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HOUSE BILL NO. 1856

Offered January 9, 2013

Prefiled January 8, 2013

A BILL to amend and reenact §§ 32.1-111.4 and 32.1-111.5 of the Code of Virginia, relating to emergency medical services; procedures and practice.

Patron—Orrock

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-111.4 and 32.1-111.5 of the Code of Virginia are amended and reenacted as follows:

§ 32.1-111.4. Regulations; emergency medical services personnel and vehicles; response times; enforcement provisions; civil penalties.

A. The State Board of Health shall prescribe by regulation:

1. Requirements for record keeping, supplies, operating procedures and other agency operations;
2. Requirements for the sanitation and maintenance of emergency medical services vehicles and their medical supplies and equipment;

3. Procedures, including the requirements for forms, to authorize qualified emergency medical services personnel to follow Do Not Resuscitate Orders pursuant to § 54.1-2987.1;

4. Requirements for the composition, administration, duties and responsibilities of the State Emergency Medical Services Advisory Board;

5. Requirements, developed in consultation with the Emergency Medical Services Advisory Board, governing the training, certification, and recertification of emergency medical services personnel;

6. Requirements for written notification to the State Emergency Medical Services Advisory Board, the State Office of Emergency Medical Services, and the Financial Assistance and Review Committee of the Board's action, and the reasons therefor, on requests and recommendations of the Advisory Board, the State Office of Emergency Medical Services or the Committee, no later than five workdays after reaching its decision, specifying whether the Board has approved, denied, or not acted on such requests and recommendations;

7. Authorization procedures, developed in consultation with the Emergency Medical Services Advisory Board, which allow the possession and administration of epinephrine or a medically accepted equivalent for emergency cases of anaphylactic shock by certain levels of certified emergency medical services personnel as authorized by § 54.1-3408 and authorization procedures that allow the possession and administration of oxygen with the authority of the local medical director and a licensed emergency medical services agency;

8. A uniform definition of "response time" and requirements, developed in consultation with the Emergency Medical Services Advisory Board, for each agency to measure response times starting from the time a call for emergency medical care is received until (i) the time an appropriate emergency medical response unit is responding and (ii) the appropriate emergency medical response unit arrives on the scene, and requirements for agencies to collect and report such data to the Director of the Office of Emergency Medical Services who shall compile such information and make it available to the public, upon request; and

9. Enforcement provisions, including, but not limited to, civil penalties that the Commissioner may assess against any agency or other entity found to be in violation of any of the provisions of this article or any regulation promulgated under this article. All amounts paid as civil penalties for violations of this article or regulations promulgated pursuant thereto shall be paid into the state treasury and shall be deposited in the emergency medical services special fund established pursuant to § 46.2-694, to be used only for emergency medical services purposes; and

10. A statewide standard operating procedure for activities performed by emergency medical services personnel and agencies.

B. The Board shall classify agencies and emergency medical services vehicles by type of service rendered and shall specify the medical equipment, the supplies, the vehicle specifications and the personnel required for each classification.

C. In formulating its regulations, the Board shall consider the current Minimal Equipment List for Ambulances adopted by the Committee on Trauma of the American College of Surgeons.

§ 32.1-111.5. Certification and recertification of emergency medical services personnel.

A. The Board shall prescribe by regulation the qualifications required for certification of emergency

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59 medical care attendants, including those qualifications necessary for authorization to follow Do Not
60 Resuscitate Orders pursuant to § 54.1-2987.1. Such regulations shall include criteria for determining
61 whether an applicant's relevant practical experience and didactic and clinical components of education
62 and training completed during his service as a member of any branch of the armed forces of the United
63 States may be accepted by the Commissioner as evidence of satisfaction of the requirements for
64 certification.

65 B. Each person desiring certification as emergency medical services personnel shall apply to the
66 Commissioner upon a form prescribed by the Board. Upon receipt of such application, the
67 Commissioner shall cause the applicant to be examined or otherwise determined to be qualified for
68 certification. When determining whether an applicant is qualified for certification, the Commissioner
69 shall consider and may accept relevant practical experience and didactic and clinical components of
70 education and training completed by an applicant during his service as a member of any branch of the
71 armed forces of the United States as evidence of satisfaction of the requirements for certification. If the
72 Commissioner determines that the applicant meets the requirements for certification as emergency
73 medical services personnel, he shall issue a certificate to the applicant. An emergency medical services
74 personnel certificate so issued shall be valid for a period required by law or prescribed by the Board.
75 The certificates may be renewed after successful reexamination of the holder. Any certificate so issued
76 may be suspended at any time that the Commissioner determines that the holder no longer meets the
77 qualifications prescribed for such emergency medical services personnel. The Commissioner may
78 temporarily suspend any certificate without notice, pending a hearing or informal fact-finding
79 conference, if the Commissioner finds that there is a substantial danger to public health or safety. When
80 the Commissioner has temporarily suspended a certificate pending a hearing, the Commissioner shall
81 seek an expedited hearing in accordance with the Administrative Process Act (§ 2.2-4000 et seq.).

82 C. The Board shall prescribe by regulation procedures and the qualifications required for the
83 recertification of emergency medical services personnel. Such regulations shall include (i) authorization
84 for continuing education and skills testing, in lieu of a written examination, with the signature of the
85 relevant operational medical director; (ii) authorization for the relevant operational medical director to
86 require the written examinations administered or approved by the Office of Emergency Medical
87 Services, as deemed necessary, of certain emergency medical services personnel; (iii) authorization for
88 exemptions from the written test for recertification by the relevant operational medical director; (iv)
89 triennial recertification of advanced life support providers; (v) approval by the Office of Emergency
90 Medical Services of continuing education modules in which each module may be tested separately; and
91 (vi) effective on January 1, 1998, a sequential option for the completion of the skills tests for
92 recertification.

93 D. The Commissioner may issue a temporary certificate when he finds that it is in the public interest.
94 A temporary certificate shall be valid for a period not exceeding ninety days.

95 E. *No operational medical director shall prohibit an emergency medical services provider from*
96 *practicing emergency medical services in the absence of remedial or corrective measures or suspension.*