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HOUSE BILL NO. 902

Offered January 22, 1996

A BILL to amend and reenact §§ 8.01-225 and 32.1-2 of the Code of Virginia, to amend the Code of Virginia by adding in Chapter 4 of Title 32.1 an article numbered 3.01, consisting of sections numbered 32.1-111.1 through 32.1-111.17; and to repeal Article 3 of Chapter 4 of Title 32.1, consisting of sections 32.1-112 through 32.1-116.01, and Article 5 of Chapter 5 of Title 32.1, consisting of sections numbered 32.1-148 through 32.1-156, relating to the Statewide Emergency Medical Care System and Services.

Patrons—Orrock, Abbitt, Albo and Jones, D.C.; Senators: Goode, Hawkins and Holland

Referred to Committee for Courts of Justice

Be it enacted by the General Assembly of Virginia:

1. That §§ 8.01-225 and 32.1-2 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Chapter 4 of Title 32.1 an article numbered 3.01, consisting of sections numbered 32.1-111.1 through 32.1-111.17, as follows:

§ 8.01-225. Persons rendering emergency care, obstetrical services exempt from liability.

A. Any person who, in good faith, renders emergency care or assistance, without compensation, to any ill or injured person at the scene of an accident, fire, or any life-threatening emergency, or en route therefrom to any hospital, medical clinic or doctor's office, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care or assistance.

Any person who, in the absence of gross negligence, renders emergency obstetrical care or assistance to a female in active labor who has not previously been cared for in connection with the pregnancy by such person or by another professionally associated with such person and whose medical records are not reasonably available to such person shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care or assistance. The immunity herein granted shall apply only to the emergency medical care provided.

Any person who, in good faith and without compensation, administers epinephrine to an individual for whom an insect sting treatment kit has been prescribed shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if he has reason to believe that the individual receiving the injection is suffering or is about to suffer a life-threatening anaphylactic reaction.

Any person who provides assistance upon request of any police agency, fire department, rescue or emergency squad, or any governmental agency in the event of an accident or other emergency involving the use, handling, transportation, transmission or storage of liquefied petroleum gas, liquefied natural gas, hazardous material or hazardous waste as defined in § 18.2-278.1 or regulations of the Virginia Waste Management Board shall not be liable for any civil damages resulting from any act of commission or omission on his part in the course of his rendering such assistance in good faith.

Any emergency medical care attendant or technician possessing a valid certificate issued by authority of the State Board of Health who in good faith renders emergency care or assistance whether in person or by telephone or other means of communication, without compensation, to any injured or ill person, whether at the scene of an accident, fire or any other place, or while transporting such injured or ill person to, from or between any hospital, medical facility, medical clinic, doctor's office or other similar or related medical facility, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care, treatment or assistance, including but in no way limited to acts or omissions which involve violations of State Department of Health regulations or any other state regulations in the rendering of such emergency care or assistance.

Any person having attended and successfully completed a course in cardiopulmonary resuscitation, which has been approved by the State Board of Health, who in good faith and without compensation renders or administers emergency cardiopulmonary resuscitation, cardiac defibrillation or other emergency life-sustaining or resuscitative treatments or procedures which have been approved by the State Board of Health to any sick or injured person, whether at the scene of a fire, an accident or any other place, or while transporting such person to or from any hospital, clinic, doctor's office or other medical facility, shall be deemed qualified to administer such emergency treatments and procedures; and such individual shall not be liable for acts or omissions resulting from the rendering of such emergency resuscitative treatments or procedures.

B. Any licensed physician serving without compensation as the operational medical director for a licensed emergency medical services agency in this Commonwealth shall not be liable for any civil

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60 damages for any act or omission resulting from the rendering of emergency medical services in good
61 faith by the personnel of such licensed agency unless such act or omission was the result of such
62 physician's gross negligence or willful misconduct.

63 Any person serving without compensation as a dispatcher for any licensed public or nonprofit
64 emergency services agency in this Commonwealth shall not be liable for any civil damages for any act
65 or omission resulting from the rendering of emergency services in good faith by the personnel of such
66 licensed agency unless such act or omission was the result of such dispatcher's gross negligence or
67 willful misconduct.

