may enter into a contract with another entity for that entity to manage the EMS agency if that entity has been approved by the department to manage an EMS agency. The department may deny approval to an entity to provide management services for an EMS agency if:

(1) the entity is not in compliance with this chapter or applicable regulations;

(2) the entity is not a responsible person as defined in subsection (c)(1)(i);

(3) a person having a substantial ownership interest in the entity is not a responsible person;

(4) the entity will not be staffed by or conduct its activities through responsible persons; or

(5) the entity refuses to provide the department with records or information reasonably requested to enable the department to make a determination.

(g) Display.—As prescribed by department regulation, a current department-issued inspection sticker shall be displayed on each ambulance, advanced life support squad vehicle, basic life support squad vehicle and, as required by regulation, any other EMS vehicle authorized by the department.

(h) Inspection.—The department or its agent shall inspect an applicant's vehicles, equipment and personnel qualifications prior to granting an EMS agency license and shall inspect an EMS agency from time to time, as deemed appropriate and necessary, but not less than once every three years.

(i) Dispatching.—

(1) *An EMS agency that operates a communications center dispatching EMS resources shall use calltakers and dispatchers who satisfy the requirements of the Pennsylvania Emergency Management Agency under section 3(a)(6) of the act of July 9, 1990 (P.L.340, No.78), known as the Public Safety Emergency Telephone Act, and shall use an emergency medical dispatch program approved by the department. An emergency medical dispatch program is a system or program that enables patients to be assessed and treated via telecommunication by using accepted medical dispatch standards.*

(2) *Operation by an EMS agency of a communications center that dispatches EMS resources shall be considered part of the EMS agency's licensed operation and shall be subject to the requirements of this chapter and the department's regulations.*

(j) *Construction, equipment and supplies.—Within two years after the effective date of this chapter, the department shall publish in the Pennsylvania Bulletin, and update as necessary, vehicle construction and equipment and supply requirements for EMS agencies in this Commonwealth based upon the types of EMS vehicles operated and the services provided.*

(k) *Implementation of credentialing decisions.—An EMS agency may not permit an EMS provider at or above the advanced EMT level to provide EMS at that level unless its EMS agency medical director apprises that the EMS provider satisfies the criteria of section 8125(b)(2). An EMS agency may permit an EMS provider who does not satisfy the section 8125(b)(2) criteria to continue to work for the EMS agency at a lower EMS provider level if the EMS provider is authorized to do so by the EMS agency medical director. The EMS agency shall notify the department of that decision within ten days after it is made. If the EMS agency medical director has determined that the EMS provider has not demonstrated competency in the knowledge and skills necessary to competently perform the skills within the scope of practice of the EMS provider at that level or has not demonstrated a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level and the EMS agency medical director chooses to impose restrictions on the EMS provider's practice, such as requiring the EMS provider to function under the supervision of another EMS provider or requiring the EMS provider to contact a medical command physician prior to providing EMS, then the EMS agency may permit the EMS provider to provide EMS only with the restrictions directed by the EMS agency medical director.*

(l) *Staffing.—The department may by regulation revise the staffing standards for ambulances, squad vehicles and quick response services set forth in sections 8130 (relating to advanced life support ambulances), 8131 (relating to air ambulances), 8132 (relating to advanced life support squad vehicles), 8133 (relating to basic life support ambulances), 8134 (relating*

to basic life support squad vehicles) and 8135 (relating to quick response services).

(m) *Custody or control of patient.*—If a law enforcement officer is at the scene of a police incident when an EMS provider arrives, the law enforcement officer may preclude the EMS provider from entering the scene to provide EMS until the law enforcement officer determines that it is safe for the EMS provider to enter. Under such circumstances, the law enforcement officer shall permit the EMS provider access to the patient before the officer transports the patient. If, pursuant to a medical treatment protocol or medical command order, an EMS agency 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 with immediately, the EMS agency shall transport the patient to a receiving facility, and the law enforcement officer shall have discretion to accompany the patient in the EMS vehicle and authority to employ security precautions deemed necessary by the law enforcement officer to ensure the safety of the officer and others, except that the security precautions shall not unreasonably interfere with the provision of EMS to the patient.

