

NOTICES

DEPARTMENT OF HEALTH

Emergency Medical Services Operating Fund Funding Priorities

[40 Pa.B. 3022]

[Saturday, June 5, 2010]

Under 28 Pa. Code §§ 1001.22 and 1001.23 (relating to criteria for funding; and allocation of funds), the Department of Health (Department) gives notice of priorities for the distribution by the regional emergency medical services (EMS) councils of funding from the Emergency Medical Services Operating Fund (EMSOF) for the Fiscal Year (FY) beginning July 1, 2010, and ending June 30, 2011.

EMSOF moneys are to be used to provide funding to maintain, improve and develop the quality of the EMS system within this Commonwealth. The Department finds that EMSOF is not sufficient to fully fund the EMS system. Therefore, it gives notice, under 28 Pa. Code § 1001.22(d), that recipients of EMSOF funding from regional EMS councils may be required to contribute funds toward all purchases, acquisitions and projects for which the Department permits the use of EMSOF moneys.

Each regional EMS council shall prioritize the distribution of its EMSOF allocation based upon the Statewide EMS Development Plan and its regional EMS development plan, subject to the funding priorities set forth in this notice. By October 30, 2010, the regional EMS councils shall notify the providers and other appropriate entities of the established funding priorities, the application process, acquisition documentation requirements and processing deadlines. Each regional EMS council must complete all documents required for the distribution of EMSOF funding by June 30, 2011.

The Department may increase the amount of the initial payment or reimbursement from EMSOF based upon the EMS development plans (State and regional) or documented financial hardship of a provider of EMS. A provider of EMS that seeks additional funds due to financial hardship shall be required to submit a financial disclosure statement and other documentation deemed necessary by the Department.

A provider of EMS applying for EMSOF funding must be in full compliance with all regulations, policies and priorities of the State and regional EMS systems.

Funds for purchases, acquisitions and projects for the FY beginning July 1, 2010, and ending June 30, 2011, must be expended or encumbered by the regional EMS council by June 30, 2011.

Funding Priorities

These priorities are not ranked. The priorities must be considered before there is any regional distribution of EMSOF moneys for initiatives that are not listed. All funding must be distributed consistent with the regional and Statewide EMS development plans. Consequently, if the priorities in this notice have been funded and additional funding is available, the request to use EMSOF money towards nonpriority items must still be supported by the Statewide and regional EMS development plans.

- Development or improvement of an organizational risk management program (safety measures, hazard recognition/mitigation and the necessary organizational structure and support processes) proposed by an ambulance service. Proposals for funding must be comprehensive and include safe vehicle operations. Approval by the Department is required prior to funding.
- Recruitment and retention programs, including scholarships/tuition reimbursement for first responder, emergency medical technician and paramedic training in areas with high prehospital personnel vacancy rates as determined by the regional EMS council and approved by the Department.
- Equipment required to meet basic life support (BLS) and advanced life support (ALS) ambulance service licensure.
- Capnography equipment (especially wave-form end-tidal CO₂ monitors).
- An ambulance for ambulance services that is older than 10 years or has more than 200,000 miles on it. Limit to one per FY.
- Software/computer equipment to enable services to collect and transmit EMS patient care reports electronically.
- Quality assurance/improvement program.
- EMS personnel protective respiratory equipment approved by the Department to protect the EMS practitioner from communicable diseases transmitted from person to person through airborne mechanisms.
- Costs associated with investigating a potential merger or consolidation of services. These costs include but are not limited to consulting fees, studies, legal fees and statistical analysis.
- Costs associated with the actual merger or consolidation of services.
- The additional cost of reflective chevron markings on back of a new ambulance purchased by an ambulance service.

When two or more ambulance companies have consolidated, for the first 5 years after the

ambulance companies completed consolidation the entity may be deemed eligible to receive funding not to exceed the amount of the combined total for which the individual companies would have been eligible had they not consolidated.

