



Date: September 1, 2005

Subject: Proposed Changes To EMS Act

To: EMS Practitioners
EMS Agencies
EMS Partners and Stakeholders

From: Emergency Medical Services Office

Please review the following proposed changes to Pennsylvania's EMS Act (Act 45). The EMS Office will be accepting comments through March 1, 2006 at:

PAEMSOoffice@state.pa.us

Town hall meetings will be held across the Commonwealth to seek public input on the proposed changes as well. Contact your regional EMS council for details of meetings near you.

EMERGENCY MEDICAL SERVICES SYSTEMS ACT OF 2006

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§ 1. **Short title**

This act shall be known and may be cited as the Emergency Medical Services Systems Act of 2006.

§ 2. **Legislative findings and intent**

§ 3. **Definitions**

“ALS.” Advanced life support.

“Advanced emergency medical services” or “advanced EMS.” BLS and ALS skills.

“Advanced emergency medical technician” or “advanced EMT.” An individual who is certified by the department as an advanced EMT.

“Advanced life support squad vehicle” or “ALS squad vehicle.” A vehicle that is maintained or operated to transport EMS providers above the advanced EMT level, equipment and supplies to rendezvous with the crew of an ambulance for the purpose of providing advanced EMS to patients, and which is not used in the transport of patients.

“Ambulance.” A ground, water or air vehicle, other than a stretcher vehicle, that is maintained or operated for the purpose of providing EMS to and transportation of patients.

“Basic emergency medical services” or “basic EMS.” BLS skills and limited ALS skills as specified by the department.

“Basic life support squad vehicle” or “BLS squad vehicle.” A vehicle that is maintained or operated to transport EMS providers, equipment and supplies to rendezvous with the crew of an ambulance for the purpose of providing EMS at or below the advanced EMT level to patients, and which is not used in the transport of patients.

“BLS.” Basic life support.

“Commonwealth Emergency Medical Services Medical Director” or

“Commonwealth EMS Medical Director.” A physician who is approved by the department to advise and formulate policy on matters pertaining to EMS.

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

“Emergency.” A physiological or psychological illness or injury of an individual requiring immediate EMS to prevent or protect against loss of life or a deterioration in physiological or psychological condition.

“Emergency medical responder” or “EMR.” An individual who is certified by the department as an EMR.

“Emergency medical services” or “EMS.”

- (i) The medical care, including medical assessment, monitoring, treatment, and transportation that may be provided to a person in responding to an actual, reported or perceived emergency to prevent or protect against loss

of life or a deterioration in physiological or psychological condition, and to address pain or morbidity associated with the person's condition.

- (ii) The interfacility transport of a person, or the transport of a person to or from a facility, with medical assessment, monitoring or treatment of the person who, due to the person's condition, requires medical assessment, monitoring or treatment during the transport.
- (iii) The transport by vehicle of a person on a stretcher, and the associated lifting of the person on to or off of the stretcher.

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

“Emergency medical services provider” or “EMS provider.” An EMR, EMT, advanced EMT, paramedic, prehospital EMS physician, PHRN, PHPA, and such other personnel as the department may prescribe by regulation to provide specialized EMS.

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

- (i) An ambulance.
- (ii) An ALS squad vehicle.
- (iii) A BLS squad vehicle.

- (iv) A QRS.
- (v) A stretcher vehicle.
- (vi) A special operations EMS team, which may include but need not be limited to, a tactical EMS response team, a wilderness EMS response team, a mass gathering EMS team, and an urban search and rescue team.
- (vii) Another vehicle or service that provides EMS outside of a health care facility, as prescribed by the department by regulation.

“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 to operate a ground EMS vehicle.

“Emergency medical technician” or “EMT.” An individual who is certified by the department as an EMT.

“Facility.” A physical location at which an entity operates a health care facility licensed under the act of July 19, 1979 (P.L. 130, No. 48), known as the Health Care Facilities Act, under the act of June 13, 1967 (P.L. 31, No. 21), known as the Public Welfare Code, or under any other State or Federal law.

“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, but not a facility caring exclusively for the mentally ill.

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

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

“Medical command physician.” A physician certified by the department to give medical command orders to EMS providers.

“Paramedic.” An individual who is certified by the department as a paramedic.

“Patient.” An individual for whom an EMS provider is providing or required to provide EMS on behalf of an EMS agency.

“Pennsylvania Trauma Systems Foundation” or “Foundation.” A non-profit Pennsylvania corporation whose function is to accredit trauma centers in this Commonwealth.

“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 as a prehospital EMS physician.

“Prehospital physician assistant” or “PHPA.” A physician assistant who is certified by the department as a PHPA.

“Prehospital registered nurse” or “PHRN.” A registered nurse who is certified by the department as a PHRN.

“Quick response service” or “QRS.” An operation whereby EMS providers of an EMS agency respond, other by ambulance or other EMS vehicle, to an actual, reported or perceived emergency and provide EMS to patients pending the arrival of an ambulance.

“Receiving facility.” A facility certified by the department to receive patients transported by ambulance from a prehospital setting.

“Regional emergency medical services council” or “regional EMS council.” A nonprofit incorporated entity or appropriate equivalent that is assigned by the department to plan, develop, maintain, expand and improve EMS systems within a specific geographical area of this Commonwealth and to coordinate those systems into a regional EMS system.

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

“State Advisory Board” or “Board.” The Board of Directors of the Pennsylvania Emergency Health Services Council.

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

§ 4. Emergency medical services system programs

(a) Planning and coordination.—The department shall plan, guide and coordinate programs on the following matters to promote the effective and efficient operation of the 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 that are coordinated with other programs that provide similar, complementary and supplemental training and education.
- (3) The joining of personnel, facilities and equipment, coordinated through a communication system, so that requests for EMS 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, 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 transportation vehicles wherein:
 - (i) the ambulances and other vehicles meet appropriate criteria relating to location, design, performance and equipment; and
 - (ii) all operators and other personnel staffing the vehicles meet appropriate training and experience requirements.

- (5) 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 of the system.
- (6) Access and transportation to trauma centers and specialty care receiving facilities.
- (7) The transfer of patients from facilities to other facilities or programs that offer follow-up care and rehabilitation as is necessary to effect the maximum recovery of the patient.
- (8) The utilization of the appropriate personnel, facilities and equipment of each entity providing EMS.
- (9) Regional EMS councils that provide persons who reside 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 necessary EMS to all persons requiring the 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, taking into account the needs of visitors to and residents of an area to know and easily access the means of obtaining EMS. These programs shall stress the general dissemination of information regarding appropriate methods of first aid and cardiopulmonary resuscitation and the availability of first aid training programs in the area.
- (13) The provision of:
- (i) Periodic, comprehensive review and evaluation of the extent and quality of the EMS provided in each regional EMS system.
 - (ii) Reports to the department of each review and evaluation.
- (14) Plans to assure that each regional EMS system will be capable of providing or securing the EMS needed during mass casualty situations, natural disasters or declared states of emergency in consonance with 35 Pa.C.S. § 7101 et seq. (relating to emergency management services) and in coordination with the Pennsylvania Emergency Management Agency.
- (15) Appropriate intrastate and interstate arrangements for the provision of EMS as needed.
- (b) Limitations.**—The purpose of this section is to identify objectives for the EMS system the department should pursue or facilitate achieving in its role as the lead agency in the Commonwealth for EMS. Nothing in this section shall be construed to confer any regulatory powers upon the department in addition to those conferred by other provisions in this act.