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

(o) *Discontinuance or reduction of service.*—An EMS agency shall not discontinue providing service it is licensed to provide or reduce the hours when it provides service until a minimum of 90 days after notifying the department in writing of the change. Notice shall include a statement that the licensee has notified the chief executive officer of each political subdivision in the licensee's service area of the intent to discontinue providing the service or reduce the hours it provides the service and that the intent to discontinue or reduce hours has been advertised in a newspaper of general circulation in the licensee's service area.

(p) *Regulations.*—The department shall promulgate regulations setting forth requirements for EMS agencies in this Commonwealth based upon the types of EMS vehicles they operate and the services they provide.

(q) *Transition for ambulance services and quick response services.*—Upon the effective date of this section, an entity that is licensed as an ambulance service or recognized as a QRS immediately prior to the effective date of this section may continue to operate as an EMS agency if it meets the staffing and other operational requirements of this chapter, and it shall be considered to be an EMS agency with a current registration of its license. The initial registration of the EMS agency's license shall expire on the same date that the entity's license as an ambulance service or recognition as a QRS would have expired if it had remained in effect.

(r) *Exemptions.*—The following are exempt from the licensing provisions of this chapter:

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

(2) *An EMS agency licensed in another state and not under this chapter that is dispatched to respond to an emergency within this Commonwealth when an EMS vehicle or service licensed under this chapter is unable to respond within a reasonable time or its response is not sufficient to deal with the emergency.*

(3) *An EMS agency licensed in another state that limits its operations in this Commonwealth to the transportation and provision of medical care incidental to transportation of patients and other persons requiring transportation by EMS vehicles from locations outside this Commonwealth to locations within this Commonwealth.*

(4) *EMS vehicles owned and operated by an agency of the Federal Government.*

§ 8130. Advanced life support ambulances.

(a) *Purpose.—An ALS ambulance crew provides medical assessment, triage, monitoring, treatment, transportation and observation of patients who require EMS above the skill level of an advanced EMT.*

(b) *Staffing requirements.—*

(1) *Except as otherwise provided in this section, minimum staffing requirements for an ALS ambulance when responding to a call to provide EMS for a patient requiring EMS above the skill level of an advanced EMT is one EMS provider at or above the EMT level, one EMS provider above the advanced EMT level and one EMS vehicle operator. Only the two EMS providers need to respond if one of them is also the EMS vehicle operator. When present, an EMS provider qualified to provide the type and level of EMS required by the patient must attend to the patient at the scene and during transportation. If a member of the ambulance crew arrives at the scene before another crew member, that person shall begin providing EMS to the patient at that person's skill level.*

(2) *Minimum staffing requirements for an ALS ambulance is the same as for a BLS ambulance when the ALS ambulance responds to a call to provide EMS for a patient requiring EMS at or below the skill level of an advanced EMT.*

§ 8131. Air ambulances.

(a) *Purpose.—An air ambulance is a rotorcraft staffed by a crew that provides medical assessment, treatment, monitoring, observation and transportation of patients who require EMS where time to administer definitive care is of the essence and transportation by air ambulance to a facility able to provide the care is faster than transportation by ground ambulance, or require 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 requirements.—Minimum staffing standards for an air ambulance when dispatched to provide or when providing medical assessment, treatment, monitoring, observation or transportation of a patient is one pilot and two EMS providers other than the pilot who are above the advanced EMT level, with at least one of those two EMS providers specially trained in air medical transport.

§ 8132. Advanced life support squad vehicles.

(a) Purpose.—An ALS squad vehicle transports EMS providers above the advanced EMT level, along with equipment and supplies, to rendezvous with an ambulance crew or to respond prior to arrival of an ambulance, in order to provide medical assessment, monitoring, treatment and observation of a patient who requires EMS at or above the skill level of an advanced EMT. An ALS squad vehicle does not transport patients.

