

Good morning, Senators Brooks and Hayward, and members of the Committee. Thank you for holding this hearing to hear about the state of EMS in the Commonwealth. My name is Gary Watters, and I am the executive director and EMS chief for AMED in Altoona. I am also the president of the Southern Alleghenies EMS Council (SAEMS) and was just recently elected president of the Ambulance Association of Pennsylvania (AAP). For the last year, I have also been thrown into the role of ex officio director of SAEMS. We lost our executive director to a medical condition early last year. Director Aaron Rhone refused to allow us to fill the position for several months while he attempted to merge SAEMS with another regional council. I have learned a lot in the past year, which has given me a unique viewpoint on our EMS system.

EMS is in crisis; you have been hearing this for years. However, I am here to tell you that in some areas of Pennsylvania, EMS is decimated and continues to falter daily.

In 1967, in Pittsburgh, Dr. Peter Safar, known as the father of CPR, and others embarked on a new vision. They would train men to become paramedics, which was the first in the nation. Dr. Safar would ask a young ER resident named Nancy Caroline to help. She would go on to write paramedic curricula for decades. Shortly thereafter, a few other programs quickly appeared in western Pennsylvania, including one in Altoona. The Altoona Mobile Emergency Department (AMED) started training in 1968. Pennsylvanians established the first modern EMS system. They set the standards for the rest of the world long before the TV show "Emergency". Pennsylvania still has many nationally known experts in EMS. So with such a steep heritage, why is our EMS system failing?

I think the problem is actually very simple. The Bureau of EMS (Bureau), regional EMS councils, the Pennsylvania Emergency Health Services Council (PEHSC), and other stakeholder organizations all work in silos. I was able to experience this firsthand from multiple viewpoints over the last year. All of these organizations have great intentions and ideas. However, the Bureau, as the designated lead organization, has failed to pull them together for years and, during the last year, has actually driven them apart. Many within these organizations are afraid to speak out out of fear of reprisal. The result is a stagnation of Pennsylvania's EMS system, which is creating agency failures, recruitment and retention issues, a lack of funding, poor emergency response in many of our rural communities, and a serious problem moving patients between hospitals.

The fragmented silos make it impossible for EMS to effectively acquire the legislation needed to save and improve our system. This lack of action has devalued EMS. Other agencies, such as the County Commissioners Association of Pennsylvania (CCAP) and the Department of Community and Economic Development (DCED), are forced to try to find solutions on their own⁽¹⁾.

Our lack of value has pushed employees from our industry due to low wages and is prohibiting recruitment. Our lack of value and coordination allows the health insurance industry to push us around and underpay us. It opens the door for skepticism, whereby municipalities question the value of funding a failing agency, and the snowball keeps rolling. It becomes even more

pronounced when the Bureau Director announces publicly that they are there to protect the citizens from EMS.

Act 37 includes language designating EMS as an essential public service and the health care safety net for commonwealth residents. The Act declares that it is in the public's interest to assure that there are high-quality and coordinated EMS services readily available to prevent premature death and reduce suffering, and that the EMS system should be able to quickly adapt and evolve to meet the needs of the residents of the Commonwealth. The Act directs the Department of Health (DOH) to continually assess and, as needed, revise the functions of EMS agencies and providers to improve the quality of EMS and have the EMS system adapt to the changing needs of residents.

Frankly, this does not happen. In many cases, EMS is not treated as an essential service. Nor has the Bureau quickly adapted or assured high-quality, coordinated services in all areas of the state. They have failed to plan, guide, and coordinate the development of regional systems into a unified system. The Act requires a state plan that would identify and establish priorities, but there has been none for years.

Furthermore, the Bureau has shifted its focus to compliance and discipline instead of improving a horribly fractured and weak system. They have driven a wedge between themselves and others by diminishing the involvement of some regional EMS councils in crucial roles and increasingly ignoring the recommendations from PEHSC, which is the state advisory board. Specifically, the Bureau Director has publicly spoken of eliminating or reducing the number of regional EMS councils. He has also excluded some from the complaint investigation process altogether. This decision removed the necessary objectivity the regions provided through third-party fact-finding and has given the appearance that there is no due process.

Act 37 was purposely written in a vague manner to allow for expansion and the ability to keep pace with the ever-changing healthcare industry. However, that vagueness has actually hurt the EMS system due to the bureau's inconsistent interpretations and the establishment of policies that do not follow the intent of the legislation. These poor policies have resulted in system degradation, significant agency closures, increased response times, an inability to meet system needs, and unnecessary disciplinary action.

