

# NOTICES

## EMSOF Funding Priorities

[32 Pa.B. 5479]

Under 28 Pa. Code §§ 1001.22 and 1001.23 (relating to criteria for funding; and allocation of funds), the Department of Health (Department) hereby 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, 2002, and ending June 30, 2003.

EMSOF is 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, the Department 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 funding for projects the Department permits, in part, with EMSOF funding.

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. The regional EMS council shall notify the providers and other appropriate entities of the established funding priorities, the application process, acquisition documentation requirements and processing deadlines. Funding must be distributed consistent with the regional and Statewide EMS development plans. Each regional EMS council must complete all documents required for the distribution of EMSOF funding by June 30, 2003.

Although funding is authorized for other initiatives and equipment, the following are priorities that must be considered and funded first:

### **Funding Priorities:**

- \* Capnography Equipment (especially wave-form end-tidal CO<sub>2</sub> monitor).
- \* AEDs for Department recognized QRSs and licensed BLS ambulance services if other funding sources for AEDs do not exist.
- \* Recruitment and retention programs in areas with high prehospital personnel vacancy rates as determined by the regional EMS council.
- \* Training equipment required to teach the EMT-Paramedic National Standard Curriculum.
- \* Testing equipment required to support Commonwealth certification testing for EMTs and paramedics.

\* EMS personnel protective respiratory equipment approved by the Commonwealth Emergency Medical Director and the regional EMS and State medical advisory committees to protect the EMS practitioner from communicable diseases transmitted from person to person through airborne mechanisms.

\* Replacement of unserviceable equipment required to meet BLS and ALS ambulance service licensure and new equipment requirements for licensure.

These priorities are not ranked. The priorities must be considered before there is any regional distribution of EMSOF for initiatives that are not listed. Purchases by providers are not limited to equipment. This has been a point of misunderstanding in past years. The distribution of EMSOF to providers is permitted for the priorities published in this notice. If the priorities have been funded and additional funding is available, the request for funding must support the regional and State EMS development plans. If an EMS provider requests EMSOF moneys to purchase equipment, the list that follows identifies equipment eligible for EMSOF funding.

### **Provider Equipment:**

The Department has established a list of equipment for which EMSOF funds will be made available to purchase. This list 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. An eligible 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. Funds for purchases and acquisitions, and funding for projects for the fiscal year beginning July 1, 2002, and ending June 30, 2003, must be expended by June 30, 2003, 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, 2003.

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 compliance, or aggressively pursuing full compliance, with all requirements applicable to the regional EMS system in which the provider of EMS operates.

Following is the Eligible Provider Equipment List that lists the equipment eligible for EMSOF support. The last two columns of the chart identify the percentage of EMSOF contribution towards the purchase

## Eligible Provider Equipment List

Equipment Description	Life	Eligible Purchase for				Allowable	Urban	Rural
	Expectancy	ALS	ALS/SQ	BLS	QRS	Costs <sup>1</sup>	(50%)	(60%)
EKG Monitor/Defibrillator with Pacer	5 years	Y	Y	N	N	10,000	5,000	6,000
12 Lead EKG <sup>2</sup>	5 years	Y	Y	N	N	16,000	8,000	9,600
Automated External Defibrillator (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 Regulator (combination or constant flow) 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	N	N	600	300	360
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	1,500	750	900
Adult/Pediatric Intubation Kits	5 years	Y <sup>8</sup>	Y <sup>8</sup>	N	N	400	200	240
Transtracheal Jet Insufflators (TTJ)	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	600	300	360
Stretcher--Primary	5 years	Y	N	Y	N	3,000	1,500	1,800
Stretcher/Chair Combination	5 years	Y	N	Y	N	700	350	420
Suction (portable, battery operated)	3 years	Y	Y	Y	Y	500	250	300

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
Triage Vest Set	5 years	Y	Y	Y	Y	150	75	90
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>	2,500	1,250	1,500
Radio, Portable (one per vehicle)	3 years	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	1,000	500	600
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>	2,000	1,000	1,200

<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 medical director required.

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

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

ROBERT S. ZIMMERMAN, Jr.,  
Secretary

**THIS FUNDING WILL BE DISCUSSED AT THE NEXT BSEMS COUNCIL MEETING.**  
**FURTHER DETAILS WILL BE AVAILABLE AFTER THAT TIME. R Brent Meadows.**