(b) Staffing requirements.—Minimum staffing for an ALS squad unit responding to a call to provide EMS for a patient who requires EMS above the skill level of an advanced EMT shall be one EMS provider above the advanced EMT level and one EMS vehicle operator, except that the EMS provider may staff the vehicle alone if the EMS provider is also an EMS vehicle operator.

§ 8133. Basic life support ambulances.

(a) Purpose.—A BLS ambulance crew provides medical assessment, triage, monitoring, treatment, transportation and observation of patients who require EMS at or below the skill level of an advanced EMT and also transports patients who require EMS above the skill level of an advanced EMT when an EMS provider above the level of an advanced EMT rendezvous with the BLS ambulance before or during transport of the patient and accompanies the patient during the transport after arrival.

(b) Staffing requirements.—

(1) Except as provided under paragraph (2), minimum staffing for a BLS ambulance when responding to a call to provide EMS is an ambulance attendant, EMR or EMT, a second EMS provider at or above the EMT level and an EMS vehicle operator, except that only the two EMS providers need to respond if one of them is also the EMS vehicle operator. When present, an EMS provider above the EMR level must attend to the patient at the scene and during patient transportation.

(2) Two years after the effective date of this section, the minimum staffing for a BLS ambulance when responding to a call to provide EMS is an EMS provider at or above the EMR level, an EMS provider at or above the EMT level and an EMS vehicle operator, except that only two EMS providers need to respond if one of them is also the EMS vehicle operator. When present, an EMS provider above the EMR level must attend to the patient at the scene and during patient transportation.

(3) *If dispatched to provide EMS for a patient who requires EMS above the skill level of an advanced EMT, the BLS ambulance shall respond as set forth in this subsection. If the BLS ambulance crew members arrive at the scene before a higher-level EMS provider of an ALS ambulance or ALS squad vehicle, the BLS crew members shall provide EMS to the patient at their skill level, including transportation of the patient to a receiving facility if needed, until higher-level EMS is afforded by the arrival of a higher-level EMS provider, after which the BLS ambulance crew shall relinquish primary responsibility for the patient to the higher-level EMS provider.*

(4) *When transporting from a sending hospital a patient who requires EMS above the skill level of an advanced EMT, if a registered nurse, physician assistant or physician from the sending or receiving hospital joins the ambulance crew, brings on board the ambulance all equipment and supplies to provide the patient with reasonably anticipated EMS above the skill level of an advanced EMT and attends to the patient during the patient transportation, the minimum staffing requirements for the BLS ambulance are as set forth in paragraphs (1) and (2).*

§ 8134. Basic life support squad vehicles.

(a) *Purpose.*—*A BLS squad vehicle transports an EMS provider, along with basic EMS equipment and supplies, to respond prior to arrival of an ambulance in order to provide EMS at or below the advanced EMT level of care. A BLS squad vehicle is not utilized to transport patients.*

(b) *Staffing requirements.*—*Minimum staffing for a BLS squad vehicle when responding to a call to provide EMS for a patient is one EMS provider at or above the EMT level and an EMS vehicle operator, except that an EMS provider who is also an EMS vehicle operator may staff the vehicle alone.*

§ 8135. Quick response services.

(a) *Purpose.*—*A QRS uses EMS providers to respond to calls for EMS and provide EMS to patients before an ambulance arrives.*

(b) *Staffing requirements.*—*The minimum staffing requirement for a QRS is one EMS provider.*

§ 8136. Special operations emergency medical services.

(a) *Purpose.*—*A special operations EMS service provides EMS in situations or austere environments that require specialized knowledge, equipment or vehicles to access a patient or address the patient's emergency medical needs. The department shall by regulation provide for specific types of special operations EMS teams.*

(b) *Personnel requirements.*—*By regulation, the department may establish additional training or expertise requirements for the EMS agency medical director and the EMS providers who staff a special operations EMS service.*

(c) *Other requirements.*—By regulation, the department may establish staffing, equipment, supply and any other requirement for a special operations EMS service.