The following are examples of policies that are inconsistent with the intent of Act 37 and have caused significant strain on EMS operations:

(1) Conditional temporary licenses: The SAEMS region has 23 EMS agencies that have a conditional temporary license. This accounts for 38% of all the services in the Commonwealth that have a conditional temporary license⁽²⁾. According to 1027.12 of the rules and regulations, the DOH can issue a conditional temporary license when an EMS agency does not provide service 24 hours-a-day, 7 days-a-week and does not participate in a county-level or broader-level EMS response plan, subject to the terms the DOH determines to be appropriate, if the DOH deems it is in the public interest to do so⁽³⁾. This language was specifically intended to allow the Bureau to make individual and unique

determinations as to whether a volunteer or small EMS or QRS service could exist based on the public need of a given area.

In 2017, the bureau changed its approach to conditional licenses. Emergency Medical Services Information Bulletin (EMSIB) 2017-01⁽⁴⁾ was issued on February 14, 2017. According to that bulletin, agencies that are unable to meet the 24/7 requirement must take part in a county-level plan that has received DOH approval. That statement directly contradicts 1027.12. The EMSIB also requires the EMS agency to meet a goal whereby the agency must respond to 95% of the calls for service to which they are dispatched. To be clear, this requirement is not in the EMS Act or the rules and regulations. Contradicts the Act and is viewed by many as overreaching.

The 2017 change needlessly forced many QRS and EMS agencies out of business⁽⁵⁾. It has increased response times, created hours of unnecessary work for the Bureau, regional licensing specialists, and 911 centers, and triggered frustration for EMS agencies and legislators.

Conversely, the bureau has also issued conditional licenses to poor-performing EMS services, allowing them to operate in the northwest part of the state when it was not in the public's interest to do so. Under 1027.12, the bureau clearly has the option to simply say, "No."

The bureau further complicated this matter by sending notices to renewing agencies that they are in violation of Title 28, 1027.1 (b)(3)⁽⁶⁾, which is the section that requires 24/7 response in order to receive a regular license. These agencies are not in violation of 1027.1(b)(3); they simply do not meet the requirement and are therefore eligible for a conditional temporary license under 1027.12. Nevertheless, since the bureau staff has now considered this a violation, they are requiring the agency to complete a corrective action plan⁽⁷⁾ within 30 days and also directing regional councils to conduct spot inspections⁽⁸⁾ in six months. More unnecessary work, more frustration, more anger, and never the intent of the legislation.

Now volunteer fire departments who gave up their QRS programs because they could not meet the Bureau's policy requirements are being sent cease-and-desist letters for assisting their local ambulance services⁽⁹⁾.

(2) Shall respond: Title 28, 1027.3 (g)(4) states: An EMS agency shall respond to a call for emergency assistance as communicated by the PSAP, provided it is able to respond as requested. An EMS agency is able to respond as requested if it has the staff and an operational EMS vehicle, if needed, capable of responding to the dispatch. An EMS agency may not refuse to respond to a dispatch based upon a desire to keep staff or an EMS vehicle in reserve to respond to other calls to which it has not already committed.

The intent of this language was to assure that an EMS agency responded to calls for service within the municipalities they listed on their agency license. Instead, the bureau is obligating EMS agencies to respond regardless of the call location, even if it is 100 miles

away. The unintended consequence of this interpretation is that it causes agencies to respond far from their districts, which in turn deprives their own system of resources. This created a "freeload" situation where an EMS agency is forced to regularly provide service to communities that make no effort to support or fund EMS coverage. These municipalities feel they have met their obligation under municipal code because a 911 center will dispatch an ambulance to their emergency.

In a letter dated August 19, 2021, from then-Bureau Director Dylan Ferguson to Warren City Legal Counsel, Director Ferguson referenced a 2013 DOH response in the PA Bulletin⁽¹⁰⁾. This response explained that an EMS agency may revise its EMS agency license if it no longer wishes to serve a particular area and that a 911 center may not call the agency to respond. That response was clearly consistent with the intent of Act 37. Instead, the Bureau continues to take the opposite position. Director Aaron Rhone, in a letter dated April 23, 2023⁽¹¹⁾, reversed course from Director Ferguson's letter and told the City of Warren they must respond to all calls for service when dispatched.

To provide examples, last year, AMED responded to 1042 calls for service outside of our designated primary response area. Some of these calls were located more than 45 minutes away. More concerning, AMED was forced to provide service 112 times last year, to a municipality located 15 miles away in another county that has consistently refused to name or support a primary EMS agency.

This unfunded mandate occurs multiple times a day all over Pennsylvania. The situation has wreaked havoc on our system. The bureau must return to the intent of the Act. Response would be further improved by changing the municipal code to add stronger language stating how the municipality must ensure EMS. These two simple changes would dramatically strengthen EMS response across the state.

More alarmingly, disciplinary actions against agencies and providers appear to be at an all-time high. The Bureau's focus appears to have shifted to a culture of discipline. Bureau staff have developed the attitude that they have to find something wrong. The Bureau recently proposed adding language to the statewide treatment protocol 201⁽¹²⁾ that would put every EMS provider at risk just so the bureau would have more leverage to discipline a provider.