§ 5. Duties of department

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

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

- (1) Maintain and coordinate a program for planning, developing, maintaining, expanding, improving and upgrading EMS systems throughout this Commonwealth.
- (2) Establish, by regulation, standards and criteria governing the award and administration of contracts under this act for the initiation, maintenance and improvement of regional EMS systems.
- (3) Require the 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 that come to an emergency department and are not admitted, and patients admitted to a facility through the emergency department, through a trauma center or directly to a special care unit, in a manner that protects and maintains the confidential nature of patient records. Such data and information shall include essential information only, shall be reasonable in detail and shall be collected pursuant to regulations issued by the department. The 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 in accordance with the provisions of section 10.
- (6) Define and approve training programs and accredit educational institutions for EMS training of EMS providers.
- (7) Provide technical assistance to local government, EMS agencies and other entities for the purpose of assuring effective planning and execution of EMS.
- (8) Administer contracts authorized under this act and grants pertaining to EMS.
- (9) Establish minimum standards for, license, register and inspect EMS agencies for compliance with this act and regulations adopted under this act.
- (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) Promulgate regulations governing the solicitation of subscriptions and collection of funds from the public by EMS agencies, in consultation with the Bureau of Consumer Protection in the Office of Attorney General.
- (13) Integrate all trauma centers accredited pursuant to section 7 into the Statewide EMS system.
- (14) Recommend to 911 and other EMS agency dispatchers protocols with respect to the type and quantity of EMS resources to dispatch to emergencies.
- (15) Investigate, based upon complaints and information otherwise received, violations of the act and the regulations adopted under the act and pursue

against offenders disciplinary actions, injunctions or referrals for criminal prosecution.

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

(c) **EMS protocols.** — The department shall establish and revise as needed criteria and protocols, including bypass protocols, for the 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 contract funds or State EMS operating fund disbursements unless they assist in ensuring the regional implementation of the criteria and protocols. The protocols are not subject to the rulemaking process.

§ 6. 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 it makes in which it encounters a patient, or a person who had been identified as a patient to the EMS agency. 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 such 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 section 5.
- (c) **Patient medical record.**—If a patient is transported to a hospital or from a hospital to another health care facility, the information about the patient and the 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 the department by regulation, data that is solicited through the reporting process.
- (e) **Confidentiality.**—
 - (1) Patient information collected by an EMS agency shall be confidential and not released by the EMS agency except as previously set forth, or 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 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) To a government agency or its agent, as authorized by the department, for the purpose of the agency performing official government duties.
- (2) The Department and a regional EMS council are subject to duties of confidentiality in paragraph (1), except they may also release the information to another person or entity for specific research or EMS planning purposes, as approved by the department, subject to strict supervision by the department to ensure that the use of the report is limited to those purposes and that appropriate measures are taken by the person or entity to maintain the confidentiality of the report and the information in the report.
- (f) Vendors.**—A vendor may not sell or otherwise provide or offer reporting forms or software marketed as appropriate for use in making the EMS patient care reports required under this section unless the vendor has first submitted the product to the department for its review and secured the department's approval. Thereafter, the vendor shall submit any modification of the product to the department, for its 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 those changes in the Pennsylvania Bulletin and those changes shall not go into effect for at least 60 days. After the changes are published, vendors may not market, as appropriate for use in making the EMS patient care reports, reporting forms or software approved by the department prior to the changes, unless the vendors disclose that the reporting forms or software were approved by the department prior to the publication of the changes. The department may assess a vendor a \$1,000 civil money penalty for each day the vendor violates this subsection.

§ 7. Pennsylvania Trauma Systems Foundation

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

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

- (2) Evaluate any hospital that makes application to the foundation to determine if the applicant hospital meets the standards as adopted by the foundation. Such evaluation shall include the conduct of hospital site visits by accreditation survey teams composed of independent, qualified persons selected by the foundation.
 - (3) Issue certificates of accreditation to those hospitals 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 act.
 - (4) Establish an appeals mechanism to reconsider accreditation decisions.
- (b) **Judicial review.**—A person aggrieved by a final determination of the foundation pursuant to this section may file a petition for review within 30 days in the appropriate court of common pleas.
- (c) **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 19 voting members: five representatives of State organizations that represent physicians; five representatives of State organizations that represent hospitals; two representatives of State organizations that represent registered professional nurses; two representatives of other Statewide EMS organizations with expertise in delivery of trauma services; the Chairman and Minority Chairman of the House Health and Welfare Committee, or their designees, from the committee

membership; the Chairman and Minority Chairman of the Senate Public Health and Welfare Committee, or their designees, from the committee membership; and the Secretary of Health or his designee. The bylaws of the foundation shall identify a method to select members to achieve professional and geographic balance on the board. Terms of office shall be limited to three years.

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

§ 8. 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 elected to serve as a member on the board, shall have one vote on the board.
- (b) **Duties.**—The board shall:
 - (1) Elect its officers.
 - (2) Advise the department on matters relating to manpower and training, communications, EMS agencies, and the content of regulations, standards and

policies promulgated by the department under this act, and such other subjects as may be deemed appropriate by the department.

- (3) Serve as the forum for discussion on the content of the Statewide EMS system plan, or any proposed revisions thereto, and advise the department as to the content of the plan.
- (c) **Open meetings.**—All meetings of the board shall be held in accordance with the provisions of 65 Pa.C.S. Chapter 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 will constitute a quorum for the transaction of business.
- (f) **Compensation.**—Members of the board shall serve without compensation, except the department, through its contract with the Pennsylvania Emergency Health Services Council, may pay necessary and reasonable expenses incurred by members of the board while performing official duties.

§ 9. Regional emergency medical services councils

- (a) **Purpose.**— Regional EMS councils shall assist the department in carrying out the provisions of this act. Each regional EMS council shall adhere to policy direction from the department.
- (b) **Organization.**—For purposes of this act, 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.

(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 in section 4.
- (2) Assist the department in the collection and maintenance of standardized data and information as provided in section 6.
- (3) Prepare, annually review, and revise as needed, a regional EMS system plan for the EMS region the department has designated and contracted 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, 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 medical treatment and transport protocols consistent with Statewide protocols adopted by the department. The regional protocols are not 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 by the regional EMS 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, as assigned by the department, to assist the department in carrying out the requirements of this act.

§ 10 Comprehensive Statewide emergency medical services system plan

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

concerned agencies, entities and individuals. A regional EMS system plan, upon approval of the department, shall become part of the Statewide EMS system plan. A regional EMS system plan shall include for the EMS region the same types of information subsection (b) requires for the Statewide plan.

(b) Content.—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 annually the Statewide EMS system plan, including the status of the Statewide EMS system, the degree of compliance with the requirements of this act, and the effectiveness of EMS systems in reducing morbidity and mortality associated with medical emergencies; and
 - (ii) planning future EMS system initiatives.

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

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

(e) **Use of plan.**—The department shall use the Statewide plan for contracting purposes as set forth in section 11(a). The plan does not vest the department with any regulatory authority.

§ 11. Contracts for the planning, maintenance, and improvement of emergency medical services systems

(a) **General power.**—The department may enter into contracts 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 under this section to serve as a regional EMS council shall carry out the duties, as assigned by the department, under section 9(c).

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

- (1) Providing programs of public education, information and prevention regarding EMS.
- (2) Purchasing ambulances, other EMS vehicles, medical equipment and rescue equipment.
- (3) Costs associated with conducting training and testing programs for EMS providers.
- (4) Costs associated with inspections and investigations conducted to assist the department to carry out its regulatory authority under this act.
- (5) Purchasing communications equipment and services, including alerting equipment, provided that the purchases are in accordance with the Statewide EMS system plan.
- (6) Assisting 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) Costs associated with the maintenance and operation of regional EMS councils. Costs may include, but shall not be limited to, salaries, wages and benefits of staff; travel; equipment and supplies; leasing of office space; and other costs incidental to the conduct of business which are deemed by the department to be necessary and appropriate for carrying out the purposes of this act.