68 *Any individual, certified by the State Office of Emergency Medical Services as an emergency medical*
69 *services instructor and pursuant to a written agreement with such office, in good faith and the*
70 *performance of his duties, provides instruction to persons for certification or recertification as a*
71 *certified basic life support or advanced life support emergency medical services technician, shall not be*
72 *liable for any civil damages for acts or omissions on his part directly relating to his activities on behalf*
73 *of such office unless such act or omission was the result of such emergency medical services instructor's*
74 *gross negligence or willful misconduct.*

75 C. Nothing contained in this section shall be construed to provide immunity from liability arising out
76 of the operation of a motor vehicle.

77 For the purposes of this section, the term "compensation" shall not be construed to include (i) the
78 salaries of police, fire or other public officials or personnel who render such emergency assistance, nor
79 (ii) the salaries or wages of employees of a coal producer engaging in emergency medical technician
80 service or first aid service pursuant to the provisions of § 45.1-161.101, § 45.1-161.199 or
81 § 45.1-161.263.

82 Any licensed physician who directs the provision of emergency medical services, as authorized by
83 the State Board of Health, through a communications device shall not be liable for any civil damages
84 for any act or omission resulting from the rendering of such emergency medical services unless such act
85 or omission was the result of such physician's gross negligence or willful misconduct.

86 For the purposes of this section, an emergency medical care attendant or technician shall be deemed
87 to include a person licensed or certified as such or its equivalent by any other state when he is
88 performing services which he is licensed or certified to perform by such other state in caring for a
89 patient in transit in this Commonwealth, which care originated in such other state.

90 Any volunteer engaging in rescue or recovery work at a mine or any mine operator voluntarily
91 providing personnel to engage in rescue or recovery work at a mine not owned or operated by such
92 operator, shall not be liable for civil damages for acts or omissions resulting from the rendering of such
93 rescue or recovery work in good faith unless such act or omission was the result of gross negligence or
94 willful misconduct.

95 § 32.1-2. Finding and purpose.

96 The General Assembly finds that the protection, improvement and preservation of the public health
97 and of the environment are essential to the general welfare of the citizens of the Commonwealth. For
98 this reason, the State Board of Health and the State Health Commissioner, assisted by the State
99 Department of Health, shall administer and provide a comprehensive program of preventive, curative,
100 restorative, ~~and~~ environmental, *and emergency* health services;; educate the citizenry in health and
101 environmental matters;; develop and implement health resource plans;; collect and preserve vital records
102 and health statistics;; assist in research;; and abate hazards and nuisances to the health and to the
103 environment, both emergency and otherwise, thereby improving the quality of life in the
104 Commonwealth.

105 This comprehensive program of preventive, curative, restorative, ~~and~~ environmental, *and emergency*
106 health services shall include prevention and education activities focused on women's health, including,
107 but not limited to, osteoporosis, breast cancer, and other conditions unique to or more prevalent among
108 women.

109 Article 3.01.

110 *Statewide Emergency Medical Services System and Services.*

111 § 32.1-111.1. *Statewide emergency medical care system; authority of the Board.*

112 A. *The Board of Health shall have the authority and responsibility to develop a comprehensive,*
113 *coordinated, emergency medical care system in the Commonwealth and to prepare a Statewide*
114 *Emergency Medical Services Plan, which shall incorporate, but not be limited to, the plans prepared by*
115 *the regional emergency medical services councils. The Board shall review such plan triennially and*
116 *make such revisions as may be necessary. The objectives of such plan and the system shall include, but*
117 *not be limited to, the following:*

118 1. *To establish a comprehensive statewide emergency medical care system which will incorporate*
119 *facilities, transportation, manpower, communications, and other components as integral parts of a*
120 *unified system that will serve to improve the delivery of emergency medical services and thereby*
121 *decrease morbidity, hospitalization, disability, and mortality;*