For our EMS community, there appears to be no due process. The same Bureau staff member launches the investigation, reviews the case, and then imposes an arbitrary monetary fine and/or sanction on the provider's certification. He then encourages the provider to enter into a stipulation settlement agreement in order to avoid administrative review. This investigator is a paramedic who, in a recent case, excluded the service medical director, regional EMS council, regional medical directors, and even the state medical director from the review process. Should a provider choose an administrative review, this review is nothing more than a hearing with another employee in the bureau. The only other recourse for the provider is an appeal to the Commonwealth Court. I have spoken with agencies and providers over the last year who have spent thousands of dollars in attorney fees defending frivolous claims.

It is clear to our EMS community that the bureau has chosen discipline over much needed system development. Their actions have resulted in a tremendous loss of trust in the Bureau.

Oversight and regulations are important. They are needed to keep the system stable. Oversight can also foster improvement, but the standards by which our people are judged must be legal, fair, and consistent, including a regional review and medical direction oversight.

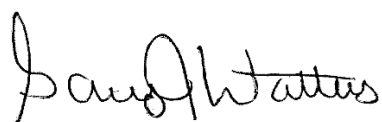
Our EMS system is diverse. Our agencies are made up of volunteer, non-profit paid, for-profit, hospital-based, and governmental organizations. We provide all types of services. Our entire system, regardless of makeup, is in acute distress. We must identify and enact proper change. I am asking you to seriously consider forming a commission to study our EMS system, as did our friends from Maine. They were able to make tremendous changes in less than six months. Time is of the essence.

I firmly believe that the intent of our laws is not the problem. The real problem has been the misinterpretation and the bad policies that have resulted from the vagueness. As such, we need the Bureau of EMS to be an advocate and to coordinate all organizations on one common platform to eliminate misinterpretation. The Bureau has to promote widespread consensus and positive change. We need a bureau director who has an intimate understanding of the management and operation of an EMS agency at all levels. A director who will ensure a positive culture. That person must collaborate with EMS agencies, regional EMS councils, PEHSC, and trade organizations and value their recommendations.

We need a leader with the passion of those who created the modern EMS system in the 1960s. Who can bring together our numerous industry leaders and experts, empowering them to improve our system. We must empower our intelligent, competent, and dedicated providers with the tools and scope of practice to allow them to care for patients as they have been trained. Pennsylvania EMS should again be the leader and drive change in our industry. We really can do so much more for our citizens and communities with proper leadership and collaboration.

Thank you for allowing me to present these issues. I welcome your questions.

Respectfully Submitted,

A handwritten signature in black ink that reads "Gary Watters". The signature is written in a cursive, flowing style.

Gary Watters
Executive Director / EMS Chief – AMED
President – Southern Alleghenies EMS Council, Inc.
President – Ambulance Association of Pennsylvania

1. County Commissioners Association of Pennsylvania and the Pennsylvania Department of Economic Development by MCM Consulting Group, Inc., Pennsylvania EMS Crisis, January 2023
2. Conditional Temporary Map
3. Title 28, Chapter 1027, Section 1027.12
4. Emergency Medical Services Information Bulletin (EMSIB) 2017-01
5. Alexandria Volunteer Fire Company Documents
6. Letter from BEMS to Mapleton Fire Department, Dated January 4, 2023
7. BEMS Corrective Action Plan Fact Sheet
8. BEMS Memo, Dated November 17, 2022, Authorizing Spot Inspection
9. Letter from BEMS to West Sunbury Volunteer Fire Department, Dated December 21, 2022
10. Letter from BEMS to Ken Brody, Dated August 19, 2021
11. Letter from BEMS to Andrea Stapleford, Dated April 24, 2023
12. BLS Statewide Protocol 201 Draft, Dated November 26, 2022



All items

LTS EMS



All items

SMEMS



All items

South East Councils



Delaware County



Bucks County



Chester County



Montgomery County



Philadelphia County

§ 1027.12. Conditional temporary license.

When an EMS agency or an applicant for an EMS agency license does not provide service 24 hours-a-day, 7 days-a-week, and does not participate in a county-level or broader level EMS response plan, the Department will issue the EMS agency a conditional temporary license, subject to terms the Department determines to be appropriate, if the Department deems it is in the public interest to do so. The conditional temporary license is valid for 1 year and may be renewed as many times as the Department deems it is in the public interest to do so. If the EMS agency does not agree to the terms under which the Department would grant the EMS agency a conditional temporary license, the Department will take disciplinary action against the EMS agency for failing to either provide service 24 hours-a-day, 7 days-a-week, or participate in a county-level or broader level EMS response plan.

Source

The provisions of this § 1027.12 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

§ 1027.13. Discontinuation or movement of operations or reduction of service.