(d) *Extraordinary applications.*—An entity may propose to provide a special operations EMS need that has not been addressed by applying to the department for an EMS agency license to carry out the special operations EMS or, if it is licensed as an EMS agency, the entity may apply to the department to be authorized to provide the special operations EMS under its license. The department shall address each application on an individual basis and may conditionally deny or grant an application as appropriate to protect the public health and safety. The grant of an application shall be subject to compliance with any later-adopted regulations addressing the type of special operations EMS being provided by the entity.

(e) *Protocols.*—The department may include in its Statewide EMS protocols special operations EMS protocols.

§ 8137. *First aid and other safety services.*

(a) *Purpose.*—An EMS agency may provide EMS at industrial sites, amusement parks or other locations in need of the service. No ambulance or other EMS vehicle shall be required for this purpose.

(b) *Staffing.*—The minimum staffing requirement is one EMS provider.

(c) *Other requirements.*—As assigned by the EMS agency, the EMS provider may provide EMS and other medical safety services up to the level for which the EMS provider has the credentials to provide EMS for the EMS agency.

(d) *Protocols.*—An EMS provider shall follow protocols approved by the department when providing EMS under this section.

§ 8138. *Other vehicles and services.*

The department may by regulation prescribe EMS vehicle and service standards for EMS vehicles and services not specified in this chapter. If the department establishes standards in this section, an EMS agency license shall be required to operate the EMS vehicle or provide the service, and an EMS agency may not operate the vehicle or provide the service unless approved to do so by the department.

§ 8139. *Stretcher and wheelchair vehicles.*

(a) *Stretcher vehicle.*—A stretcher vehicle is a ground vehicle other than an ambulance that is utilized to transport by stretcher persons who do not receive and cannot reasonably be anticipated to require medical assessment, monitoring, treatment or observation during transportation, but who, due to their physical condition, require vehicle transportation while on a stretcher or in a wheelchair.

(b) *Wheelchair vehicle.*—A wheelchair vehicle is a ground vehicle other than an ambulance that is used to transport by wheelchair persons who do not receive and cannot reasonably be anticipated to require

medical assessment, monitoring, treatment or observation during transportation, but who, due to their physical condition, require vehicle transportation while on a stretcher or in a wheelchair.

(c) Prohibition.—Operation by an entity of a stretcher vehicle or wheelchair vehicle to transport a person who is known or reasonably should be known by the entity to require medical assessment, monitoring, treatment or observation during transportation shall constitute unlawful operation of an ambulance for purposes of section 8156(a) and (c) (relating to penalties) and, if used as an ambulance by an EMS agency, shall constitute misconduct in operating an EMS agency under section 8142(a)(7) (relating to emergency medical services agency license sanctions). For purposes of this section, unlawful operation includes, but is not limited to, the transportation of the person to or from a facility, a physician's office or any other location to receive or from which the person received health care services.

§ 8140. Conditional temporary licenses.

When an EMS agency or an applicant for a license to operate as an EMS agency does not provide service 24 hours per day and seven days per week or is unable to participate in a county-level or broader-level emergency medical response plan approved by the department, the department shall issue a conditional temporary license for operation of the EMS agency when the department determines that it is in the public interest, subject to such terms as the department deems appropriate. A conditional temporary license shall be valid for one year and may be renewed as many times as the department determines that it is in the public interest to do so.

§ 8141. Plans of correction.

(a) Correction of violation.—Upon determining that an EMS agency has violated this chapter or regulations promulgated under this chapter, the department may issue a written notice to the EMS agency specifying the violation or violations that have been found. The notice shall require the EMS agency to take immediate action to discontinue the violation or to submit a plan of correction to the department, or both, to bring the EMS agency into compliance with applicable requirements. If the nature of the violation is such that 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. The EMS agency shall submit a plan of correction within 30 days of the department's issuance of the written notice. If immediate corrective action is required, the notice from the department shall request and the EMS agency shall provide prompt confirmation that the corrective action has been taken.

(b) Discretion.—The department shall not afford the EMS agency an opportunity to correct a violation without facing disciplinary charges if the department determines that it is not in the public interest to do so.

§ 8142. Emergency medical services agency license sanctions.