2. To reduce the time period between the identification of an acutely ill or injured patient and the definitive treatment and to increase the accessibility of high quality emergency medical services to all citizens of Virginia;

3. To promote continuing improvement in system components including ground, water and air transportation, communications, hospital emergency departments and other emergency medical care facilities, consumer health information and education, and health manpower and manpower training;

4. To improve the quality of emergency medical care delivered on site, in transit, in hospital emergency departments and within the hospital environment;

5. To work with medical societies, hospitals, and other public and private agencies to develop approaches whereby the many persons who are presently using the existing emergency department for routine, nonurgent, primary medical care will be served more appropriately and economically;

6. To conduct, promote, and encourage programs of education and training designed to upgrade the knowledge and skills of health manpower involved in emergency medical services;

7. To administer the State Emergency Medical Services Advisory Board;

8. To promulgate regulations governing the recertification of emergency medical services personnel which shall include, in lieu of written examination, authorization for continuing education, skills testing, and the approval of exemptions from the written examination for the recertification of emergency medical services personnel by the relevant operational medical director. Such regulations shall also provide for the establishment of continuing education modules in which each module may be tested separately, authorization of the relevant operational medical director to require the written examination of certain emergency medical services personnel, the triennial recertification of advanced life support providers, and an option for the sequential completion of the skills tests for recertification, effective on July 1, 1997;

9. To provide 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 calendar days after reaching its decision, specifying whether the Board has approved, denied, or has not acted on such requests and recommendations;

10. To provide review and consultation for agencies and organizations that wish to make application to governmental or other sources for grants or other funding to support emergency medical services programs;

11. To establish a statewide air medical evacuation system which shall be developed by the Department of Health in coordination with the Department of State Police and other appropriate state agencies;

12. To establish and maintain a process for designation of appropriate hospitals as trauma centers and specialty care centers based on an applicable national evaluation system;

13. To establish a comprehensive emergency medical services patient care data collection and evaluation system pursuant to Article 3.1 (§ 32.1-116.1 et seq.) of this chapter; and

14. To collect data and information and to prepare reports for the sole purpose of the designation and verification of trauma centers and other specialty care centers pursuant to this section. All data and information collected shall remain confidential and shall be exempt from the provisions of the Virginia Freedom of Information Act (§ 2.1-340 et seq.).

B. Whenever any state-owned aircraft, vehicle, or other form of conveyance is utilized under the provisions of this section, an appropriate charge not to exceed the actual costs of operation may be charged by the agency having administrative control of such aircraft, vehicle or other form of conveyance.

§ 32.1-111.2. Definitions.

As used in this article:

"Advisory Board" means the State Emergency Medical Services Advisory Board.

"Agency" means any person engaged in the business, service or regular activity, whether or not for profit, of transporting persons who are sick, injured, wounded or otherwise incapacitated or helpless, or of rendering immediate medical care to such persons.

"Emergency medical services personnel" means persons responsible for the direct provision of emergency medical services in a given medical emergency including any or all persons who could be described as an attendant, attendant-in-charge, or operator.

"Emergency medical service vehicle" means any privately or publicly owned vehicle, vessel or aircraft that is specially designed, constructed, or modified and equipped and is intended to be used for and is maintained or operated to provide immediate medical care to or to transport persons who are sick, injured, wounded or otherwise incapacitated or helpless.

§ 32.1-111.3. State Emergency Medical Services Advisory Board.