An EMS agency shall give at least 90 days advance notice to each appropriate regional EMS council, PSAP and chief executive officer of a political subdivision within its service area, as well as the chief executive officer of each political subdivision outside of its service area that relies upon it for service even if not provided on a routine basis, before it discontinues its operations or providing an EMS service out of any location at which it is licensed to provide that service or reducing the days or hours it provides the service. The EMS agency shall also advertise notice of its intent to discontinue operations or a service, or reduce the days or hours it provides the service, in a newspaper of general circulation in its service area at least 90 days in advance of discontinuing its operations or a service, or reducing the days or hours it provides the service, and shall provide the Department with written notice that it has met these responsibilities at least 90 days in advance of taking action. This section does not apply if the Department revokes, suspends or restricts the EMS agency's license under terms that do not afford the EMS agency the opportunity to comply with this section.

Source

The provisions of this § 1027.13 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

§ 1027.14. Management companies.

(a) *Information required to secure approval.* Subject to Department approval, an entity may offer management services to EMS agencies. Management services



EMS Information Bulletin 2017-01

DATE: February 14, 2017

SUBJECT: **County-level or Broader-level EMS Response Plan**

TO: Pennsylvania EMS Agencies

FROM: Aaron M. Rhone, EMS Program Manager

A handwritten signature in black ink, appearing to read 'A. Rhone', written over the 'FROM:' line.

The EMS Systems Act requires that agencies provide service 24 hours a day, 7 days a week. Those agencies that are unable to meet this requirement of the act must participate in a county-level or broader-level EMS response plan approved by the Department.

Under a county-level or broader-level EMS response plan, the EMS agencies that make up this plan will not all be required to provide EMS 24 hours a day, 7 days a week. However, the plan as a whole must provide for coverage around the clock under its response plan. For a plan to be approved by the department it should meet the following:

1. The primary goal of the plan should be to ensure that 95% of calls for service are answered by the first agency dispatched. This will ensure patients receive the appropriate level of care in a timely fashion.
2. Provide a reasonable response parameter to all calls for service.
3. If an agency knows they are unable to be in service due to staffing, a process should be identified as to how they will ensure coverage. This should be completed and communicated to affected agencies and the PSAP at least 12 hours in advance.
4. Identify a mechanism that will be used for agencies to collaborate to provide 24 hours a day, 7 days a week coverage. For example,
 - Agency A may struggle with daytime coverage
 - Agency B may struggle with nighttime coverage
 - The mechanism should allow for agency B to fill the daytime gap while agency A fills the nighttime gap. Neither agency is able to provide coverage 24 hours a day, 7 days a week, but by collaborating, there are no gaps in service.
5. Collaborative scheduling should be done in advance so that the PSAP and participating agencies are aware and the appropriate agency is dispatched
6. Agencies must report all out of service periods to the PSAP in advance.
7. Identify a quality improvement process
8. Ratified by all participating agencies

The regional EMS councils will work with agencies to facilitate the creation and implementation of a county-level or broader-level EMS response plan to be approved by the Department of Health, Bureau of EMS.

If a response plan submitted for Department approval does not ensure EMS 24 hours a day, 7 days a week within the area that the response plan covers, the Department will not approve the plan because it does not meet statutory and regulatory requirements.



Alexandria Volunteer Fire Company
302 Hartslog Street · Alexandria, PA 16611
814-669-9107 · Fax 814-669-1321

Dear Alexandria Borough Councilmembers,

The Alexandria Volunteer Fire Company regrets to announce that the fire company will not be renewing its Quick Response Service license; therefore, effective April 1st, 2023, this service will be discontinued. Unfortunately, this decision was made due to the increased demands of the local regional EMS council and the PA Department of Health (DOH) as well as our increasingly lack of manpower, especially medically trained personnel (EMTs and EMRs), which does not allow us to provide this service adequately. These demands are almost impossible for any volunteer service to meet. This was not an easy decision to come to. The fire company is willing to consider the possibility of implementing this service again if/or when the demands from the regional EMS council and PA DOH are revised and more suitable for volunteer services and we obtain more medically trained personnel. We hope to have your support in this difficult decision.

Brian K. Hetrick
(President)

Thomas H. Weyer
(Fire Chief)



03/23/2022

Alexandria Volunteer Fire Company
302 Hartslog Street
Alexandria, PA 16611

Dear Crist Fellman:

The accompanying license, 18045, gives the Alexandria Volunteer Fire Company the authority to conduct Quick Response Service EMS Agency.

Should Alexandria Volunteer Fire Company want to add or replace vehicles it will be required to submit an amended application to change license number 18045. You may not operate any additional or replacement vehicles unless your EMS agency is authorized to do so by the Department following an inspection of the vehicle. Please note that a license to operate an EMS agency requires the licensee to provide service 24 hours a day, 7 days a week unless the agency participates in a county-level or broader-level EMS response plan.