- (8) Costs associated with collection and analysis of data necessary to evaluate the effectiveness of EMS systems in providing EMS, and to administer quality improvement programs.
 - (9) Costs associated with assisting EMS agencies to recruit and retain EMS providers.
- (d) **Restriction.**—In contracting with regional EMS councils, the department may not allocate Emergency Medical Services Operating Funds 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 such equipment is used or intended to be used in an equipment exchange program with EMS agencies.
 - (3) Maintenance of ambulances, other EMS vehicles, medical equipment or rescue equipment except as authorized in subsection (c)(2).
 - (4) Costs deemed by the department as inappropriate for carrying out the purposes of this act.
 - (5) Costs, which are normally borne by patients, except for extraordinary costs as determined by the department.
- (e) **Reports.**—The recipient of a contract under this act shall make reports to the department as may be required by the department.

- (f) **Contract prerequisite.**—The department shall not contract with an entity for that entity to serve as a regional EMS council unless:
- (1) The entity has submitted a contract 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 the entity has the required organizational structure and provision 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 under this section, with special consideration for contractors representing rural areas.
- (h) **Payments.**—Payments pursuant to contracts under this section may be made in advance or by way of reimbursement and in such installments and on such conditions as the department determines will most effectively carry out the provisions of the act.
- (i) **Other funds considered.**—In determining the amount of any contract under this section, the amount of funds available to the contractor from nonstate contributions and Federal grant or contract programs pertaining to EMS shall be taken into consideration. Nonstate contributions include the outlay of cash and in-kind

services to the contractor or toward the operation of a regional EMS system by private, public or government third parties, including the Federal Government.

- (j) **Other contracts.**—The department may enter into contracts with organizations other than regional EMS councils in order to assist the department in complying with the provisions of this section and other provisions of the act.
- (k) **Public disclosure.**—Finalized contracts shall be deemed public records subject to disclosure under the act of June 21, 1957 (P.L. 390), referred to as the Right-to-Know Law. Consistent with the personal security exception to disclosure under the Right-to-Know Law, the department shall not disclose information regarding terrorism preparedness that could be used by terrorists to undermine measures to combat, respond to or recover from terrorist attacks.
- (l) **Sole source contract.**—Upon expiration of a contract 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 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, provided that entity in carrying out the prior contract 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 contract.

§ 12. 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 20:

- (1) EMRs
- (2) EMTs
- (3) Advanced EMTs
- (4) Paramedics
- (5) PHRNs
- (6) PHPAs
- (7) Prehospital EMS physicians
- (8) Such other classes of EMS provider as the department may establish by regulation

(b) **Other emergency medical services providers.**—The department, by regulation as the need arises, may establish classes of EMS provider to provide specialized EMS. The regulations shall establish certification, practice, disciplinary and other provider standards consistent with the purposes of this act, 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, as 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, re-accreditation 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 the accreditation of persons who provide continuing education EMS providers may take to secure recertification or medical command authorization.

(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 continue to meet the accreditation standards, the department may do any of the following:

(i) Deny the application for re-accreditation.

(ii) Impose terms of probation.

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

(iv) Impose a civil money penalty not exceeding \$1000 for each infraction.

(e) Examinations.—To secure EMS provider certification a person shall pass the required certification examinations within two years after completing the EMS provider training required for certification. A person who fails a written or practical

skills examination for an EMS provider certification may repeat the failed examination within a year without retaking the examination the person passed. If the person does not repeat the failed examination within that time or again fails the examination, the person shall repeat and pass both examinations to qualify for the certification. 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 again taking the examinations and 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 examinations. 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 repeat the training program for the EMS provider certification before the person may again take the certification examinations. 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. 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 whereby both agencies agree to certify that type of EMS provider based solely upon the other state's certification of the provider, except that the agreement may not deprive either agency from denying a certification based upon 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 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 and shall publish in the Pennsylvania Bulletin, as needed, superseding notices to update each list of skills.
- (h) **Medical command orders and protocols.**—An EMS provider, other than a prehospital EMS physician, provides EMS pursuant to department-approved protocols and medical command orders. 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 and discipline.**—An applicant for an EMS provider certification shall report to the department all misdemeanor and felony convictions and all disciplinary sanctions that have been imposed upon a license, certification, or other authorization of the applicant to practice an occupation or profession. 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. The department may not certify an applicant until the department receives the documents, unless the applicant establishes that the documents from which certified copies would need to be made are no longer in existence. An EMS provider shall report the same type of convictions and disciplinary sanctions and provide the same documents to the department within 30 days after each conviction or discipline.
- (j) **Identification.**—An EMS provider shall provide proof of authority to practice as an EMS provider if requested when providing services as an EMS provider. Proof of authority to practice is a card or certificate issued by the department showing current registration of the EMS provider's certification.
- (k) **Change of address.**—It is the responsibility of an EMS provider and an applicant for EMS provider certification to ensure that the department at all times has the address at which the person can be reached by mail. Neither an EMS provider's home address, telephone number, nor any other residential contact information

provided to the department shall be treated as a public record under the act of June 21, 1957 (P.L. 390), referred to as the Right-to-Know Law.

- (l) **Downgrading certification or practice.**—An EMS provider who has a currently registered certification as an advanced EMT or higher-level EMS provider, who is not permitted to practice at that level by an EMS agency pursuant to sections 24(b)(2) (relating to emergency medical services agency medical directors) and 28(i) (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. Upon expiration of the biennial registration period, an EMS provider whose practice for an EMS agency has been downgraded pursuant to sections 24(b)(2) and 28(i) may choose to maintain current registration of the EMS provider’s certification by meeting the biennial registration requirements for that certification. An EMS provider who has a currently registered certification as an advanced EMT or higher-level EMS provider, who does not meet the requirements for biennial registration of that certification, may apply to and secure from the department biennial registration of a lower-level EMS provider certification if the EMS provider meets the biennial registration requirements for that certification. Instead of a biennial registration certificate, the department will issue the lower-level certification to an EMS provider who does not already have that certification and who applies for a biennial registration of that certification under this subsection.

§ 13. Emergency medical responders

- (a) **Scope of practice.**—An EMR performs BLS skills on behalf of a QRS in an out-of-hospital emergency to stabilize and improve a patient’s condition until higher-level EMS providers arrive at the scene, and then may assist those EMS providers. An EMR performs basic interventions with minimum EMS equipment. An EMR may also serve as a member of the crew of an ambulance and serve an EMS agency in other capacities as authorized by the department by regulation.
- (b) **Certification.**—The department shall certify as an EMR a person who:
- (1) Is at least 16 years of age.
 - (2) Has successfully completed an EMR training course approved by the department.
 - (3) Has passed an EMR skills practical examination approved by the department.
 - (4) Has passed a written EMR certification examination approved by the department.
- (c) **Triennial registration.**— An EMR shall 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. An EMR’s certification is deemed registered for three years after issuance. An EMR may not practice under the provider’s certification unless the certification is currently registered.
- (1) The department shall issue a triennial registration of an EMR certification to an EMR who:

- (i) Has a current registration and applies for a new registration no later than 90 days before the current registration is to expire, or within such lesser time as the department may establish by regulation.
- (ii) Successfully:
 - (A) completes EMR triennial registration practical skills and written knowledge examinations approved by the department; or
 - (B) secures continuing education credits for EMRs as required by the department in continuing education programs approved by the department.
- (2) An EMR whose registration of an EMR certification has expired shall qualify for a triennial registration of the certification as prescribed by the department by regulation.
- (d) **Transition for first responders.**—A person who is certified as a first responder on the effective date of this act shall be considered an EMR and shall be subject to the triennial registration requirements of an EMR.