183 A. For the purpose of advising the State Board of Health concerning the administration of the
184 statewide emergency medical care system and emergency medical services vehicles maintained and
185 operated to provide transportation to persons requiring emergency medical treatment, and reviewing
186 and making recommendations on the Statewide Emergency Medical Services Plan, there is hereby
187 created the State Emergency Medical Services Advisory Board which shall be composed of twenty-four
188 members. The membership of the Advisory Board shall include one representative of each of the
189 following groups who shall be appointed by the Governor: Virginia Municipal League, Virginia
190 Association of Counties, Medical Society of Virginia, Virginia Chapter of the American College of
191 Emergency Physicians, Virginia Chapter of the American College of Surgeons, Virginia Chapter of the
192 American Academy of Pediatrics, one member of either the Emergency Nurses Association or the
193 Virginia Nurses' Association, Virginia Hospital Association, Virginia State Firefighters Association, State
194 Fire Chiefs Association of Virginia, Virginia Ambulance Association, Virginia Association of
195 Governmental Emergency Medical Services Administrators, the Virginia Association of Public Safety
196 Communications Officials, a consumer who shall not be involved in or affiliated with emergency medical
197 services in any capacity, the eight regional emergency medical services councils, and two members of
198 the Virginia Association of Volunteer Rescue Squads, Inc. Appointments may be made from lists of
199 nominees submitted by such organizations and groups, where applicable. Each regional emergency
200 medical services advisory council shall submit three nominations, at least one of which shall be a
201 representative of providers of prehospital care.

202 B. Members serving on the State Emergency Medical Services Advisory Board on January 1, 1996,
203 shall complete their current term of office. Thereafter, appointments shall be made to accomplish the
204 restructuring of the Advisory Board according to the membership in effect on July 1, 1996, and shall be
205 made for terms of three years or the unexpired portions thereof in a manner to preserve insofar as
206 possible the representation of the specified groups. No member may serve more than two successive
207 terms. The chairman shall be elected from the membership of the State Emergency Medical Services
208 Advisory Board for a term of one year and shall be eligible for reelection. The Advisory Board shall
209 meet at least four times annually at the call of the chairman or the Commissioner.

210 C. The State Emergency Medical Services Advisory Board shall:

211 1. Advise the State Board of Health in the administration of this article and Article 5 (§ 32.1-148 et
212 seq.) of Chapter 5 of this title;

213 2. Review and make recommendations on the Statewide Emergency Medical Services Plan and any
214 revisions thereto;

215 3. Review the annual financial report of the Virginia Association of Volunteer Rescue Squads, as
216 required by §32.1-111.7; and

217 4. Review, on a schedule as it may determine, reports on the status of all aspects of the statewide
218 emergency medical care system, including the Financial Assistance and Review Committee, the Rescue
219 Squad Assistance Fund, the regional emergency medical services councils, and emergency medical
220 services vehicles, submitted by the State Office of Emergency Medical Services.

221 § 32.1-111.4. Regional emergency medical services councils.

222 The Board shall designate regional emergency medical services councils which shall be authorized to
223 receive and disburse public funds. Each council shall be charged with the development and
224 implementation of an efficient and effective regional emergency medical services delivery system.

225 The Board shall review those agencies that were the designated regional emergency medical services
226 councils. The Board shall, in accordance with the standards established in its regulations, review and
227 may renew or deny applications for such designations every three years. In its discretion, the Board
228 may establish conditions for renewal of such designations or may solicit applications for designation as
229 a regional emergency medical services council.

230 Each regional emergency medical services council shall include, if available, representatives of each
231 participating local government, fire protection agencies, law-enforcement agencies, emergency medical
232 services agencies, hospitals, licensed practicing physicians, emergency care nurses, mental health
233 professionals, emergency medical technicians and other appropriate allied health professionals.

234 Each regional emergency medical services council shall adopt and revise as necessary a regional
235 emergency medical services plan in cooperation with the Board.

236 The designated councils shall be required to match state funds with local funds obtained from private
237 or public sources in the proportion specified in the regulations of the Board. Moneys received directly
238 or indirectly from the Commonwealth shall not be used as matching funds. Any local governing body
239 may choose to appropriate funds for the purpose of providing matching grant funds for any council.
240 However, this section shall not be construed to place any obligation on any local governing body to
241 appropriate funds to any council.

242 The Board shall promulgate, in cooperation with the State Emergency Medical Services Advisory
243 Board, regulations to implement this section, which shall include, but not be limited to, requirements to
244 ensure accountability for public funds, criteria for matching funds, and performance standards.

§ 32.1-111.5. Financial Assistance and Review Committee; appointment; terms; duties.