EMS Agencies with designated 911 services areas must be available to respond to calls when dispatched by a Public Safety Answering Point (PSAP). The EMS agency shall apprise the PSAP in its area as to when it will not be in operation due to inadequate staffing or for another reason. In addition, it must also contact the PSAP when its resources are committed in such a manner that it will not be able to have a vehicle and the required staff respond to a call requesting it to provide emergency assistance. If an agency fails to meet these responsibilities it risks disciplinary action against its license.

Your license will expire on the date indicated. You will receive notification at least 120 days prior to its expiration.

Please contact me at (717) 787-8740 or by e-mail at lodriscoll@pa.gov or your regional council if you have any questions.

Sincerely

A handwritten signature in black ink that reads "Lori A. Driscoll".

Lori A. Driscoll
EMS Program Specialist
Bureau of Emergency Medical Services

VIN	Plate
4P1CE01A67A007682	EV64313
1FD8W3H66FEB81902	EV69531



March 23, 2022

Mr. Crist Fellman
Alexandria Volunteer Fire Company
302 Hartslog Street
Alexandria, PA 16611

Dear Mr. Fellman

The licensure application for Alexandria Volunteer Fire Company has been received and reviewed. It was found that Alexandria Volunteer Fire Company does not provide EMS services 24-hours-a-day thus causing a determination that the agency is in violation of Title 28, §1027.1 (b)(3)

The applicant shall meet staffing standards for the vehicles it seeks to operate and the services it seeks to provide. Subject to the exceptions in §1027.6 (relating to Statewide EMS response plan), this includes providing EMS services 24-hours-a-day, 7-days-a-week or participating in a county-level or broader-level EMS response plan approved by the Department.

It has been determined that the most appropriate course of action at this time is to issue a one-year conditional temporary license, with the requirement that Alexandria Volunteer Fire Company submit a corrective action plan for review and approval no later than thirty (30) days of the date of this letter on how you plan to correct this issue. Your regional council will be able to assist you in developing a corrective action plan. The corrective action plan can be emailed to lodriscoll@pa.gov.

If an acceptable corrective action plan is not received in the provided time frame, additional actions may be taken on your EMS agency license until the violations are remedied. These actions can include applicable civil monetary penalties or revocation of the agency's licenses.

Please contact your regional EMS council if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Lori A. Driscoll".

Lori A. Driscoll
EMS Program Specialist
Bureau of Emergency Medical Services

CC: Dr. Douglas Stern, Agency Medical Director
Carl Moen, Director, Southern Alleghenies EMS Council
Deb Mellott, EMS Program Specialist, Southern Alleghenies EMS Council



January 4, 2023

Chief Michael Corbin
Mapleton Fire Department
PO Box 434
Mapleton Depot, PA 17052

Control Number: 22.481

Dear Chief Corbin:

The licensure application for Mapleton Fire Department has been received and reviewed. It was found that Mapleton Fire Department does not provide EMS services 24-hours-a-day thus causing a determination that the agency is in violation of Title 28, §1027.1 (b)(3)

The applicant shall meet staffing standards for the vehicles it seeks to operate and the services it seeks to provide. Subject to the exceptions in §1027.6 (relating to Statewide EMS response plan), this includes providing EMS services 24-hours-a-day, 7-days-a-week or participating in a county-level or broader-level EMS response plan approved by the Department.

It has been determined that the most appropriate course of action at this time is to issue a one-year conditional temporary license, with the requirement that Mapleton Fire Department submit a corrective action plan for review and approval no later than thirty (30) days of the date of this letter.

To assist you with this process, attached is a CAP Fact Sheet and a sample template. Your regional EMS council will also be able to assist you in developing a corrective action plan.

The corrective action plan can be emailed to lodriscoll@pa.gov.

If an acceptable corrective action plan is not received in the provided time frame, additional actions may be taken on your EMS agency license until the violations are remedied. These actions can include applicable civil monetary penalties or revocation of the agency's licenses.

Please contact your regional EMS council if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Lori A. Driscoll". The signature is written in a cursive, flowing style.

Lori A. Driscoll
EMS Program Specialist
Licensure and Regulator Compliance
Bureau of Emergency Medical Services

CC: Dr. Douglas Stern, Agency Medical Director
Deb Mellott, Southern Alleghenies EMS Council

Corrective Action Plan (CAP)

Fact Sheet

A corrective action plan (CAP) is a document created to accomplish targeted outcomes to address deficiencies. The plan identifies actions that need to be performed to rectify the situation.