(a) Grounds for discipline.—The department may discipline an EMS agency or, as applicable, refuse to issue an EMS agency license for any of the following reasons:

(1) Violating the requirements of this chapter or regulation adopted under this chapter.

(2) Failing to submit a plan of correction acceptable to the department or correct a deficiency as required under section 8141 (relating to plans of correction) or failing to comply with the plan of correction.

(3) Refusing to accept a conditional temporary license properly sought by the department or to abide by its terms.

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

(5) Lending its license or, except as permitted under section 8129(f) (relating to emergency medical services agencies), enabling another person to manage or operate the EMS agency or any service covered by the license.

(6) 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 this chapter.

(7) Incompetence, negligence or misconduct in operating the EMS agency or in providing EMS to patients.

(8) The licensee 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. For purposes of this paragraph, “staff” and “responsible person” shall have the meanings set forth in section 8129(c)(1).

(9) Refusing to respond to an emergency and render EMS because of a patient’s race, sex, creed, national origin, sexual preference, age, handicap, medical problem or financial inability to pay.

(10) Conviction 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) Failing to continue to meet applicable licensure requirements.

(13) Violating an order previously issued by the department in a disciplinary matter.

(b) Disciplinary options.—If the department is empowered to impose discipline against an EMS agency under this section, the department may do one or more of the following:

(1) Deny the application for a license.

(2) Administer a written reprimand with or without probation.

(3) Revoke, suspend, limit or otherwise restrict the license.

(4) Impose a civil 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 any suspension, revocation or other discipline and place the facility on probation with the right to vacate the probationary order for noncompliance.

**SUBCHAPTER C
MISCELLANEOUS PROVISIONS**

Sec.

8151. Limitations on liability.

8152. Peer review.

8153. Support of emergency medical services.

8154. Prohibited acts.

8155. Surrender of license, accreditation or certification.

8156. Penalties.

8157. Adjudications and judicial review.

§ 8151. Limitations on liability.

The following shall apply:

(1) No medical command physician, medical command facility medical director or medical command facility, which in good faith provides a medical command to an EMS provider or student enrolled in an EMS course of instruction approved by the department, shall be liable for civil damages as a result of issuing the instruction, absent a showing of gross negligence or willful misconduct.

(2) No EMS agency, EMS agency medical director or EMS provider who in good faith attempts to render or facilitate emergency medical care authorized by this chapter shall be liable for civil damages as a result of an act or omission, absent a showing of gross negligence or willful misconduct. This paragraph shall also apply to students enrolled in approved courses of instruction and supervised pursuant to rules and regulations.

(3) No approved EMS training institute nor any entity participating as part of any approved educational program offered by the institute as authorized by this chapter shall be liable for any civil damages as a result of primary and continuing educational practice by duly enrolled students under proper supervision, absent a showing of gross negligence or willful misconduct.

(4) No EMS provider who in good faith attempts to render emergency care authorized by this chapter at an emergency scene while en route 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 require written verification from the EMS provider who shall obtain the written verification from either the police officer or other person who is in charge at the emergency scene.

(5) *No EMS agency medical director or regional medical director who in good faith gives instructions to or provides primary and continuing educational training to an EMS provider shall be liable for civil damages for issuing the instructions, education or training, absent a showing of gross negligence or willful misconduct.*

(6) *Neither the department, the Commonwealth EMS Medical Director, a regional EMS council medical director nor any other official or employee of the department or a regional EMS council shall be liable for civil damages arising out of an EMS provider or a student enrolled in an EMS course of instruction approved by the department following protocols approved under this chapter.*

(7) *No EMS provider or EMS agency may be subject to civil liability based solely on failure to obtain consent in rendering EMS 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 or refuse to give consent, if the EMS provider has acted in good faith and without knowledge of facts negating consent.*

(8) *No EMS provider or EMS agency may be subject to civil liability based solely on refusal to provide treatment or services requested by the patient or the person responsible for making medical care decisions for the patient if the treatment or services requested are not prescribed or authorized by Statewide or regional protocols established under this chapter and the EMS provider has:*