§ 14. Emergency medical technicians

- (a) **Scope of practice.**—An EMT is a higher-level EMS provider than an EMR. An EMT performs basic EMS as a member of the crew of an ambulance. An EMT performs basic interventions with the basic equipment found on an ambulance. An EMT may also perform the same skills on behalf of a QRS to stabilize and improve

a patient's condition in a out-of-hospital setting until an ambulance arrives, and then may assist the ambulance crew. An EMT may also perform skills as a first aid or safety officer, or in similar capacities, for or independent of an EMS agency, as prescribed by the department by regulation. An EMT may also serve an EMS agency in other capacities as authorized by the department by regulation.

(b) Certification.— The department shall certify as an EMT a person who:

- (1) Is at least 16 years of age.
- (2) Has successfully completed an EMT training course approved by the department, which program teaches BLS skills and, as prescribed by the department, ALS skills appropriate for this level of EMS provider.
- (3) Has passed an EMT skills practical examination approved by the department.
- (4) Has passed a written EMT certification examination approved by the department.

(c) Triennial registration.— An EMT shall 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. An EMT's certification is deemed registered for three years after issuance. An EMT may not practice under the provider's certification unless the certification is currently registered.

- (1) The department shall issue a triennial registration of an EMT certification to an EMT who:
 - (i) Has a current registration and applies for a new registration no later than 90 days before the current registration is to expire, or

within such lesser time as the department may establish by regulation.

- (ii) Successfully:
 - (A) completes EMT triennial registration practical skills and written knowledge examinations approved by the department; or
 - (B) secures continuing education credits for EMTs as required by the department in continuing education programs approved by the department.

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

§15. Advanced emergency medical technicians

- (a) **Scope of practice.**—An advanced EMT is a higher-level EMS provider than an EMT. An advanced EMT performs basic EMS, and additional ALS skills as authorized by the department, as a member of the crew of an ambulance. An advanced EMT performs patient interventions with the basic and advance equipment found on an ambulance. An advanced EMT may also perform the same skills on behalf of a QRS to stabilize and improve a patient’s condition in an out-of-hospital setting until an ambulance arrives at the scene, and then may assist the ambulance crew. An advanced EMT may also perform skills as a first aid or safety officer, or in similar capacities, for or independent of an EMS agency, as prescribed

by the department by regulation. An advanced EMT may also serve an EMS agency in other capacities as authorized by the department by regulation.

- (b) **Certification.**— The department shall certify as an advanced EMT a person who:
- (1) Is at least 18 years of age.
 - (2) Has successfully completed an advanced EMT training course approved by the department, which program teaches BLS skills and, as prescribed by the department, ALS skills appropriate for this level of EMS provider. Alternatively, the applicant may have completed 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 passed an advanced EMT skills practical test approved by the department.
 - (4) Has passed a written advanced EMT certification examination approved by the department.
- (c) **Biennial registration.**— An advanced EMT shall 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 the department. An advanced EMT’s certification is deemed registered for two years after issuance. An advanced EMT may not practice under the provider’s certification unless the certification is currently registered.
- (1) The department shall issue a biennial registration of an advanced EMT certification to an advanced EMT who:

- (i) Has a current registration and applies for a new registration no later than 90 days before the current registration is to expire, or within such lesser time as the department may establish by regulation.
- (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 EMTs 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 shall qualify for a biennial registration of the certification as prescribed by the department by regulation.

§ 16. Paramedics

- (a) **Scope of practice.**—A paramedic is a higher-level EMS provider than an advanced EMT. A paramedic performs advanced EMS as the member of the crew of an ambulance. A paramedic performs patient interventions with the basic and advance equipment found on an ambulance. A paramedic may also perform the same skills on behalf of a QRS to stabilize and improve a patient’s condition in a prehospital setting until an ambulance arrives at the scene, and then may assist the ambulance crew. A paramedic may also perform skills as a first aid or safety officer, or in

similar capacities, for or independent of an EMS agency, as prescribed by the department by regulation. A paramedic may also serve an EMS agency in other capacities as authorized by the department by regulation.

(b) Paramedic training.—To be eligible to enroll in a paramedic training course required for certification as a paramedic, a person shall satisfy 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:

- (1) Is at least 18 years of age.
- (2) Has successfully completed a paramedic training course approved by the department, which program teaches BLS skills and, as prescribed by the department, ALS skills appropriate for this level of EMS provider.
- (3) Has passed a paramedic skills practical examination approved by the department.
- (4) Has passed a written paramedic certification examination approved by the department.

(d) Biennial registration.— A paramedic shall 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 the department. A paramedic's certification is deemed registered for two years after issuance. A paramedic may

not practice under the provider's certification unless the certification is currently registered.

- (1) The department shall issue a biennial registration of a paramedic certification to a paramedic who:
 - (i) Has a current registration and applies for a new registration no later than 90 days before the current registration is to expire, or within such lesser time as the department may establish by regulation.
 - (ii) Successfully secures continuing education credits for paramedics as required by the department in continuing education programs approved by the department.
- (2) A paramedic whose registration of a paramedic certification has expired shall qualify for a biennial registration of the certification as prescribed by the department by regulation.

§ 17. Prehospital registered nurses

- (a) **Scope of practice.**—A PHRN is a higher level EMS provider than an advanced EMT. A PHRN performs advanced EMS, and may perform additional nursing skills as authorized by the department by regulation, as the member of the crew of an ambulance. A PHRN may also perform the same skills on behalf of a QRS to stabilize and improve a patient's condition in a prehospital setting until an ambulance arrives at the scene, and then may assist the ambulance crew. The additional nursing skills the department may permit a PHRN to perform shall be

governed by 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. A PHRN may also perform skills as a first aid or safety officer, or in similar capacities, for an EMS agency, as prescribed by the department by regulation. A PHRN may also serve an EMS service in other capacities as authorized by the department by regulation.

(b) **Certification.**—The department shall certify as a PHRN a person who has a current license as a registered nurse with the State Board of Nursing and who:

- (1) Is at least 18 years of age.
- (2) Holds current acknowledgments evidencing successful completion of basic and advanced cardiac life support training programs recognized by the department.
- (3) Has passed a PHRN skills practical examination approved by the department.
- (4) Has passed a written PHRN certification examination approved by the department.

(c) **Biennial registration.**— A PHRN shall 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 the department. A PHRN's certification is deemed registered for two years after issuance. A PHRN may not practice under the provider's certification unless the certification is currently registered.

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

- (i) Has a current registration and applies for a new registration no later than 90 days before the current registration is to expire, or within such lesser time as the department may establish by regulation.
 - (ii) Has current registration of a registered nurse license.
 - (iii) Successfully secures continuing education credits for PHRNs as required by the department in continuing education programs approved by the department.
- (2) A PHRN whose registration of a PHRN certification has expired shall qualify for a biennial registration of the certification as prescribed by the department by regulation.

§ 18. Prehospital physician assistants

- (a) **Scope of practice.**—A PHPA is a higher level EMS provider than an advanced EMT. A PHPA performs advanced EMS, and may perform additional physician assistant skills as authorized by the department by regulation, as the member of the crew of an ambulance. A PHPA may also perform the same skills on behalf of a QRS to stabilize and improve a patient's condition in a prehospital setting, and then may assist the ambulance crew. The additional physician assistant skills the department may permit a PHPA to perform shall be governed by 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, as appropriate. A PHPA may also perform skills as a first aid or safety officer, or in

similar capacities, for an EMS agency, as prescribed by the department by regulation. A PHPA may also serve an EMS agency in other capacities as authorized by the department by regulation.

(b) Certification.—The department shall certify as a PHPA a physician assistant who has a currently registered license as a physician assistant with the State Board of Medicine or the State Board of Osteopathic Medicine and who:

- (1) Is at least 18 years of age.
- (2) Holds current acknowledgments evidencing successful completion of basic and advanced cardiac life support training programs recognized by the department.
- (3) Has passed a PHPA skills practical examination approved by the department.
- (4) Has passed a written PHPA certification examination approved by the department.

