



# NOTICES

## DEPARTMENT OF HEALTH

### Emergency Medical Services Operating Fund Funding Priorities for Fiscal Year 2016-2017

[46 Pa.B. 5025]

[Saturday, August 13, 2016]

Under 28 Pa. Code §§ 1021.24 and 1021.25 (relating to use of EMSOF funding by a regional EMS council; and allocation of EMSOF funds to regional EMS councils), 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, 2016, and ending June 30, 2017.

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 § 1021.24(e), that recipients of EMSOF funding from regional EMS councils may be required to provide matching 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, 2016, 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, 2017.

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 fiscal year beginning July 1, 2016, and ending June 30, 2017, must be expended or encumbered by the regional EMS council by June 30, 2017.

#### *Funding Priorities*

The funding priorities as follows are listed in order of current State priority. These priorities must be considered before there is any regional distribution of EMSOF moneys for initiatives that are not listed. All funding must be distributed in a manner consistent with the regional and Statewide EMS development plans. Consequently, if the priorities in this notice have been met and additional funding is available, the request to use EMSOF money towards lower-priority items must still be supported by the Statewide and regional EMS development plans.

1. Recruitment and retention programs, including scholarships or tuition reimbursement for emergency medical responder (EMR), emergency medical technician (EMT), advanced emergency medical technician (AEMT) and paramedic (P) education in areas with higher than average prehospital personnel vacancy rates or other challenges associated with the provision of EMS primary education, or both, as determined by the regional EMS council and approved by the Department.

2. 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.

3. Costs associated with the actual merger or consolidation of services.
4. Development or improvement of an organizational risk management program (safety measures, hazard recognition or mitigation and the necessary organizational structure and support processes) proposed by an ambulance service. Proposals for funding that include a comprehensive program with expected outcome metrics and a review process that can potentially be replicated will receive first consideration. The Department must approve any requests prior to funding.
5. Capnography equipment (especially wave-form end-tidal CO<sub>2</sub> monitors).
6. Software or computer equipment to enable services to collect and transmit EMS patient care reports electronically.
7. Bariatric equipment for ambulances.
8. Replacement of an ambulance, for ambulance services, that is older than 10 years or has more than 200,000 miles on it. This allowance is limited to one per fiscal year.

When two or more ambulance companies have consolidated to create one entity, 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 responding 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 responding 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 a provider of EMS requests EMSOF moneys to purchase equipment, the Eligible Provider Equipment List included with this announcement identifies equipment for which EMSOF funds will be made available to purchase. This list provides 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. Providers of EMS that receive funding are 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 the percentage of the maximum allowable cost not funded with EMSOF funds and for any amount in excess of the maximum allowable cost. The last two columns of the Eligible Provider Equipment List 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.

#### *Examinations*

Funding may be provided to EMS agencies to cover the cost of the State written test for paramedic, prehospital physician extender (PHPE), prehospital registered nurse (PHRN), AEMT, EMT and EMR certification taken by their personnel at 100% of the cost of two examination attempts up to a maximum allowable cost of \$220 for Ps, PHPEs and PHRNs, \$200 for AEMTs, \$140 for EMTs and \$130 for EMRs per person.

#### *Medical Director*

The maximum allowable cost for an EMS agency to contract for medical director oversight is \$10,000 for fiscal year 2016-2017.

**ELIGIBLE PROVIDER EQUIPMENT LIST**

Equipment Description	Life Expectancy	ALS							BLS	BLS/SQ	QRS	Allowable Costs <sup>1</sup>	Nonrural (50%)	Rural (60%)
		ALS	ALS/SQ	IALS	IALS/SQ	BLS	BLS/SQ	QRS						
EKG Monitor/Defibrillator with Pacer	5 years	Y	Y	N	N	N	N	N	12,000	6,000	7,200			
12 Lead EKG <sup>2</sup>	5 years	Y	Y	Y	Y	N	N	N	20,000	10,000	12,000			
Automated External Defibrillator (AED)	5 years	N	N	N	N	Y <sup>3</sup>	Y <sup>3</sup>	Y <sup>3</sup>	1,500	750	900			
Automated External Defibrillator Trainer	5 years	N	N	N	N	Y	Y	Y	400	200	240			
Oxygen Equipment (any combination) Cylinder Demand Valve w/Hose & Mask Regulator (combination or constant flow—25 lpm capable) Case	5 years	Y	Y	Y	Y	Y	Y	Y	500	250	300			
Capnography Equipment	3 years	Y	Y	Y	Y	N	N	N	3,000	1,500	1,800			
CPAP Ventilation Portable Equipment	5 years	Y	Y	Y	Y	Y	Y	Y	1,500	750	900			
Pulse Oximeter	5 years	Y	Y	Y	Y	Y	Y	Y	700	350	420			
Nitrous Oxide Delivery System	5 years	Y	Y	N	N	N	N	N	2,000	1,000	1,200			
Intravenous Infusion Pumps	5 years	Y	Y	N	N	N	N	N	2,000	1,000	1,200			
Adult /Pediatric Intubation Kits	5 years	Y <sup>4</sup>	Y <sup>4</sup>	N	N	N	N	N	600	300	360			
Transtacheal Jet Insufflators (TTJ)	5 years	Y	Y	N	N	N	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	Y	Y	Y	500	250	300			
Stairchair	5 years	Y	N	Y	N	Y	N	N	Up to 5,000	2,500	3,000			
Stretcher	5 years	Y	N	Y	N	Y	N	N	Up to 10,000	5,000	6,000			
Stair Stretcher 500-pound Capacity	5 years	Y	N	Y	Y	Y	N	N	2,700	1,350	1,620			