(i) *contacted a medical command physician who refused to authorize the requested treatment or service; or*

(ii) *made a good faith effort to contact a medical command physician and was unable to do so.*

(9) *No dispatcher of EMS who in good faith collects information about a patient from a caller or makes dispatch assignments based upon the information collected may be subject to civil liability based upon the information collected or a dispatch assignment, absent a showing of gross negligence or willful misconduct.*

§ 8152. *Peer review.*

(a) *Immunity from liability.—*

(1) *A person who provides information to a review organization shall have the same protections from civil and criminal liability as a person who provides information to a review organization under the act of July 20, 1974 (P.L.564, No.193), known as the Peer Review Protection Act.*

(2) *An individual who is a member or employee of a review organization or who furnishes professional counsel or services to the organization shall have the same protections from civil and criminal liability for the performance of any duty, function or activity authorized*

or required of the review organization as a person who performs the duty, function or activity under the Peer Review Protection Act.

(b) Confidentiality of review organization's records.—The proceedings and records of a review organization shall be held in confidence and shall have the same protections from discovery and introduction into evidence in civil proceedings as they would under the Peer Review Protection Act. A person who was in attendance at a meeting of a review organization shall be subject to the same testimony restrictions as a person who was in attendance at a meeting of a review organization under the Peer Review Protection Act.

§ 8153. Support of emergency medical services.

(a) Emergency Medical Services Operating Fund.—There is established a special fund to be known as the Emergency Medical Services Operating Fund, which shall be administered by the department.

(b) Source.—The following are the sources of the Emergency Medical Services Operating Fund:

(1) Money collected under 75 Pa.C.S. §§ 3121 (relating to EMS costs) and 3807(b)(1)(ix) (relating to Accelerated Rehabilitative Disposition).

(2) All fees, fines and civil penalties collected by the department under this chapter.

(3) Appropriations.

(4) Contributions.

(c) Purpose of fund.—Except as provided under subsection (d), 75% of the money from the Emergency Medical Services Operating Fund shall be disbursed by the department for only the following uses:

(1) To eligible EMS agencies for applicable purposes stated under section 8112(c) (relating to contracts and grants), with at least 10% of these funds to be allocated to provide additional financial assistance for those EMS systems serving rural areas.

(2) To the board for the performance of duties imposed upon it under this chapter.

(3) To regional EMS councils for the development, maintenance and improvement of EMS systems, including ambulance and communications equipment, and for training, education and EMS agency licensure purposes.

(4) To other contractors and grantees as authorized under section 8112(j).

(d) Allocation to Catastrophic Medical and Rehabilitation Fund.—Twenty-five percent of the money in the Emergency Medical Services Operating Fund shall be allocated to a Catastrophic Medical and Rehabilitation Fund for victims of trauma. After the exhaustion of all alternative financial resources, other than those excluded by the department from consideration, the catastrophic fund shall be available for the purchase of medical, rehabilitation and attendant care services for

trauma victims and may be made available for the purchase of supportive services such as respite care and counseling services for the family or household members of trauma victims. The department may, by regulation, prioritize the distribution of funds by and within classification of traumatic injury.

(e) *Audit.*—The Auditor General shall review collections and expenditures made under this section and report its findings to the General Assembly annually. The audit shall include a review of the collections and expenditures of the regional EMS councils.

§ 8154. *Prohibited acts.*

(a) *Making false ambulance requests.*—It shall be unlawful for any person to intentionally report a medical emergency and summon an EMS response if the person does not have good cause to believe that there is a medical emergency for which an EMS response is needed. A person violating this subsection commits a summary offense.

(b) *Obstruction.*—It is unlawful for any person to intentionally impede or obstruct any EMS provider in the performance of official duties if the EMS provider displays accepted department insignia or credentials. A person violating this subsection commits a summary offense.

(c) *Impersonating an emergency medical services provider.*—It is unlawful for any person to display an insignia or credentials or act in any manner that would lead reasonable persons to conclude that the person is an EMS provider if that person is not an EMS provider with a current registration to practice or that the person is a higher-level EMS provider than the level at which the person is certified and currently registered to practice. A person violating this subsection commits a summary offense.

