
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 406 Session of
1997

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BELFANTI, PHILLIPS AND MIHALICH, FEBRUARY 11, 1997

REFERRED TO COMMITTEE ON VETERANS AFFAIRS AND EMERGENCY
PREPAREDNESS, FEBRUARY 11, 1997

AN ACT

1 Amending the act of July 3, 1985 (P.L.164, No.45), entitled "An
2 act relating to the prevention and reduction of premature
3 death and disability in this Commonwealth; providing for
4 assistance, coordination and support of the development and
5 maintenance of a comprehensive emergency medical services
6 system and for qualifications, eligibility and certification
7 of emergency medical services personnel and licensing
8 ambulance services; imposing powers and duties on the
9 Department of Health; and making repeals," transferring the
10 emergency medical services powers and duties from the
11 Department of Health to the Pennsylvania Emergency Management
12 Agency.

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

15 Section 1. The definitions of "department" and "secretary"
16 in section 3 of the act of July 3, 1985 (P.L.164, No.45), known
17 as the Emergency Medical Services Act, are amended to read:

18 Section 3. Definitions.

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

1 * * *

2 "Department." [The Department of Health of the
3 Commonwealth.] The Pennsylvania Emergency Management Agency.

4 * * *

5 ["Secretary." The Secretary of Health of the Commonwealth.]

6 * * *

7 Section 2. Sections 4, 5(a), 6(f), 8(c) and 10 of the act
8 are amended to read:

9 Section 4. Emergency medical services system.

10 The [secretary] department shall plan, guide and coordinate
11 programs to ensure that the Commonwealth's emergency medical
12 services system shall:

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

16 (2) Provide continuous training for its personnel,
17 including clinical training and continuing education programs
18 which are coordinated with other programs in the system's
19 service area which provide similar training and education.

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

24 (i) utilize emergency medical telecommunications
25 screening to determine the appropriate emergency service
26 response;

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

30 (iii) will have direct communications with the

1 personnel, facilities and equipment of this system and
2 with other appropriate emergency medical services
3 systems.

4 (4) Include an adequate number of ambulances and other
5 transportation means to meet the individual characteristics
6 of the system's service area wherein:

7 (i) the ambulances and other vehicles meet criteria
8 relating to location, design, performance and equipment;
9 and

10 (ii) all operators and other personnel staffing the
11 vehicles meet appropriate training and experience
12 requirements.

13 (5) Include an adequate number of easily accessible
14 facilities which:

15 (i) are collectively capable of providing emergency
16 medical services on a continuous basis;

17 (ii) have appropriate nonduplicative and categorized
18 capabilities;

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

21 (iv) are coordinated with other health care
22 facilities of the system.

23 (6) Provide access, including appropriate
24 transportation, to trauma centers in the system's service
25 area or, if there are no centers or an inadequate number of
26 centers in the area, provide access to the centers in
27 neighboring areas if access to those centers is feasible in
28 terms of time and distance.

29 (7) Provide, as necessary, for transfer of patients to
30 facilities or programs which offer follow-up care and

1 rehabilitation as is necessary to effect the maximum recovery
2 of the patient.

3 (8) Provide for the effective utilization of the
4 appropriate personnel, facilities and equipment of each
5 entity providing emergency medical services in the system's
6 service area.

7 (9) Be organized in a manner that provides persons who
8 reside in the system's service area and who have no
9 professional or financial interest in the provision of health
10 care with an adequate opportunity to participate in the
11 making of policy for the system.

12 (10) Provide necessary emergency medical services to all
13 patients requiring the services.

14 (11) Provide for a standardized patient data collection
15 system which covers all phases of the system.

16 (12) Provide programs of public education, information
17 and prevention in the system's service area, taking into
18 account the needs of visitors to and residents of that area
19 to know or easily access the means of obtaining emergency
20 medical services. These programs shall stress the general
21 dissemination of information regarding appropriate methods of
22 first aid and cardiopulmonary resuscitation and the
23 availability of first aid training programs in the area.

24 (13) Provide for:

25 (i) Periodic, comprehensive review and evaluation of
26 the extent and quality of the emergency health care
27 services provided in the system's service area.

28 (ii) Submission to the department of the reports of
29 each review and evaluation.

30 (14) Have a plan to assure that the system will be

1 capable of providing emergency medical services in the
2 system's service area during mass casualty situations,
3 natural disasters or declared states of emergency in
4 consonance with 35 Pa.C.S. § 7101 et seq. (relating to
5 emergency management services) and in coordination with the
6 Pennsylvania Emergency Management Agency.

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

13 Section 5. Duties of department.

14 (a) Duty.--It shall be the duty of the [secretary]
15 department to plan, guide, assist and coordinate the development
16 of areawide emergency medical services systems into a unified
17 Statewide system and to coordinate the system with similar
18 systems in neighboring states.

19 * * *

20 Section 6. Pennsylvania Trauma Systems Foundation.

21 * * *

22 (f) Duty of [secretary] department.--If the foundation has
23 not begun an accreditation program by June 30, 1985, in
24 accordance with this section, the [secretary] department shall
25 establish a trauma center accreditation program.

26 Section 8. Emergency medical services councils.

27 * * *

28 (c) Duties.--Each emergency medical services council shall:

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

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

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

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

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

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

17 (7) Establish a mechanism to provide for input from
18 local emergency medical services providers, in decisions
19 which include, but are not limited to, membership on its
20 governing body.