Steps in creating a CAP:

- Define the problem
 - What are the reasons behind the agency being requested to submit a CAP?
 - What is the current situation?
 - What should be the right situation?
 - What is the impact of the current situation?
- Collect and analyze the data
 - Schedules, Call volume reports, CAD reports, etc.
 - Policies/procedures
 - Talk to leadership and staff
 - Information that will help determine root cause of violations
- Clarify and prioritize the problem(s)
 - Define and prioritize issues in order of importance (for example patient care/safety issues should be at the top of the list)
 - Determine what issues can be corrected quickly and which ones will require more time to complete
 - Establish responsibilities (Who is going to help execute the CAP?)
- Establish goals
 - What do you hope to achieve?
 - How can you improve work processes?
 - How can you control or eliminate deficient practices?
- Implement solutions (the action plan)
 - Break down the issues into manageable steps
 - Tasks to achieve the goals
- Monitor and Evaluate
 - What worked and what didn't work?
- Adjust as needed
 - Revamp actions
 - Add new actions
 - Update goal dates

CAPS need to:

- Include measurable outcomes both short-term and long-term
 - Six (6) month goals
 - Twelve (12) month goals
- Have definitive goal dates for each action (can be updated, but need to be established)
- Address issues with current resources
 - How can the issue be better addressed immediately?
 - What can you improve with current staff, policies, equipment, etc.
- Establish current and future goals
 - Think short term and long term
- Identify new opportunities
- Involve the team
- Include establishing scheduling and staffing process (for agencies with staffing issues)
- Be re-evaluated for progress/success

Each EMS agency is an individual business model so creating a CAP is an individual process. However, it does not need to be completed by one individual – include agency leadership, create a workgroup, involve the regional EMS Council, consider involving all interested agencies in the county to discuss developing a county-wide or broader plan.

For additional help or questions in developing a CAP, please reach out to your regional EMS council.




BUREAU OF EMERGENCY MEDICAL SERVICES

DATE: November 17, 2022

SUBJECT: Mahantongo Valley Ambulance
Control number: EMS 22.395

TO: Jonathan Henritz
Jason Smith
Eastern PA EMS Council

FROM: Lori A. Driscoll 
EMS Program Specialist
Licensure and Regulatory Compliance Section

The Department of Health, Bureau of Emergency Medical Services (Bureau) has authorized a spot inspection for Mahantongo Valley Ambulance due to their license status of conditional temporary.

Please initiate a spot inspection under the control number listed above. The inspection should occur approximately six months prior to their expiration date. The purpose of the inspection is to verify the agency is following the actions outlined on their approved corrective action plan (CAP), if applicable. If the agency does not currently have a CAP, please verify the agency is showing improvement on their ability to staff 24/7 or progress on working towards a county-wide or broader response plan.

Please secure current staffing schedules, call volume records since the previous inspection, including the notation of whether the agency responded to the call and if it was unable to respond, the reason why, and a record of time periods the agency notified the PSAP that it would not be available to respond to a call. Please also contact the PSAP to verify the information provided from the agency is true and correct.

Please email me a report of your findings and any information you feel pertinent to the current situation with the agency.

If you have any questions, please feel free to contact me at (717) 787-8740 or via email at lodriscoll@pa.gov.



pennsylvania
DEPARTMENT OF HEALTH

BUREAU OF EMERGENCY MEDICAL SERVICES

December 21, 2022

Att: Chief
West Sunbury Volunteer Fire Department
772 Hall Road
Butler, PA 16001

Dear Chief:

The Pennsylvania Department of Health (Department), Bureau of Emergency Medical Services (Bureau) has been made aware that West Sunbury Volunteer Fire Department is actively being dispatched to respond to medical emergencies and providing emergency medical services. West Sunbury Volunteer Fire Department must immediately cease-and-desist providing emergency medical services.

The EMS Act defines emergency medical services as;

(1) The medical care, including medical assessment, monitoring, treatment, transportation and observation, which may be provided to a person in responding to an actual or reported emergency to:

(i) prevent or protect against loss of life or a deterioration in physiological or psychological condition;

or

(ii) address pain or morbidity associated with the person's condition.

(2) The transportation of an individual with medical assessment, monitoring, treatment or observation of the individual who, due to the individual's condition, requires medical assessment, monitoring, treatment or observation during the transport.

West Sunbury Volunteer Fire Department may not respond to provide emergency medical services or to transport a patient as they are not a licensed EMS agency which is defined in 8129(a) of the Act, 35 Pa.C.S. § 8156, which states "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, advanced life support squad vehicle, basic life support squad vehicle, quick response service, special operations EMS service or other vehicle or service as prescribed by the department by regulation to provide EMS outside a health care facility or on roadways, airways or waterways of this

Commonwealth unless the person holds a current EMS Agency license authorizing the particular service or operation.”

This cease-and-desist order does not preclude the agency from responding when dispatched by the PSAP. However, the agency cannot provide emergency medical services.

There are two options to consider if you are interested in responding to medical emergencies in your community:

- Become a licensed EMS agency, such as a Quick Response Service (QRS).
- Partner with an already licensed EMS agency in your area to become part of their EMS agency.

EMS West is the regional EMS council that provides support to your area. They can be contacted at (412) 242-7322 to answer any questions or help with either of the above-mentioned options.

If you should have any other questions or require additional information, please feel free to contact me at lodriscoll@pa.gov or 717-787-8740.