A. For the purposes of administering the Rescue Squad Assistance Fund as provided in § 32.1-111.6, there is hereby established the Financial Assistance and Review Committee. The Committee shall be composed of eight members who shall be representatives of the regions encompassed by the emergency medical services councils and appointed by the State Emergency Medical Services Advisory Board.

B. Members serving on the Financial Assistance and Review Committee on January 1, 1996, shall complete their current term of office. Thereafter, appointments shall be made for terms of three years or the unexpired portions thereof in a manner to preserve insofar as possible the representation of the emergency medical services councils. No member may serve more than two successive terms. The chairman shall be elected from the membership of the Committee for a term of one year and shall be eligible for reelection. The Committee shall meet at least four times annually at the call of the chairman or the Commissioner.

C. The Financial Assistance and Review Committee shall:

1. Administer the Rescue Squad Assistance Fund in accordance with the rules and regulations of the State Board of Health as shall be established for the Fund;

2. Review the Rescue Squad Assistance Fund grant applications from eligible emergency medical services agencies and make recommendations on the funding of such grant applications to the Commissioner of Health; and

3. Report biannually, after each funding cycle, the number of grant applications received, the total costs of grant applications funded, the number of grant applications denied funding, and the reasons for denying funding, to the State Emergency Medical Services Advisory Board and the Commissioner.

§ 32.1-111.6. Virginia Rescue Squads Assistance Fund; disbursements from Fund.

A. For the purpose of providing financial assistance to rescue squads and other emergency medical services organizations in the Commonwealth, of providing requisite training for emergency medical service personnel, and of purchasing equipment needed by such rescue squads and organizations, there is hereby created in the Department of the Treasury a special nonreverting fund which shall be known as the Virginia Rescue Squads Assistance Fund. The Virginia Rescue Squads Assistance Fund shall be established on the books of the Comptroller, and any funds remaining in such Fund at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. Interest earned on such funds shall remain in the Fund and be credited to it. The Fund shall consist of any funds appropriated for this purpose by the General Assembly and any other funds received for such purpose by the Board. On and after July 1, 1996, any such funds unexpended at the end of a fiscal biennium shall remain in the Fund and shall not revert to the general fund.

B. In accordance with regulations of the Board, the Commissioner shall disburse and expend the funds in the Virginia Rescue Squads Assistance Fund. No funds shall be disbursed directly to any rescue squad or other emergency medical services organization unless such squad or organization operates on a nonprofit basis exclusively for the benefit of the general public.

§ 32.1-111.7. Annual reports required of the Virginia Association of Volunteer Rescue Squads.

Effective on July 1, 1996, the Virginia Association of Volunteer Rescue Squads shall submit an annual financial report on the use of its funds to the State Emergency Medical Services Advisory Board on such forms and providing such information as may be required by the Advisory Board for such purpose.

§ 32.1-111.8. Certification of emergency medical services personnel.

A. The Board shall prescribe by regulation the qualifications required for certification of emergency medical care attendants, including those qualifications necessary for authorization to follow Emergency Medical Services Do Not Resuscitate Orders pursuant to § 54.1-2987.1.

B. Each person desiring certification as emergency medical services personnel shall apply to the Commissioner upon a form prescribed by the Board. Upon receipt of such application the Commissioner shall cause the applicant to be examined and if the Commissioner determines that the applicant meets the requirements of such regulations, the Commissioner shall issue a certificate to the applicant. An emergency medical services personnel certificate so issued shall be valid for a period prescribed by the Board. The certificates may be renewed after successful reexamination of the holder. Any certificate so issued may be suspended at any time that the Commissioner determines that the holder no longer meets the qualifications prescribed for such emergency medical services personnel.

C. The Commissioner may issue a temporary certificate with or without examination when the Commissioner finds that such will be in the public interest. A temporary certificate shall be valid for a period not exceeding ninety days.

§ 32.1-111.9. Statewide poison control system established.

From such funds as may be appropriated for this purpose and from such gifts, donations, grants, bequests, and other funds as may be received, the Board of Health shall establish a statewide poison control system. The funding mechanism for the system and its services shall be as provided in the

306 appropriation act.