(c) Biennial registration.— A PHPA shall register the PHPA 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. A PHPA's certification is deemed registered for two years after issuance. A PHPA may not practice under the provider's certification unless the certification is currently registered.

- (1) The department shall issue a biennial registration of a PHPA certification to a PHPA who:
 - (i) Has a current registration and applies for a new registration no later than 90 days before the current registration is to expire, or

within such lesser time as the department may establish by regulation.

- (ii) Has current registration of a physician assistant license.
 - (iii) Successfully secures continuing education credits for PHPAs as required by the department in continuing education programs approved by the department.
- (2) A PHPA whose registration of a PHPA certification has expired shall qualify for a biennial registration of the certification as prescribed by the department by regulation.

§ 19. 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 advanced EMS, and may perform additional physician skills as the member of the crew of an ambulance. A prehospital EMS physician may also perform the same skills on behalf of a QRS to stabilize and improve a patient’s condition in a prehospital setting. The skills a prehospital EMS physician may perform shall be governed by 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. A prehospital EMS physician may also perform skills as a first aid or safety officer, or in similar capacities, for an EMS agency, as prescribed by the department by

regulation. A prehospital EMS physician may also serve an EMS agency in other capacities as authorized by the department by regulation.

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

(1) Has satisfied one of the following:

(i) Has successfully completed an emergency medicine 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.

(ii) Has successfully completed the first year of an emergency medicine residency program that satisfies 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) Has successfully completed 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 has successfully completed programs approved by the department in advanced cardiac life support, advanced trauma life support, and advanced pediatric life support.

- (2) Has 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 act.

(c) **Biennial registration.**— 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. A prehospital EMS physician’s certification is deemed registered for two years after issuance. A prehospital EMS physician may not practice under the provider’s certification unless the certification is currently registered.

- (1) The department shall issue a biennial registration of a prehospital EMS physician certification to a prehospital EMS physician who:
 - (i) Has a current registration and applies for a new registration no later than 90 days before the current registration is to expire, or within such lesser time as the department may establish by regulation.
 - (ii) Has current registration of a physician license.
 - (iii) Successfully secures continuing education credits for prehospital EMS physicians 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 the department by regulation.

§ 20. Suspension, revocation or refusal of emergency medical services provider certification

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

- (1) Lack of physical or mental ability to provide adequate services.
- (2) Deceptive or fraudulent procurement of certification credentials, or making misleading, deceptive or untrue representations to secure or aid or abet another person to secure a certification, license or any other authorization issued by the department under this act.
- (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, 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, 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 by this act or as established by the department.
 - (13) Failure to meet recertification requirements.
 - (14) Conviction of a felony or crime involving moral turpitude. 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 supplies or equipment.
 - (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 by this act, a regulation promulgated under this act or an order of the department previously entered in a disciplinary proceeding.
 - (19) Other reasons as determined by the department which pose 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 any 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 \$1000 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 affording the applicant prior notice of the reason for denial, and the opportunity for a hearing if there are any facts in dispute or the department has discretion to grant the registration.
- (d) **Reinstatement.**—A person whose certification has been revoked may not apply for reinstatement of that certification. After five years have passed since the effective date of the revocation, the person may petition the department for allowance to apply for a new certification by filing with the department a petition that avers facts to establish that the person has been rehabilitated to such 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 averment that the person has been rehabilitated. If the department grants the person allowance to apply for a new certification, the person must 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 that time. If the department does not grant the person allowance to apply for a new certification, the

person must wait another year from the date of denial before again petitioning the department.

§ 21 Emergency medical services vehicle operators

(a) **Certification.**—An EMS vehicle operator certification is permanent subject to disciplinary action under this section. The department shall certify as an EMS vehicle operator a person who:

- (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 been convicted within the last 4 years of driving under the influence of alcohol or drugs, or, within the last 2 years, has not been convicted of reckless driving or had a driver's license suspended due to use of drugs, alcohol, a moving traffic violation, or an accelerated rehabilitative disposition.
- (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) **Biennial registration.**— An EMS vehicle operator shall register the EMS vehicle operator’s 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. An EMS vehicle operator’s certification is deemed registered for two years after issuance. An EMS vehicle operator may not operate a ground EMS vehicle unless the certification is currently registered. The department shall issue a biennial registration of an EMS vehicle operator certification to an EMS vehicle operator who:

- (1) Completes an application for biennial registration on a form or through an electronic application process, as prescribed by the department.
- (2) Has a current registration and applies for a new registration no later than 90 days before the current registration is to expire, or within such lesser time as the department may establish by regulation.
- (3) Has a current license to operate the vehicle.
- (4) Successfully completes continuing education credits for EMS vehicle operators as required by the department in continuing education programs approved by the department.

(c) **Grounds for discipline.**—The department may suspend or revoke an EMS vehicle operator certification for the following reasons:

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

- (2) Deceptive or fraudulent procurement of certification credentials, or making misleading, deceptive or untrue representations to secure a certification.
 - (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, drugs or a moving traffic violation.
 - (5) Conviction of a felony or crime involving moral turpitude. 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 by this act or a related regulation.
 - (7) Other reasons as determined by the department which pose a threat to the health and safety of the public.
- (d) **Suspension of certification.**—If the department suspends a certification, it may also impose conditions for the lifting of the suspension including, but not limited to, requiring the person to successfully repeat an emergency vehicle operator's course approved by the department.

§ 22. Temporary and automatic suspension of certification

- (a) **Temporary suspensions.**—The department may temporarily suspend an EMS provider or EMS vehicle operator certification if the department determines that the person is a clear and immediate danger to the public health and safety. The department shall issue an order to that effect without a hearing, but upon due notice to the person, which shall include a written statement of the allegations against the

person upon which the department bases its conclusion that the person is an immediate and clear danger to the public health and safety. The department shall thereafter commence formal disciplinary action against the person under section 20 or 21. Within 30 days following the issuance of an order temporarily suspending the certification, the department shall cause to be conducted 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 immediately lifted. If the department determines that there is a prima facie case, the temporary suspension shall remain in effect until vacated by the department, but in no event longer than 180 days unless agreed upon by the parties.

- (b) **Automatic suspensions.**—The department shall automatically suspend a certification issued under this act upon receiving a certified copy of court records establishing that the person has been adjudicated as incapacitated under 20 Pa.C.S. § 5511 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 or an equivalent statutory provision.

§ 23. Emergency medical services instructor

(a) **Certification.**—An EMS instructor certification is permanent 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 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 course approved by the Department, or possesses a bachelor's degree in education, a teacher's certification in education, or a doctorate or masters degree.
- (4) Is currently certified as an EMT or higher-level EMS provider.
- (5) Possesses current certification in CPR 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 certification program.

(b) **Biennial registration.**—

- (1) An EMS instructor shall register the EMS instructor's 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. An EMS instructor's certification is deemed registered for two years after issuance. An EMS instructor may not teach in an accredited EMS institute, pursuant to an

EMS instructor certification, unless the certification is currently registered.

The department shall issue a biennial registration of an EMS instructor certification to an EMS instructor who:

- (i) Has completed an application for biennial 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 90 days before the current registration is to expire, or within such lesser time as the department may establish by regulation.
 - (iii) Has taught at least 40 hours of EMS provider certification or rescue courses approved by the department, during the previous two years.
 - (iv) Is currently certified as an EMT or higher-level EMS provider.
 - (v) Possesses current certification in CPR or current certification as a CPR instructor.
 - (vi) Has completed an EMS instructor update program within the previous two years.
- (2) An EMS instructor whose registration of an EMS instructor certification has expired shall qualify for a biennial registration of the certification as prescribed by the department by regulation.
- (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 20.
- (2) Providing instruction while under the influence of alcohol, illegal drugs, or the knowing abuse of legal drugs.
- (3) Failing to perform a duty imposed upon an EMS instructor by this act or a related regulation.
- (4) Other reasons as determined by the department that pose a threat to the health, safety of welfare of students.

