

## NOTICES

### DEPARTMENT OF HEALTH

#### Emergency Medical Services Operating Fund Funding Priorities

[34 Pa.B. 3464]

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 beginning July 1, 2004, and ending June 30, 2005.

The EMSOF is to be used to provide funding to maintain, improve and develop the quality of the EMS system in this Commonwealth. The Department finds that the 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 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 in this notice. By September 30, 2004, 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, 2005.

The Department may increase the amount of the initial payment or reimbursement from the 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 compliance, or aggressively pursuing full compliance, with all regulations, policies and priorities of the State and regional EMS systems.

Funds for purchases, acquisitions and projects for the fiscal year beginning July 1, 2004, and ending June 30, 2005, must be expended by the regional EMS council by June 30, 2005, unless a written request for an extension of time, not to exceed 90 calendar days, is submitted by the regional EMS council and approved by the Department prior to June 30, 2005.

#### *Funding Priorities*

These priorities are not ranked. The priorities must be considered before a regional EMS council distributes EMSOF moneys for initiatives that are not listed. 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 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.

\* Automatic external defibrillators (AED) for Department-recognized quick response services (QRS) and basic life support (BLS) ambulance services.

\* Equipment required to meet BLS and advanced life support (ALS) ambulance service licensure.

- \* Capnography equipment (especially wave-form end-tidal CO<sub>2</sub> monitor).
- \* An ambulance for ambulance services that operate a single ambulance older than 10 years or for more than 200,000 miles.
- \* Software/computer equipment to enable services to collect and transmit EMS patient care reports electronically.
- \* Communication equipment and capabilities for EMS response in areas with poor to no communication capability between ambulances and medical command facilities or between ambulances and receiving facilities.
- \* Quality assurance/improvement initiatives.
- \* Continuous positive airway pressure (CPAP) devices approved by the Department.
- \* Identification vests for mass casualty response and incident command roles.
- \* 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.

#### *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 relating to response to terrorism 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 surge capability project and respond to requests for EMS services, both interstate and intrastate, as identified in the State and regional catastrophic casualty care plans.

#### *Provider Equipment*

Purchases by providers of EMS are not limited to equipment. This has been a point of misunderstanding in past years. 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 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.

AED capability must be funded for a QRS or a BLS ambulance service prior to the service being approved to receive EMSOF funds towards the purchase of any other equipment.

Questions regarding the eligible provider equipment list or other matter addressed in this notice should be directed to Margaret Trimble, Director, Emergency Medical Services Office, Department of Health, P. O. Box 90, Harrisburg, PA 17108-0090, (717) 787-8740. Persons with a disability who require an alternative format of this notice (for example, large print, audiotape or Braille) should contact Margaret Trimble at the previous address or telephone number. Speech or hearing impaired persons may use VTT: (717) 783-6514 or the Pennsylvania AT&T Relay Service at (800) 654-5984 (TT).

#### ***Eligible Provider Equipment List***

Equipment Description	Life Expectancy	Eligible Purchase for				Allowable Costs <sup>1</sup>	Nonrural (50%)	Rural (60%)
		ALS	ALS/SQ	BLS	QRS			
EKG Monitor/Defibrillator with Pacer	5 years	Y	Y	N	N	12,000	6,000	7,200
12 Lead EKG <sup>2</sup>	5 years	Y	Y	N	N	20,000	10,000	12,000
AED	5 years	N	N	Y <sup>3</sup>	Y <sup>3</sup>	3,500	1,750	2,100
Oxygen Equipment (any combination) Cylinder Demand Valve w/Hose and Mask	5 years	Y	Y	Y	Y	500	250	300

Regulator (combination or constant flow) Case									
Capnography Equipment	3 years	Y	Y	N	N	3,000	1,500	1,800	
CPAP Ventilation Portable Equipment	5 years	Y	Y	N	N	900	450	540	
Pulse Oximeter	5 years	Y	Y	N	N	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	1,200	
Adult/Pediatric Intubation Kits	5 years	Y <sup>8</sup>	Y <sup>8</sup>	N	N	600	300	360	
Transtacheal Jet Insufflators	5 years	Y	Y	N	N	200	100	120	
Splinting/Immobilization Devices (any combination) Backboard Cervical Immobilization Device Splints (rigid, traction, and the like)	3 years	Y	Y	Y	Y	500	250	300	
Stairchair	5 years	Y	N	Y	N	1,650	825	990	
Stretcher--Primary	5 years	Y	N	Y	N	3,500	1,750	2,100	
Stretcher/Chair Combination	5 years	Y	N	Y	N	700	350	420	
Suction (portable, battery operated)	3 years	Y	Y	Y	Y	800	400	480	
Ventilator, Automatic (per Department guidelines)	5 years	Y <sup>4</sup>	Y <sup>4</sup>	Y <sup>5</sup>	Y <sup>5</sup>	2,200	1,100	1,320	
Ambulance	--	Y	N	Y	N	--	15,000	20,000	
Squad/Response Vehicle	--	N	Y	N	Y	--	7,500	9,000	
Data Collection Software <sup>6</sup>	--	Y	Y	Y	Y	1,700	1,700	1,700	
Data Collection Hardware <sup>7</sup>	3 years	Y	Y	Y	Y	1,500	750	900	
Radio, Mobile (one per vehicle)	5 years	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	3,500	1,750	2,100	
Radio, Portable (one per vehicle)	5 years	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	3,500	1,750	2,100	
Triage Vest Set	5 years	Y	Y	Y	Y	150	75	90	
Alerting Equipment (five per service at \$400 each)	5 years	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	2,000	1,000	1,200	
Vehicle Safety Monitoring Systems	5 years	Y	Y	Y	Y	3,500	1,750	2,100	

<sup>1</sup> All figures are dollar amounts for each item of equipment.

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

<sup>3</sup> Must be an approved AED service or part of regional planning and AED medical director required.

<sup>4</sup> Completion of approved training program required.

<sup>5</sup> Completion of approved training program required and BLS service medical director approval required.

<sup>6</sup> Must be a Department-approved software program, version and vendor.

<sup>7</sup> Data collection hardware may include computer, modem, printer, backup device and battery system.

<sup>8</sup> Must be durable equipment, not disposable equipment.

<sup>9</sup> Must be compatible with regional and State EMS communications plan.

CALVIN B. JOHNSON, M.D., M.P.H.,  
Secretary

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