(d) *Misrepresentation of license.*—It is unlawful for any person who does not possess an EMS agency license issued by the department under this chapter to advertise, display vehicle markings or exhibit any other means that would lead a reasonable person to conclude that the person is a licensed EMS agency or provides a type or level of emergency care other than that for which the person is licensed to provide. A person violating this subsection commits a summary offense.

§ 8155. *Surrender of license, accreditation or certification.*

The department shall require a person whose license, accreditation or certification has been suspended or revoked under this chapter to return to the department in the manner the department directs the license, accreditation document or certificate. A person who fails to do so commits a misdemeanor of the third degree.

§ 8156. *Penalties.*

(a) *Unlicensed agency.*—A person who operates a service or vehicle for which a license is required under section 8129 (relating to emergency medical services agencies) and who does not have a license to operate the service or vehicle commits a misdemeanor of the third degree.

(b) Unauthorized practice.—A person who provides EMS without an EMS provider’s certification or other legal authority to provide EMS commits a misdemeanor of the third degree. A provider who provides EMS without a current registration of the EMS provider’s certification and without other legal authority to provide EMS commits a summary offense.

(c) Fine.—In addition to any other civil remedy or criminal penalty provided for under this chapter, the department may levy a civil 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 agency in this Commonwealth, and a fine 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.

§ 8157. Adjudications and judicial review.

Except as provided under this chapter for an emergency suspension, the department shall hold hearings and issue adjudications in accordance with 2 Pa.C.S. (relating to administrative law and procedure). The adjudications may be appealed to the Commonwealth Court under 42 Pa.C.S. § 763 (relating to direct appeals from government agencies).

Section 2. The definition of “emergency vehicle” in section 102 of Title 75 is amended to read:

§ 102. Definitions.

Subject to additional definitions contained in subsequent provisions of this title which are applicable to specific provisions of this title, the following words and phrases when used in this title shall have, unless the context clearly indicates otherwise, the meanings given to them in this section:

* * *

“Emergency vehicle.” A fire department vehicle, police vehicle, sheriff vehicle, ambulance, *advanced life support squad vehicle, basic life support squad vehicle*, blood delivery vehicle, human organ delivery vehicle, hazardous material response vehicle, armed forces emergency vehicle, one vehicle operated by a coroner or chief county medical examiner and one vehicle operated by a chief deputy coroner or deputy chief county medical examiner used for answering emergency calls, *a vehicle owned by or leased to a regional emergency medical services council that is used as authorized by the Department of Health to respond to an actual or potential disaster, mass casualty situation or substantial threat to public health*, any vehicle owned and operated by the Philadelphia Parking Authority established in accordance with 53 Pa.C.S. Ch. 55 (relating to parking authorities) and used in the enforcement of 53 Pa.C.S. Ch. 57 (relating to taxicabs and limousines in first class cities), or any other vehicle designated by the State Police under section 6106 (relating to designation of emergency vehicles by Pennsylvania State Police), or a privately owned vehicle used in answering an emergency call when used by any of the following:

- (1) A police chief and assistant chief.

- (2) A fire chief, assistant chief and, when a fire company has three or more fire vehicles, a second or third assistant chief.
- (3) A fire police captain and fire police lieutenant.
- (4) An ambulance corps commander and assistant commander.
- (5) A river rescue commander and assistant commander.
- (6) A county emergency management coordinator.
- (7) A fire marshal.
- (8) A rescue service chief and assistant chief.

Section 3. Chapter 31 of Title 75 is amended by adding a subchapter to read:

SUBCHAPTER C
FINES

Sec.

3121. EMS costs.

§ 3121. EMS costs.

In addition to any other costs that may be imposed under this part for a traffic violation, except for a parking violation, a cost of \$10 shall be imposed. Moneys collected shall be forwarded to the State Treasurer for deposit in the Emergency Medical Services Operating Fund.