Suction (Portable)	3 years	Y	Y	Y	Y	Y	Y	Y	900	450	540
Ventilator, Automatic (per Department of Health Guidelines)	5 years	Y <sup>5</sup>	Y <sup>5</sup>	Y <sup>6</sup>	Y <sup>6</sup>	Y <sup>6</sup>	Y <sup>6</sup>	Y <sup>6</sup>	3,000	1,500	1,800
Ambulance with Chevron Marking on Back of Unit	—	Y	N	Y	N	Y	N	N	—	15,000	20,000
Chevron	—	Y	Y	Y	Y	Y	Y	Y	1,500	750	900
Squad/Response Vehicle with Chevron Marking on Back of Unit	—	N	Y	N	Y	N	Y	Y	—	7,500	9,000
Data Collection Software/Technology <sup>7</sup>	—	Y	Y	Y	Y	Y	Y	Y	1,700	850	1,020
Data Collection Hardware <sup>8</sup>	3 years	Y	Y	Y	Y	Y	Y	Y	2,000	1,000	1,200
Radio, Mobile (two per vehicle)	5 years	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	5,000	2,500	3,000
Radio, Portable (two per vehicle per year)	5 years	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	5,000	2,500	3,000
Triage Vest with Reflection Stripes Meeting ANSI National Standards	5 years	Y	Y	Y	Y	Y	Y	Y	150	75	90
Triage System	5 years	Y	Y	Y	Y	Y	Y	Y	750	375	450
Alerting Equipment (5 per service @ \$400 each)	5 years	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	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	Y	Y	Y	3,500	1,750	2,100
Personal Protective Equipment/ Turnout Gear: Helmet, Coat, Pants, Boots Protection Respiratory Protection from Communicable Diseases	5 years	Y	Y	Y	Y	Y	Y	Y	1,200	600	720
Protective Ballistic Vest	5 years	Y	Y	Y	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	Y	Y	Y	500	250	300
Traffic Safety Equipment	5 years	Y	Y	Y	Y	Y	Y	Y	2,500	1,250	1,500
Large Patient Moving/ Carrying Device	10 years	Y	Y	Y	Y	Y	Y	Y	3,000	1,500	1,800
Self-Contained Breathing	10 years	Y	Y	Y	Y	Y	Y	Y	3,000	1,500	1,800

Apparatus (2 per licensed vehicle)												
Paramedic/PHPE/PHRN Testing (Written)	—								220	220	220	
AEMT Testing (Written)									200	200	200	
EMT Testing (Written)	—								140	140	140	
EMR Testing (Written)	—								130	130	130	
CO Detectors (Monitors)	5 Years	Y	Y	Y	Y	Y	Y	Y	200	100	120	
12 Lead EKG Transmitter System	5 Years	Y	Y	Y	Y	N	N	N	1,000	500	600	
IO Drills or Bone Injection Systems	5 Years	Y	Y	Y	Y	N	N	N	300	150	180	
Narcotics Security Systems	5 Years	Y	Y	Y	Y	N	N	N	900	450	540	
Refrigerators (mini)	10 Years	Y	Y	Y	Y	N	N	N	1,200	600	720	
Pediatric Safe Transport Device	10 Years	Y	N	Y	N	Y	N	N	Up to 400	200	240	
Tourniquet (tactical)	5 Years	Y	Y	Y	Y	Y	Y	Y	25	12.50	15	
Bariatric equipment	5 Years	Y	Y	Y	Y	Y	Y	Y	27,000	13,500	16,200	

ALS—Advanced Life Support ambulance service; ALS/SQ—Advanced Life Support Squad service; IALS—Intermediate Advanced Life Support ambulance service; IALS/SQ—Intermediate Advanced Life Support Squad service; BLS—Basic Life Support ambulance service; BLS/SQ—Basic Life Support Squad service; QRS—Quick Response Service

<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> Must be durable equipment, not disposable equipment.

<sup>5</sup> Completion of approved training program required.

<sup>6</sup> Completion of approved training program required and BLS service medical director approval required.

<sup>7</sup> Must be a Department-approved software program, version and vendor.

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

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

Questions regarding this notice should be directed to Aaron M. Rhone, EMS Program Manager, 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, audiotape, Braille) should contact Aaron Rhone at the previously listed address or telephone number or for speech or hearing impaired persons may use VTT (717) 783-6514 or the Pennsylvania AT&T Relay Service at (800) 654-5984.

KAREN M. MURPHY, PhD, RN,  
Secretary

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