307 The Board shall establish poison control centers that meet national certification standards
308 promulgated by the American Association of Poison Control Centers. If such national certification
309 standards are eliminated, the Board shall establish minimum standards for the designation and
310 operation of these poison control centers. The poison control centers established by the Board shall
311 report to the Board by October 1 of each year regarding program operations; expenditures; revenues,
312 including in-kind contributions; financial status; future needs; and summaries of human poison exposure
313 cases for the most recent calendar year.

314 The statewide system shall provide, at a minimum, (i) consultation, by free, 24-hour emergency
315 telephone or other means of communication, to the public and to health care practitioners regarding the
316 ingestion or application of substances, including determinations of emergency treatment, coordination of
317 referrals to emergency treatment facilities, and the provision of appropriate information to the staffs of
318 such facilities; (ii) prevention education and information about poison control services; (iii) training for
319 health care practitioners in toxicology and the medical management of poison exposure cases; and (iv)
320 poison control surveillance through the collection and analysis of data from reported poison exposures
321 to identify poisoning hazards, prevent poisonings, and improve treatment of poisoned patients.

322 § 32.1-111.10. Permit required of emergency medical services vehicles.

323 A. No person shall operate, conduct, maintain or profess to be an agency without a valid permit
324 issued by the Commissioner for such agency and for each emergency medical service vehicle used by
325 such agency.

326 B. The Commissioner shall issue an original or renewal permit for an agency or emergency medical
327 service vehicle which meets all requirements set forth in this article and in the regulations of the Board
328 upon application upon forms and according to procedures established by the Board. Permits shall be
329 valid for a period specified by the Board, not to exceed two years.

330 C. The Commissioner may issue temporary permits for agencies or emergency medical service
331 vehicles not meeting required standards valid for a period not to exceed sixty days when the public
332 interest will be served thereby.

333 D. The issuance of a permit hereunder shall not be construed to authorize any agency to operate any
334 emergency medical service vehicle without a franchise or permit in any county or municipality which
335 has enacted an ordinance pursuant to § 32.1-156 making it unlawful to do so.

336 § 32.1-111.11. Regulations governing emergency medical services personnel and vehicles.

337 A. The Board shall prescribe by regulation:

338 1. Requirements as to record keeping, supplies, operating procedures and other agency operations;

339 2. Sanitation and maintenance requirements for emergency medical service vehicles and their
340 medical supplies and equipment; and

341 3. Procedures, including the requirements for forms, to authorize qualified emergency medical
342 services personnel to follow Emergency Medical Services Do Not Resuscitate Orders pursuant to
343 § 54.1-2987.1.

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

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

349 § 32.1-111.12. Powers of governing bodies of counties, cities and towns.

350 A. Upon finding as fact, after notice and public hearing, that exercise of the powers enumerated
351 below is necessary to assure the provision of adequate and continuing emergency services and that
352 exercise of the powers enumerated below is necessary to preserve, protect and promote the public
353 health, safety and general welfare, the governing body of any county or city is hereby empowered to:

354 1. Enact an ordinance making it unlawful to operate emergency medical service vehicles or any class
355 thereof established by the Board in such county or city without having been granted a franchise or
356 permit to do so;

357 2. Grant franchises or permits to agencies based within or without the county or city; provided, that
358 any agency in operation in any county or city on June 28, 1968, that continues to operate as such up to
359 and including the effective date of any ordinance adopted pursuant to this section and that submits to
360 the governing body of any such county or city evidence satisfactory to it of such continuing operation
361 shall be granted a franchise or permit by the governing body of such county or city to serve at least
362 that part of such county or city in which such agency has continuously operated if all other
363 requirements of this article are met;

364 3. Limit the number of emergency medical service vehicles to be operated within the county or city
365 and by any agency;

366 4. Determine and prescribe areas of franchised or permitted service within the county or city;

367 5. Fix and change from time to time reasonable charges for franchised or permitted services;

6. Set minimum limits of liability insurance coverage for emergency medical service vehicles;
 7. Contract with franchised or permitted agencies for transportation to be rendered upon call of a county or municipal agency or department and for transportation of bona fide indigents or persons certified by the local board of public welfare or social services to be public assistance recipients; and

8. Establish other necessary regulations not inconsistent with statutes or regulations of the Board relating to operation of emergency medical service vehicles.