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

24 (a) General power.--The [secretary] department may enter
25 into contracts with emergency medical services councils and
26 other appropriate entities for the initiation, expansion,
27 maintenance and improvement of emergency medical services
28 systems which are in accordance with the Statewide emergency
29 medical services plan.

30 (b) Limitation.--If any contracts are entered into under

1 this section for organization of an emergency medical services
2 council, no other contract may be entered into under this
3 section for any other emergency medical services council for the
4 same area or for an area which includes, in whole or substantial
5 part, such area.

6 (c) Purposes.--Contracts under subsection (a) may only be
7 used for:

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

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

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

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

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

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

24 (7) Costs associated with maintenance and operation of
25 emergency medical services councils. Costs may include, but
26 shall not be limited to, salaries, wages and benefits of
27 staff; travel; equipment and supplies; leasing of office
28 space; and other costs incidental to the conduct of business
29 which are deemed by the [secretary] department to be
30 necessary and appropriate for carrying out the purposes of

1 this act.

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

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

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

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

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

16 (4) Costs deemed by the [secretary] department as
17 inappropriate for carrying out the purposes of this act.

18 (5) Costs which are normally borne by patients.

19 (e) Reports.--The recipient of a contract under this act
20 shall make reports to the department as may be required by the
21 [secretary] department.

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

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

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

29 (3) The application contains data and information which
30 demonstrates the qualifications of the applicant to plan,

1 initiate, expand or improve an emergency medical services
2 system and which includes organizational structure and
3 provision for representation of appropriate entities.

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

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

14 (h) Payments.--Payments pursuant to contracts under this
15 section may be made in advance or by way of reimbursement and in
16 such installments and on such conditions as the [secretary]
17 department determines will most effectively carry out the
18 provisions of this act.

19 (i) Other grants considered.--In determining the amount of
20 any contract under this act, the amount of funds available to
21 the applicant from nonstate contributions and Federal grant or
22 contract programs pertaining to emergency medical services shall
23 be taken into consideration. Nonstate contributions include the
24 outlay of cash and in-kind services of the contractor or to the
25 contractor or toward the operation of an emergency medical
26 services system by private, public or governmental third
27 parties, including the Federal Government.

28 (j) Other contracts.--Except as provided in subsection (c),
29 the [secretary] department may enter into contracts with
30 organizations other than emergency medical services councils in

1 order to assist the department in complying with the provisions
2 of this act.

3 (k) Public disclosure.--Finalized contracts shall be deemed
4 public records.

5 Section 3. Section 11(a.1) of the act, amended October 5,
6 1994 (P.L.557, No.82), is amended to read:

7 Section 11. Emergency medical services personnel.

8 * * *

9 (a.1) Certification of first responders.--

10 (1) A first responder performs basic life support
11 activities, as authorized by the [Department of Health]
12 department, to stabilize and improve a patient's condition in
13 a prehospital setting until more highly trained emergency
14 medical services personnel arrive at the scene.

15 (2) The department shall certify any person as a first
16 responder who:

17 (i) Completes an application on a form prescribed by
18 the department.

19 (ii) Is at least 16 years of age.

20 (iii) Successfully completes a first responder
21 training course approved by the department.

22 (iv) Has taken and successfully passed a written
23 examination prescribed by the department.

24 (v) Has taken and successfully passed a practical
25 test of first responder skills prescribed by the
26 department.

27 (3) A certification is valid for a period of three
28 years, subject to disciplinary action pursuant to subsection
29 (j.1). The department shall recertify as a first responder an
30 individual who complies with all of the following:

1 (i) Completes an application on a form prescribed by
2 the department.

3 (ii) Is or was previously certified as a first
4 responder.

5 (iii) Successfully completes:

6 (A) a first responder practical skills and
7 written knowledge examination prescribed by the
8 department; or

9 (B) a continuing education program for first
10 responders approved or recognized by the department.

11 (iv) The department, in consultation with the State
12 Advisory Council, shall review and update continuing
13 education programs not less than biennially.

14 (4) A person who has received certification as a first
15 responder pursuant to the voluntary first responder
16 certification program conducted by the department prior to
17 the effective date of this amendatory act shall be deemed
18 certified under the act. The certification shall be valid for
19 three years after issued, and recertification requirements of
20 paragraph (3) shall then apply.

21 * * *

22 Section 4. Section 12(d) of the act is amended to read:

23 Section 12. Minimum standards for ambulance service.

24 * * *

25 (d) Rules and regulations.--Within one year of the effective
26 date of this act, the [secretary] department shall promulgate
27 rules and regulations setting forth the minimum essential
28 equipment for ambulances used to provide basic or advanced life
29 support services in this Commonwealth and shall prescribe design
30 criteria for any vehicle used or intended to be used as an

1 ambulance. Equipment listed shall include the minimum essential
2 equipment required for effective operation and rendering of
3 appropriate emergency medical care in accordance with current
4 national standards.

5 * * *

6 Section 5. All powers and duties vested in the Secretary of
7 Health and the Department of Health by this act are hereby
8 transferred to the Pennsylvania Emergency Management Agency.

9 Section 6. This act shall take effect in 90 days.