Sincerely,



Lori A. Driscoll
EMS Program Specialist
Licensure and Regulatory Compliance
Bureau of Emergency Medical Services

cc: Brian Shaw, Deputy Director, EMS West



August 19, 2021

Kenneth E. Brody
Paige Wolfberg & Wirth
5010 E. Trindle Rd.
Suite 202
Mechanicsburg, PA 17050

Mr. Brody:

The Bureau of EMS is in receipt of your letter dated May 20, 2021, pertaining to various regulatory matters.

After a review of your request, the Bureau has determined that your request cannot be acted upon by the Department. As detailed below, the appropriate person to make such a request to is the Warren County Collaborative EMS Plan Administrator.

In reviewing 28 Pa. Code § 1027.3(g)(4), the Bureau has concluded that the requirement to respond to a dispatch from a 911 center extends to municipalities that appear on a licensed EMS agencies license. For the City of Warren Fire Department license number 05076, the service area declared is the City of Warren, MCD Code 62001.

As previously provided by the Department in its response to a public comment regarding agreements for the provision of services:

The Department does not mandate that a particular entity agree to cover set geographic areas... An EMS agency has the option to revise the scope of its EMS agency license with the Department if it no longer wishes to serve a particular municipality. The EMS agency will be removed from the list of EMS agencies serving that area and PSAPS may not call the EMS agency to respond to calls in the municipality.

Preamble of Emergency Medical Services Systems Regulations,
43 Pa.B. 6093 (October 12, 2013).

However, the City of Warren, by voluntarily participating in the Warren County Collaborative EMS Response Plan, hereafter referred to as "the plan," took on additional responsibilities pertaining to EMS responses within the County of Warren outside of the city limits.

While it may be true that the demand for EMS has increased and the operational paradigm in Warren County has changed, those factors alone do not relieve the City of Warren of carrying out responsibilities that it previously agreed to.

As it pertains to the plan, the Bureau feels that regular plan maintenance and review are important considering changing circumstances. The plan itself outlines provisions for update and revision. Specifically, the section titled Administration sub sections (5) & (8).

“5. All matters related to changes in the approved plan, or administration / operation of same shall be decided by majority vote conducted at a meeting of plan participants called by the Plan Administrator after reasonable notice of said meeting has been provided plan members.”

“8. From time to time a plan member may direct the Administrator to call a meeting and introduce items for consideration at same.”

The Bureau previously approved the plan on of January 27, 2016. Since the plan has existing procedures for revision by the memberships’ majority vote, it is inappropriate to force open an approved plan at the request of a single plan member.

In the event that such a meeting would be held, the Bureau and our contracted Regional EMS Council, EMMCO West, would be pleased to participate and to provide technical assistance related to any proposed plan changes.

In the event that the City of Warren wishes to limit the provision of services to jurisdictions outside of the city limits and not violate the provisions of 28 Pa. Code § 1027.3(g)(4), the city would be required to, according to the provisions of the plan, provide written notice to the Plan Administrator a minimum of 30 days prior to withdrawing from the plan.

Additionally, the City of Warren’s participation in the plan created an expectation of an available licensed service to other municipalities within Warren County. As such to discontinue or reduce service to these areas (i.e. all Warren County political municipalities outside the City of Warren) the City of Warren must follow the requirements under 35 Pa.C.S. § 8129(o) (relating to discontinuance or reduction of service). Those requirements are as follows:

1. Provide the Department of Health a minimum 90 days written notice of the intent to stop providing service outside the City of Warren. To date none of the correspondence received by the department has met this requirement.
2. Ensure that this notice includes a statement that the City of Warren has notified the chief executive officer of each affected municipality.
3. Ensure that the City of Warren publish its intent to discontinue services outside of the city limits in a newspaper in the licenses’ service area.
 - a. Current newspaper articles that have been published are not enough as they have talked of considering such an action. If the city wishes to proceed, they must formally announce a final decision in accordance with the provisions of 35 Pa.C.S. § 8129(o).
 - b. A copy of the newspaper article/announcement must accompany the 90-day notice provided to the Department.



The actions outlined under the provisions of the plan and 35 Pa.C.S. § 8129(o) need not be undertaken separately, they may be undertaken at the same time.

Any discontinuation of service prior to the completion of the aforementioned actions may constitute violation of 35 Pa.C.S. § 8129(o), or 28 Pa. Code §1027.3(g)(4), or both, and be subject to disciplinary action by the Department.

The Bureau continues to hope for a local solution amongst the relevant community partners to ensure the health and safety of all residents of Warren County. As provided above, the City of Warren has a path to its request without formal regulatory relief from the Department.

Please contact me at 717-787-8740 if you have any questions pertaining to this letter.

Professionally,

A handwritten signature in blue ink, appearing to read 'Dylan J. Ferguson', written in a cursive style.