(e) **Disciplinary options.**—If the department is empowered to impose discipline against an individual under this section, the department may do any 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 \$1000 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.

§ 24. Emergency medical services agency medical directors

(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, as defined in the repealed Emergency Medical Services Act, prior to the effective date of this act.

- (3) Have a valid Drug Enforcement Agency Number.
- (4) Have completed the EMS Agency Medical Director 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 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 regional and Statewide 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 certifications.
- (8) Reviewing regional mass casualty and disaster plans.
- (9) Performing such other functions as the department may impose by regulation.

§ 25. Medical command physicians and medical command 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. A medical command physician may give medical command orders that are inconsistent with these protocols only when extraordinary circumstances justify a departure from the protocols to protect the patient's well-being.

(b) **Certification.**—The department shall certify as a medical command physician a physician who was approved as a medical command physician in this Commonwealth prior to the effective date of this act and 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 served as an instructor in an advanced cardiac life support course acceptable to the department within the preceding 2 years and has successfully completed or served as an instructor in an advanced trauma life support course acceptable to the department within the preceding 4 years, and an advanced pediatric life support course acceptable to the department within the preceding 2 years, 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 3 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 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. A medical command physician's certification is deemed registered for three years after issuance. The department shall issue a triennial registration of a medical command physician 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. A medical command physician who has not completed an emergency medicine residency program shall also satisfy the requirements of subsection (b)(ii).

(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) Clinical and continuing education training of EMS providers.
- (6) Verifying to the department that a physician seeking medical command physician certification, based upon the physician's arrangement with the medical command facility, meets all certification requirements.

- (7) 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 prior to the effective date of this act and 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 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 2 years and have successfully completed an advanced trauma life support

course acceptable to the department within the preceding 4 years, and an advanced pediatric life support course acceptable to the department within the preceding 2 years, or other programs determined by the department to meet or exceed the standards of these programs.

- (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 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 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. A medical command facility medical director who has not completed an emergency medicine residency program shall also satisfy the requirements of subsection (f)(3)(ii).

(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 act 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 directory under subsection (h), the department may:

- (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 \$1000 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.

§ 26. Medical command facilities

- (a) **Certification required.**—To operate as a medical command facility a medical unit must be certified as a medical command facility by the department. The department shall issue a certification to each medical unit authorized to operate as a medical command facility as of the effective date of this act.
- (b) **Application.**—A medical unit seeking to become a medical command facility shall submit an application for certification to the department on a form or through an electronic application process, as prescribed by the department. The application form shall solicit such information as the department considers is necessary to determine that the applicant meets the certification requirements under this act and the related regulations.
- (c) **Certification requirements.**—The applicant shall satisfy the department that it:
- (1) Is a distinct medical unit operated by a hospital or consortium of hospitals.
 - (2) Contains 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) Satisfies communication, recordkeeping, and other requirements the department prescribes by regulation.
- (d) **Operational requirements.**—In addition to the certification requirements, the department may establish by regulation operational 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 shall triennially register the facility’s certification with the department, on a form or through an electronic application process, as prescribed by the department, as a condition for continued operation as a medical command facility. A medical command facility’s certification is deemed registered for three years after issuance. The department shall issue a triennial registration of a medical command facility certification to a medical command facility, within 30 days after the facility applies for a new registration, if the facility demonstrates that it continues to meet the requirements for the certification.
- (f) **Inspections and inquiries.**—The department shall inspect an applicant for certification as a medical command facility, and shall inspect a medical command facility from time to time, as the department deems appropriate, but not less than once every three years, and shall have full and free access to examine the medical command facility and its records to aid the department in determining whether the facility is in compliance with the requirements of this act and the related regulations. The medical command facility shall also fully respond to any inquiry by the department to determine whether the facility continues to meet 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 as required by 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 authorized.— When the department is empowered to discipline a medical command facility, the department may:

- (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 \$1,000 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.

§ 27. 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 includes, but need not be limited to, a fixed location that has an organized emergency department, with a physician who is

trained to manage cardiac, trauma, pediatric, medical, behavioral and all-hazards emergencies, and is present in the facility and available to the emergency department 24 hours-a-day, 7 days-a-week, and meets other requirements as established by the department by regulation. The department may, by regulation, authorize other types of facilities to serve as receiving facilities to serve patients with special medical care needs.

- (c) **Patient transports.**—The initial transport of a patient following an ambulance’s response to a reported emergency shall be to a receiving facility as the department designates by protocol under section 6(c) (relating to emergency medical services patient care reports) or to such other location as the department designates by protocol.

§ 28. 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, an ALS squad vehicle, a BLS squad vehicle, a QRS, a stretcher vehicle, a special operations EMS team, or any other vehicle or service that provides EMS outside of a health care facility as prescribed by the department by regulation, within or on the roadways, airways or waterways of this Commonwealth, unless that person holds a currently registered EMS agency license that authorizes that service or operation.
- (b) **Application.**—An application for an EMS agency license shall be made on a form or through an electronic application process, as prescribed by the department, and

shall contain such information as the department considers necessary to determine whether the applicant meets the requirements for a license under this act and related regulations.

(c) **Issuance of license.**—The department shall issue a license to an applicant when it is satisfied that the following standards have been met:

- (1) The applicant is a responsible person, persons with a substantial ownership interest in the applicant are responsible persons, and the EMS agency will be staffed by and conduct its business through responsible persons. For the purposes of this paragraph, a responsible person is a person who has not engaged in an act contrary to justice, honesty or good morals which is of such nature that it demonstrates the person is likely to betray the public trust in carrying out the business of the EMS agency, or a person who has engaged in such conduct but whose rehabilitation establishes that the person is not likely to betray the public trust. A person has a substantial ownership interest in an EMS agency if the person has equity in the capital, stock or the profits of the EMS agency equal to five percent or more of the value of the property or assets of the EMS agency. A person staffs an EMS agency if the person engages in any activity integral to the operation of the EMS agency, including but not limited to, making or participating in the making or execution of management decisions, providing EMS, billing, call-taking, 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 EMS agency will meet the staffing standards for the vehicles it will operate and the services it will provide.
- (4) The EMS agency 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) There is compliance with the rules and regulations promulgated by the department under this act.

(d) Triennial registration.—An EMS agency shall triennially register the agency’s license with the department, on a form or through an electronic application process, as prescribed by the department, as a condition for continued operation as an EMS agency. An EMS agency’s license is deemed registered for three years after issuance. The department shall issue a triennial registration of an EMS agency license, within 90 days after the EMS agency applies for a new registration, if the EMS agency demonstrates that it continues to meet the requirements for the license.

(e) Nontransferability of license.—An EMS agency may not transfer to another its license or the authority to make substantive operational decisions for the EMS agency.

(f) Display.—As prescribed by the department by regulation, a current department-issued inspection sticker shall be displayed on each ambulance, ALS squad vehicle, BLS squad vehicle, and any other EMS vehicle authorized by the department by regulation.

(g) **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.

(h) **Dispatching.**

(1) An EMS agency that operates a communications center for the purpose of dispatching EMS resources shall use call-takers and dispatchers of EMS who satisfy the requirements adopted by the Pennsylvania Emergency Management Agency under section 3(a)(6) of the act of July 9, 1990, P.L. 340, No. 78, as amended, 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 telephone by using accepted medical dispatch standards.

(2) The 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 act and the department’s regulations.