B. In addition to the powers set forth above, the governing body of any county or city is hereby authorized to provide, or cause to be provided, services of emergency medical service vehicles, to own, operate and maintain emergency medical service vehicles, to make reasonable charges for use of emergency medical service vehicles, and to contract with any agency for the services of its emergency medical service vehicles.

C. Any incorporated town may exercise, within its corporate limits only, all those powers enumerated in subsections A and B of this section either upon the request of a town to the governing body of the county wherein the town lies and upon the adoption by the county governing body of a resolution permitting such exercise, or after 180 days' written notice to the governing body of the county if the county is not exercising such powers at the end of such 180-day period.

D. No county ordinance enacted, or other county action taken, pursuant to powers granted herein shall be effective within an incorporated town in such county which is at the time exercising such powers until 180 days after written notice to the governing body of the town.

E. Nothing herein shall be construed so as to authorize any county to regulate in any manner emergency medical service vehicles owned and operated by a town or to authorize any town to regulate in any manner emergency medical service vehicles owned and operated by a county.

F. Any emergency medical service vehicles operated by a city, county or town under authority of this section shall be subject to the provisions of this article and to the regulations of the Board adopted thereunder.

§ 32.1-111.13. Inspections.

Each agency and each emergency medical service vehicle for which a permit has been issued shall be inspected as often as the Commissioner deems necessary and a record thereof shall be maintained. Each such agency and vehicle, its medical supplies and equipment, and the records of its maintenance and operation shall be open at all reasonable times to such inspection.

§ 32.1-111.14. Revocation and suspension of permits.

Whenever an agency or an emergency medical service vehicle owned or operated by an agency is in violation of any provision of this article or any applicable regulation, the Commissioner shall have power to revoke or suspend such agency's permit and the permits of all emergency medical service vehicles owned or operated by the agency.

§ 32.1-111.15. Applications for variances or exemptions.

Prior to the submission to the Commissioner of Health by a volunteer rescue squad of an application for a variance or to the Board of Health for an exemption from any regulations promulgated pursuant to this chapter, such application shall be reviewed by the governing body of the jurisdiction in which the principal office of the volunteer rescue squad is located. The recommendation of the governing body regarding the variance or exemption shall be submitted with the application therefor, and, absent compelling reasons to the contrary, the Commissioner or Board, whichever is appropriate, shall adopt that recommendation for the purposes of granting or denying the variance or exemption.

The applicant shall have the right to appeal any denial by the Commissioner or Board of an application for a variance or exemption pursuant to the Administrative Process Act (§ 9-6.14:1 et seq.).

§ 32.1-111.16. Exemptions from operation of article.

The following are exempted from the provisions of this article:

1. Emergency medical service agencies based outside this Commonwealth, except that any such agency receiving a person who is sick, injured, wounded, incapacitated or helpless within this Commonwealth for transportation to a location within this Commonwealth shall comply with the provisions of this article;

2. Emergency medical service agencies operated by the United States government.

§ 32.1-111.17. Suggestions as to legislation.

The Board may, at each regular session of the General Assembly, suggest any legislative action deemed necessary for the better protection of life and public health.

2. That Article 3 of Chapter 4 of Title 32.1, consisting of sections numbered 32.1-112 through 32.1-116.01, and Article 5 of Chapter 5 of Title 32.1, consisting of sections numbered 32.1-148 through 32.1-156, of the Code of Virginia are repealed.

3. Notwithstanding the provisions of §§ 32.1-111 and 32.1-115 to the contrary, reappointments or eliminations of representation on the State Emergency Medical Services Advisory Board and on the Financial Assistance and Review Committee for those members serving on January 1, 1996,

429 whose term of office expires before July 1, 1996, shall be made according to the provisions of this
430 act.