Emergency Preparedness and Response Funding Requests

Emergency preparedness and response funding requests must be based on local and response roles of services, regional needs and needs identified by threat vulnerability analysis. Purchases must be coordinated with county emergency, fire service, HAZMAT and hospital organizations in the applicant's service area to assure interoperability and to prevent duplication. Funding requests related to response to all hazard and emergency preparedness must have a clear connection to the regional EMS catastrophic plan and the regional EMS development plan. Priority will be given to fund the ambulance services in each region that have committed to participating in the EMS strike team capability project and respond to requests for EMS, both interstate and intrastate, as identified in the State and regional mass casualty plans.

Provider Equipment

Purchases by providers of EMS are not limited to equipment. If an EMS provider requests EMSOF moneys to purchase equipment, the Eligible Provider Equipment List identifies equipment for which EMSOF funds will be made available to purchase. This chart identifies the types of providers of EMS eligible for equipment purchases supported by EMSOF funding and the maximum allowable cost upon which the EMSOF contribution will be calculated.

EMSOF funds will fund 60% of the maximum allowable cost of an equipment item for rural providers and will fund 50% of the maximum allowable cost of an equipment item for nonrural providers. An eligible provider is responsible for the balance of the purchase price. The provider may purchase an item for an amount that exceeds the maximum allowable cost, but the provider will be responsible for any amount exceeding that figure. The last two columns of the chart identify the percentage of EMSOF contribution towards the purchase price, up to the maximum allowable cost of the item, based upon whether the provider operates in a rural or nonrural area.

Paramedic Examinations

Funding may be provided to services to cover the cost of the State written test for paramedic certification taken by their personnel at 100% of the cost of two examination attempts up to a maximum allowable cost of \$300 per person.

ELIGIBLE PROVIDER EQUIPMENT LIST

		ELIGIBLE PURCHASE FOR:	
		ALS	
		ALS/SQ	
EQUIPMENT	LIFE	BLS	NON ALLOWABLE RURAL RURAL

DESCRIPTION	EXPECTANCY	QRS	COSTS ¹	(50%)	(60%)
EKG Monitor/Defibrillator with Pacer	5 years	Y Y N N	12,000	6,000	7,200
12 Lead EKG ²	5 years	Y Y N N	20,000	10,000	12,000
Automated External Defibrillator (AED)	5 years	N N Y ³ Y ³	1,500	750	900
Automated External Defibrillator Trainer	5 years	N N Y Y	400	200	240
Oxygen Equipment (any combination) Cylinder Demand Valve w/Hose & Mask Regulator (combina- tion or constant flow— 25 lpm capable) Case	5 years	Y Y Y Y	500	250	300
Capnography Equipment	3 years	Y Y N N	3,000	1,500	1,800
CPAP Ventilation Portable Equipment	5 years	Y Y Y Y	1,500	750	900
Pulse Oximeter	5 years	Y Y Y Y	700	350	420
Nitrous Oxide Delivery System	5 years	Y Y N N	2,000	1,000	1,200
Intravenous Infusion Pumps	5 years	Y Y N N	2,000	1,000	1,000
Adult/Pediatric Intubation Kits	5 years	Y ⁴ Y ⁴ N N	600	300	360
Transtracheal Jet Insufflators (TTJ)	5 years	Y Y N N	200	100	120
Splinting/Immobilization Devices (any combina- tion) Backboard Cervical Immobili- zation Device Splints (rigid,	3 years	Y Y Y Y	500	250	300