Dylan J Ferguson
Director
Bureau of Emergency Medical Services



BUREAU OF EMERGENCY MEDICAL SERVICES

RECEIVED
APR 24 2023

BY: _____

April 24, 2023

Ms. Andrea Stapleford
Stapleford & Byham, LLC
600 Market Street
Warren, PA 16365

Dear Ms. Stapleford:

This is in response to your correspondence dated February 16, 2023, regarding the City of Warren Fire Department's intent to withdraw from the approved county-wide or broader response plan. It is an EMS agency's choice to not participate in an approved county-wide or broader response plan, if the agency is able to staff twenty-four (24) hours per day, seven (7) per week as per 28 Pa. Code §1027.1 (3).

The applicant shall meet staffing standards for the vehicles it seeks to operate and the services it seeks to provide. Subject to the exceptions in §1027.6 (relating to Statewide EMS response plan), this includes providing EMS services 24-hours-a-day, 7-days-a-week or participating in a county-level or broader-level EMS response plan approved by the Department.

The City of Warren Fire Department should work in collaboration with the county PSAP and other county EMS agencies to establish dispatch protocols that meet the needs of the communities. However, the City of Warren Fire Department not participating in an approved county-wide or broader response plan does not prohibit mutual aid dispatches. An EMS agency must respond when dispatched per 28 Pa. Code §1027.3 (4) Licensure and general operating standards.

Response to dispatch by PSAP. An EMS agency shall respond to a call for emergency assistance as communicated by the PSAP, provided it is able to respond as requested. An EMS agency is able to respond as requested if it has the staff and an operational EMS vehicle, if needed, capable of responding to the dispatch. An EMS agency may not refuse to respond to a dispatch based upon a desire to keep staff or an EMS vehicle in reserve to respond to other calls to which it has not already committed.

If you have any additional questions, please feel free to contact me.

Respectfully,

A handwritten signature in black ink, appearing to read 'A Rhone PhD'. The signature is fluid and cursive, with the letters 'A', 'R', and 'H' being particularly prominent.

Aaron M. Rhone, PhD, MPA, EMT
Bureau Director

Cc: Mr. Ken McCorrison, Director, Warren County EMA & Public Safety
Mr. Nick Banister, EMS Plan Administrator
Mr. Bill McClincy, Director, EMMCO West

**INITIAL PATIENT CONTACT
STATEWIDE BLS PROTOCOL**

Criteria:

- A. All patients.¹

Formatted: Superscript

Exclusion Criteria:

- A. None

Procedure:

A. Scene Size-Up:

1. Evaluate scene safety – see Protocol # 102.
 - a. If scene is unsafe and cannot be made safe, do not enter.
2. Utilize appropriate Body Substance Isolation / Universal Precautions – see Protocol # 103.
3. Determine Mechanism of injury (MOI) or nature of illness and number of patients.
 - a. Initiate local or regional mass casualty plan if the number of surviving patients exceeds the threshold for initiating such plan (in accordance with applicable regional protocol). Call for additional BLS/ ALS ambulances if needed.
4. Summon ALS or air ambulance service, if indicated and available.

B. All Patients:

1. If trauma MOI, stabilize cervical spine during assessment.
2. Perform initial assessment.² (Form a general impression of the patient; determine the chief complaint and/or life-threatening problems; determine responsiveness; assess airway and breathing; assess circulation.)^{3,4}
3. Assure open airway; proceed with obstructed airway treatment if needed.
4. If pulseless, proceed to appropriate protocol:
 - a. DOA protocol # 322 or OOH-DNR protocol # 324 if indicated, or
 - b. Cardiac Arrest (General) protocol #331, or
 - c. Cardiac Arrest (Traumatic) protocol # 332 if a traumatic injury is clearly responsible for patient's cardiac arrest.
5. If breathing is inadequate, ventilate patient as needed.
6. Control any serious or uncontrolled bleeding – see Protocol #601
7. Obtain history (SAMPLE & OPQRST) and perform focused physical exam.
8. Treat ~~and transport~~ per applicable protocol(s) and transport unless following Protocol 111 or 112.
9. Nausea may be improved by allowing patient to smell or sniff an open alcohol prep/wipe.

Formatted: Superscript

Notes:

1. All ~~provider~~clinicians have a shared responsibility to care for patients.
2. Performing an initial assessment establishes a ~~provider~~clinician-patient relationship. Once a ~~provider~~clinician-patient relationship has been established, the EMS ~~provider~~clinicians have a responsibility to the patient until appropriate transfer of care. Failure to adhere to applicable protocols shall be considered patient abandonment. "Abandonment" is defined as, "the act of withdrawing or discontinuing one's help or support, especially when a duty or responsibility exists" [Black's Law Dictionary (11th ed. 2019)].
- 4.3. If assessment of patient justifies ALS or air medical care, summon ALS or air ambulance service if available and not already dispatched. See Indications for ALS Use protocol #210 and Trauma Patient Destination protocol # 180.

Formatted: Font: 5 pt

Formatted: Superscript

Formatted: Font: 5 pt