Section 4. Section 3807(b)(1)(vii) of Title 75 is amended and the paragraph is amended by adding a subparagraph to read:

§ 3807. Accelerated Rehabilitative Disposition.

(b) Evaluation and treatment.—

(1) A defendant offered Accelerated Rehabilitative Disposition for a violation of section 3802 is, as a condition of participation in the program, subject to the following requirements in addition to any other conditions of participation imposed by the court:

(vii) The defendant must pay any other fee, surcharge or cost required by law. Except as set forth in subparagraph (vi) **[or]**, (viii) **or** (ix), a fee or financial condition imposed by a judge as a condition of Accelerated Rehabilitative Disposition or any other preliminary disposition of any charge under this chapter shall be distributed as provided for in 42 Pa.C.S. §§ 3571 (relating to Commonwealth portion of fines, etc.) and 3573 (relating to municipal corporation portion of fines, etc.).

(ix) The defendant shall pay a cost of \$25 which shall be forwarded to the State Treasurer for deposit in the Emergency Medical Services Operating Fund.

Section 5. The addition of 35 Pa.C.S. Ch. 81 is a continuation of the former act of July 3, 1985 (P.L.164, No. 45), known as the Emergency

Medical Services Act. Except as otherwise provided in 35 Pa.C.S. Ch. 81, all activities initiated under the Emergency Medical Services Act shall continue and remain in full force and effect and may be completed under 35 Pa.C.S. Ch. 81. Resolutions, orders, regulations, rules and decisions which were made under the Emergency Medical Services Act and which are in effect on the effective date of this section shall remain in full force and effect until revoked, vacated or modified under 35 Pa.C.S. Ch. 81. Contracts, obligations and agreements entered into under the Emergency Medical Services Act are not affected nor impaired by the repeal of the Emergency Medical Services Act.

Section 6. Repeals are as follows:

(1) The General Assembly declares that the repeal under paragraph (2) is necessary to effectuate the addition of 35 Pa.C.S. Ch. 81.

(2) The act of July 3, 1985 (P.L.164, No.45), known as the Emergency Medical Services Act, is repealed.

Section 7. The Department of Health, in consultation with the board, shall promulgate all regulations needed to implement this act within two years after the effective date of this section. This act shall be liberally construed for that purpose, and the absence of express authority to adopt regulations in any provision of this act shall not be construed to preclude the authority to adopt regulations to carry out that provision. Upon promulgation of all regulations under this section, the Secretary of Health shall transmit notice to the Legislative Reference Bureau for publication in the Pennsylvania Bulletin.

Section 8. Any reference in a statute or regulation to an ambulance service shall be interpreted as referencing an emergency medical services agency and any reference to the former act of July 3, 1985 (P.L.164, No.45), known as the Emergency Medical Services Act, shall be construed as a reference to 35 Pa.C.S. Ch. 81.

Section 9. This act shall take effect as follows:

(1) The addition of the following provisions of 35 Pa.C.S. shall take effect 180 days after publication of the notice under section 7 of this act:

(i) Section 8113(a), (c), (d) and (n).

(ii) Section 8114.

(iii) Section 8115.

(iv) Section 8116.

(v) Section 8117.

(vi) Section 8118.

(vii) Section 8119.

(viii) Section 8120.

(ix) Section 8122.

(x) Section 8129.

(xi) Section 8130.

(xii) Section 8131.

(xiii) Section 8132.

- (xiv) Section 8133.
 - (xv) Section 8134.
 - (xvi) Section 8135.
 - (xvii) Section 8136.
 - (xviii) Section 8137.
 - (xix) Section 8138.
 - (xx) Section 8140.
 - (xxi) Section 8141.
 - (xxii) Section 8142.
- (2) The following provisions shall take effect immediately:
- (i) The amendment of the definition of “emergency vehicle” in 75 Pa.C.S. § 102.
 - (ii) Section 5 of this act.
 - (iii) Section 6 of this act.
 - (iv) Section 7 of this act.
 - (v) This section.
- (3) The remainder of this act shall take effect in 180 days.

APPROVED—The 18th day of August, A.D. 2009.

EDWARD G. RENDELL