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

- (j) **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 it that the EMS provider satisfies the criteria in section 24(b)(2) (relating to emergency medical services agency medical directors). An EMS agency may permit an EMS provider who does not satisfy the section 24(b)(2) criteria to continue to work for the EMS agency at a lower EMS provider level if the EMS provider is credentialed to do so by the EMS agency medical director. The EMS agency shall notify the department of that decision within 10 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 one must have to competently perform the skills within the scope of practice of the EMS provider at that level, or 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, the EMS agency may permit the EMS provider to provide EMS only with the restrictions directed by the EMS agency medical director.
- (k) **Custody conflict.**—If a law enforcement officer is at a crime scene when an EMS provider arrives, the law enforcement officer may preclude the EMS provider from entering the crime scene to provide EMS until the law enforcement officer determines that it is safe for the EMS provider to enter. The law enforcement

officer must 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 who a law enforcement officer has taken or wants to take into custody, the EMS agency shall transport the patient to a receiving facility and the law enforcement officer shall have the discretion to accompany the patient in the EMS vehicle and employ security precautions that do not interfere with the provision of EMS to the patient.

- (l) **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.
- (m) **Discontinuance of service.**—An EMS agency shall not discontinue providing any service it is licensed to provide until 90 days after the licensee notifies the department, in writing, that the service is to be discontinued. Notice to the department shall include a statement that the licensee has notified the chief executive officer of each political subdivision in the licensee's service area of the intent to discontinue providing the service and that the intent to discontinue the service has been advertised in a newspaper of general circulation in the licensee's service area.
- (n) **Regulations.**—Within two years after the effective date of this act, 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.

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

- (1) Privately owned vehicles not ordinarily used to transport patients.
- (2) An EMS agency licensed in another state, and not licensed under this act, that is dispatched to respond to an emergency within this Commonwealth when an EMS vehicle or service that is qualified to render the EMS required, and operated by an EMS agency licensed under this act, is not able to respond to the emergency within a reasonable time.
- (3) An EMS agency licensed in another state that limits its operations in this Commonwealth to the transportation, and the provision of medical care incidental to the transportation, of patients and other persons requiring transport 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.

§ 29. Advanced life support ambulances

(a) **General purpose.**—An ALS ambulance is primarily operated for the purpose of providing medical assessment, monitoring, treatment and transportation of patients who require EMS above the skill level of an advanced EMT.

(b) **Staffing requirements.**—

- (1) Except as otherwise provided in this section, the minimum staffing requirements for an ALS ambulance when dispatched to provide or when providing medical assessment, monitoring, treatment or transportation of a

patient who requires 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 two people need to staff the ambulance when one of the EMS providers is also an EMS vehicle operator, provided that an EMS provider qualified to provide the type and level of EMS required by the patient attends to the patient during the transport.

- (2) The minimum staffing requirements for an ALS ambulance when dispatched to provide or when providing medical assessment, monitoring, treatment or transportation of a patient who requires EMS at or below the skill level of an advanced EMT, is the same as for a BLS ambulance.

§ 30. Air ambulances

§ 31. Advanced life support squad vehicles

- (a) **General purpose.**—An ALS squad vehicle is a vehicle that is not used in the transport of patients, and which is operated for the purpose of transporting an EMS provider above the advanced EMT level, with equipment and supplies, to rendezvous with the crew of an ambulance, or to provide a response prior to the arrival of an ambulance, for the purpose of providing medical assessment, monitoring, and treatment of a patient who requires EMS at or above the skill level of an advanced EMT.

(b) **Staffing requirements.**—The minimum staffing requirement for an ALS ambulance when dispatched to provide or when providing medical assessment, monitoring, and treatment of a patient who requires EMS above the skill level of an advanced EMT, is one EMS provider above the advanced EMT level and one EMS vehicle operator. Only one person needs to staff the ALS squad vehicle when the EMS provider is also an EMS vehicle operator.

§ 32. Basic life support ambulances

(a) **General purpose.**—A BLS ambulance is primarily operated for two purposes. One purpose is to provide medical assessment, monitoring, treatment and transportation of patients who require EMS below the skill level of an advanced EMT. The other purpose is to transport a patient who requires 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, after arrival, accompanies the patient during the transport.

(b) **Staffing requirements.**—

(1) Upon the effective date of this act, the minimum staffing requirements for a BLS ambulance when dispatched to provide or when providing medical assessment, monitoring, treatment or transportation of a patient, is an ambulance attendant, EMR or EMT, a second EMS provider at or above the EMT level, and an EMS vehicle operator. Only two people need to staff the ambulance when one of the EMS providers is also an EMS vehicle operator, provided that an EMS provider above the EMR level attends to the patient

during patient transport. An ambulance attendant is an individual who satisfies the age requirement of the Child Labor Law (43 P.S. §§ 41-71) and who possesses:

- (i) A current certificate evidencing successful completion of an advanced first aid course sponsored by the American Red Cross and a certificate issued within the last 2 years evidencing successful completion of a CPR course; or
 - (ii) A current certificate evidencing successful completion of a course determined by the department to be the equivalent to the requirements in subparagraph (i).
- (2) Two years after the effective date of this act, the minimum staffing requirements for a BLS ambulance when dispatched to provide or when providing medical assessment, monitoring, treatment or transportation of a patient, is an EMS provider at or above the EMR level and an EMS provider at or above the EMT level, and an EMS vehicle operator. Only two people need to staff the ambulance when one of the EMS providers is also an EMS vehicle operator, provided that an EMS provider above the EMR level attends to the patient during patient transport.(3) If an EMS provider above an advanced EMT level from an ALS ambulance or ALS squad vehicle, or a registered nurse, physician assistant or physician from a sending hospital, joins the ambulance crew and attends to the patient during the patient transport, the BLS ambulance meets staffing standards during the transport if

that person substitutes for a member of the BLS ambulance crew and the BLS ambulance meets all other staffing standards under this subsection.

§ 33. Basic life support squad vehicles

- (a) **General purpose.**—A BLS squad vehicle is a vehicle that is not used in the transport of patients, and which is operated for the purpose of transporting an EMS provider with basic EMS equipment and supplies to provide a response prior to the arrival of an ambulance for the purpose of providing EMS at or below the advanced EMT level of care.
- (b) **Staffing requirements.**—The minimum staffing requirement for a BLS squad vehicle is an EMS provider and an EMS vehicle operator. Only one person needs to staff the BLS squad vehicle when the EMS provider is also an EMS vehicle operator.

§ 34. 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 is one EMS provider.

§ 35. Stretcher vehicles

- (a) **Purpose.**—A stretcher vehicle is a ground vehicle used to transport by stretcher patients who are not anticipated to require during transport any medical assessment,

monitoring, or treatment, but who, due to their condition, require vehicle transport by stretcher.

- (b) **Staffing requirements.**—The minimum staffing requirement is two persons, consisting of one EMS provider and one EMS vehicle operator.

§ 36. Special operations emergency medical services teams

- (a) **Purpose.**—A special operations EMS team 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.**—The department shall by regulation, as appropriate, establish additional training or expertise requirements for the EMS agency medical director and the EMS providers who staff a special operations EMS team.
- (c) **Other requirements.**—The department shall by regulation, as appropriate, establish staffing, equipment, supply, and other necessary requirements for a special operations EMS team.
- (d) **Extraordinary applications.**—An entity that perceives it can fulfill a special operations EMS need that has not been addressed by the department through its regulations may apply to the department for an EMS agency license to carry out that special operations EMS or, if it is licensed as an EMS agency, may apply to the department to be authorized to provide the special operations EMS under its license. The department will address each such application on an individual basis and may deny the application or grant the application subject to such conditions as the

department deems appropriate to protect the public health and safety. The grant of such an application shall be subject to the EMS agency complying with any later enacted regulations addressing that type of special operations EMS.

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

§ 37. First aid and other safety services

- (a) **Purpose.**—An EMS agency may provide EMS at industrial sites, amusement parks and other locations in need of such services and 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 is credentialed to provide EMS for the EMS agency.
- (d) **Protocols.**—An EMS provider shall follow Department-approved protocols in providing EMS.