traction, and the like)								
Stairchair 300 lb Capacity	3 years	Y	N	Y	N	2,000	1,000	1,200
Stairchair 500 lb Capacity	5 years	Y	N	Y	N	2,650	1,325	1,590
Stretcher 300 lb Capacity	5 years	Y	N	Y	N	4,000	2,000	2,400
Stretcher 700 lb Capacity	5 years	Y	N	Y	N	11,500	5,750	6,900
Stretcher/Chair Combination	5 years	Y	N	Y	N	700	350	420
Suction (Portable)	3 years	Y	Y	Y	Y	900	450	540
Ventilator, Automatic (per Department of Health Guidelines)	5 years	Y ⁵	Y ⁵	Y ⁶	Y ⁶	3,000	1,500	1,800
Ambulance with Chevron Marking on Back of Unit	—	Y	N	Y	N	—	15,000	20,000
Chevron	—	Y	Y	Y	Y	1,500	750	900
Squad/Response Vehicle with Chevron Marking on Back of Unit	—	N	Y	N	Y	—	7,500	9,000
Data Collection Software/Technology ⁷	—	Y	Y	Y	Y	1,700	850	1,020
Data Collection Hardware ⁸	3 years	Y	Y	Y	Y	2,000	1,000	1,200
Radio, Mobile (two per vehicle)	5 years	Y ⁹	Y ⁹	Y ⁹	Y ⁹	5,000	2,500	3,000
Radio, Portable (two per vehicle per year)	5 years	Y ⁹	Y ⁹	Y ⁹	Y ⁹	5,000	2,500	3,000
Triage Vest with Reflection Stripes Meeting ANSI National Standards	5 years	Y	Y	Y	Y	150	75	90
Triage System	5 years	Y	Y	Y	Y	750	375	450
Alerting Equipment (5 per service \$400 each)	5 years	Y ⁹	Y ⁹	Y ⁹	Y ⁹	2,000	1,000	1,200
Vehicle Safety	5 years	Y	Y	Y	Y	3,500	1,750	2,100

Monitoring Systems								
Personal Protective Equipment/Turnout Gear: Helmet, Coat, Pants, Boots, Protection Vest Meeting ANSI National Standards (one set per provider)	5 years	Y	Y	Y	Y	1,200	600	720
Respiratory Protection from Communicable Diseases								
Protective Ballistic Vest	5 years	Y	Y	Y	Y	1,000	500	600
Global Positioning System Receiver 1 per licensed Ambulance or Recognized QRS Vehicle	5 years	Y	Y	Y	Y	500	250	275
Traffic Safety Equipment	5 years	Y	Y	Y	Y	2,500	1,250	1,500
Large Patient Moving/Carrying Device	10 years	Y	Y	Y	Y	3,000	1,500	1,800
Self Contained Breathing Apparatus (2 per licensed vehicle)	10 years	Y	Y	Y	Y	3,000	1,500	1,800
EMT-P Testing (Written)	—	Y	Y	N	N	300	300	300
CO Detectors (Monitors)	5 Years	Y	Y	Y	Y	200	100	120
12 Lead EKG Transmitter System	5 Years	Y	Y	N	N	1,000	500	600
IO Drills or Bone Injection Systems	5 Years	Y	Y	N	N	300	150	180
Narcotics Security Systems	5 Years	Y	Y	N	N	900	450	540

¹ All figures are dollar amounts for each item of equipment.

² Amount includes \$1,000 for communications package. Receiving facility must have appropriate communications capabilities.

³ Must be an approved AED service or part of regional planning, and AED medical director required.

⁴ Must be durable equipment, not disposable equipment.

⁵ Completion of approved training program required.

⁶ Completion of approved training program required and BLS service medical director approval required.

⁷ Must be a Department-approved software program, version and vendor.

⁸ Data collection hardware may include computer, modem, printer, backup device, and battery system.

⁹ Must be compatible with regional and State EMS communications plan.

Questions regarding the Eligible Provider Equipment List or other matters addressed in this notice should be directed to Joseph W. Schmider, Director, Bureau of Emergency Medical Services, Department of Health, Room 606, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120-0701, (717) 787-8740.

Persons with a disability who require an alternative format of this notice (for example, large print, audiotope, Braille) should contact Joseph W. Schmider at the previously listed address or telephone numbers or for speech or hearing impaired persons may use VTT (717) 783-6514, or the Pennsylvania AT&T Relay Service at (800) 654-5984 (TT).

EVERETTE JAMES,
Secretary

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