§ 38. Other vehicles and services

To serve the public's EMS needs, the department may by regulation prescribe EMS vehicle and service standards for EMS vehicles and services not specified in this act. Should the department establish such standards, 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.

§ 39. Conditional temporary licenses

When an EMS agency, or an applicant for a license to operate as an EMS agency, cannot provide service 24 hours a day, 7 days a week, or participate in a county-level or other emergency medical response plan approved by the department, the department shall issue a conditional temporary license for operation of the EMS agency subject to such conditions as the department deems appropriate, when the department deems it is in the public interest to do so, and shall attach such terms to the temporary license as it deems appropriate. The conditional temporary license shall be valid for a period of one year and may be renewed as many times as the department deems it is in the public interest to do so.

§ 40. Plans of correction

- (a) **Correction of violation.**—Upon determining that an EMS agency has violated this act or regulations promulgated under this act, 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 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) **Department discretion.**—The department shall not afford the EMS agency the opportunity to correct a violation without facing disciplinary charges if affording the EMS agency the opportunity to correct the problem without being disciplined does not serve the public interest.

§ 41. Suspension, revocation or refusal to issue emergency medical services agency license

- (a) **Grounds for discipline.**—The department may discipline an EMS agency for the following reasons:

- (1) Violating the requirements of this act or regulation adopted under this act.
- (2) Failing to submit a plan of correction acceptable to the department or correct a deficiency under section 38, or failing to comply with the plan of correction.
- (3) Refusing to accept a conditional temporary license or to abide by its terms.
- (4) Fraud or deceit in obtaining or attempting to obtain a license.
- (5) Lending its license or enabling another to operate the EMS agency or any service or vehicle 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 act.
- (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 section, “staff” and “responsible person” mean the same as set forth in section 28(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) Engaging in balance billing prohibited under the act of July 10, 1990 (P.L. 352, No. 81), known as the Health Care Practitioners Medicare Fee Control Act.
 - (11) Making misrepresentations in soliciting funds from the public or 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 any 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 money penalty not exceeding \$5000 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.

§ 42. Limitations on liability

The following protections against liability are provided:

- (1) No authorized medical command physician who in good faith gives instructions to a EMS provider shall be liable for any civil damages as a result of issuing the instructions, unless guilty of gross or willful negligence.
- (2) No EMS provider who in good faith attempts to render or facilitate emergency medical care authorized by this act shall be liable for civil damages as a result of any acts or omissions, unless guilty of gross or willful negligence. This provision shall 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 such institute as authorized by this act shall be liable for any civil damages as a result of primary and continuing educational practice by duly enrolled students under proper supervision, unless guilty of gross or willful negligence.
- (4) No medical command facility recognized by the department which in good faith provides medical commands to an EMS provider in accordance with this

act shall be liable for any civil damages as a result of issuing instructions, unless guilty of gross or willful negligence.

- (5) No EMS provider who in good faith attempts to render emergency care authorized by this act at an emergency scene while enroute to a place of employment shall receive any form of reprimand or penalty by an employer as a result of late arrival at the place of employment. An employer may request written verification from any such EMS provider, who shall obtain the written verification from either the police officer or ambulance personnel who is in charge at the emergency scene.
- (6) 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 any civil damages for issuing the instructions, education or training unless guilty of gross or willful negligence.
- (7) 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 any civil damages arising out of an EMS provider following protocols approved under this act.
- (8) No EMS provider or EMS agency may be subject to civil liability based solely upon 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, provided the EMS

provider has acted in good faith and without knowledge of facts negating consent. A school that uses a school bus or other vehicle to transport children under 18 years of age shall make arrangements prior to transport as to who may give or refuse consent to EMS for each child that is transported.

- (9) No EMS provider or EMS agency may be subject to civil liability based solely upon 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 act, and the EMS provider has contacted a medical command physician and the medical command physician refuses to authorize the requested treatment or service or the EMS provider has made a good faith effort to contact a medical command physician and was unable to do so.

§ 43. Support of emergency medical services

- (a) **Fine.**—A \$20 fine shall be levied on all traffic violations exclusive of parking offenses. These fines shall be in addition to other fines imposed at the discretion of the court.
- (b) **Accelerated Rehabilitative Disposition fee.**—A fee of \$25 shall be imposed as costs upon persons admitted to programs for Accelerated Rehabilitative Disposition for offenses enumerated in 75 Pa.C.S. § 3731 (relating to driving under influence of alcohol or controlled substance).

- (c) **Emergency Medical Services Operating Fund.**—Money collected shall be paid to the court imposing the fine, or fee, which shall forward it to the State Treasurer for deposit into a special fund to be known as the Emergency Medical Services Operating Fund. Moneys in the fund shall be appropriated annually by the General Assembly. The department shall also forward to the State Treasurer for deposit into the Emergency Medical Services Operating Fund civil money penalties collected by the department under this act.
- (d) **Purpose of fund.**—All money from the Emergency Medical Services Operating Fund appropriated to the department shall be disbursed by the department to eligible EMS agencies, as determined by the department by regulation, to the board for the performance of duties imposed upon it under this act, and 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. These funds shall not be used for any other purposes.
- (e) **Allocation to Catastrophic Medical and Rehabilitation Fund.**—Twenty-five percent of the Emergency Medical Services Operating Fund money appropriated to the department shall be allocated to a Catastrophic Medical and Rehabilitation Fund for victims of trauma. The catastrophic fund shall be available to trauma victims to purchase medical, rehabilitation and attendant care services when all alternative financial resources have been exhausted. The department may, by regulation, prioritize the distribution of funds by classification of traumatic injury.

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

§ 44. 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 when such 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, provided that the EMS provider displays accepted department insignia or credentials. A person violating this subsection commits a summary offense.
- (c) **Impersonating ambulance personnel.**—It is unlawful for any person who is not an EMS provider 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 with a current registration to practice. A person violating this subsection commits a summary offense.
- (d) **Misrepresentation of license.**—It shall be unlawful for any person who does not possess an EMS agency license issued by the department under this act to advertise, display vehicle markings or exhibit any other means that would lead a reasonable

person to conclude that the person holds such license, is a licensed EMS agency or provides a type or level of emergency care other than that for which person is licensed to provide. A person violating this subsection commits a summary offense.

§ 45. Surrender of suspended or revoked license, accreditation, or certification

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

§ 46. Penalties

- (a) **Unlicensed agency.**— A person who operates a service or vehicle for which a license is required under section 28, 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 certification or other legal authority to provide EMS commits a misdemeanor of the third degree. A EMS 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) **Civil money penalties.**—In addition to any other civil remedy or criminal penalty provided for in this act, the department may levy a civil money penalty of up to \$5,000 per day upon a person who own 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 certification or other legal authority to provide EMS.

§ 47. Allocations

- (a) **Emergency Medical Services Operating Fund.**—Of the Emergency Medical Services Operating Fund moneys appropriated to the department, except for those funds allocated to the Catastrophic Medical and Rehabilitation Fund, at least 75% shall be allocated for the purposes stated in section 11(c) and to the board, with at least 10% of these funds to be allocated to provide additional financial assistance for those EMS systems serving rural areas.
- (b) **Fees and fines.**—All fees and civil money penalties collected under this act are hereby specifically appropriated to the Emergency Medical Services Operating Fund.

§ 48. Regulations

The department, in consultation with the board, may promulgate regulations as may be necessary to carry out the provisions of this act. This act shall be construed liberally 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. The regulations adopted under the repealed act of July 1, 1985, (P.L. 164, No. 45), known as the Emergency Medical Services Act, shall remain in

effect, unless inconsistent with this act, until superseding regulations are adopted under this act.

§ 49. Severability

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

§ 50. Repeals

The act of July 1, 1985, (P.L. 164, No. 45), known as the Emergency Medical Services Act, is repealed.