



September 10, 2019

Dave Jones  
Pennsylvania Emergency Health Services Councils  
600 Wilson Lane  
Mechanicsburg, PA 17055

Mr. Jones:

Per your request during the most recent PEHSC Board of Directors meeting, held on September 4, 2019; please find below the Bureau of EMS position and interpretation as it pertains to receiving facilities, and how that relates to ET3. This guidance was previously issued to all regional EMS councils on July 24, 2019.

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The Centers for Medicare & Medicaid Services (CMS) have released information about the Emergency Triage, Treat, and Transport (ET3) Model that will pay EMS agencies to transport patients to alternative destinations or to treat in place after telemedicine assessment. With increased conversation revolving around this ET3 pilot, the Bureau has received inquiries from multiple regions as to how the language in the EMS Systems Act relating to receiving facilities affects the implementation of this pilot.

Section 8128 of the Act sets forth requirements for a facility to be considered a receiving facility. Those requirements include but are not limited to:

**(b) Requirements.** --A receiving facility shall include, but need not be limited to, a fixed location having an organized emergency department, including a physician trained to manage cardiac, trauma, pediatric, medical, behavioral and all-hazards emergencies, who is present in the facility and available to the emergency department 24 hours per day and seven days per week. By regulation, the department may authorize other types of facilities to serve as receiving facilities for purposes of serving patients who have special medical needs.

**(c) Patient transports.** --Unless directed otherwise by a medical command physician, the initial transport of a patient following an ambulance response to a reported emergency shall be to a receiving facility pursuant to a protocol under section 8105(c) (relating to duties of department) or 8109(c)(8) (relating to regional emergency medical services councils) or such other location as the department designated by protocol.

§8128 (b) authorizes the department by regulation to designate other types of receiving facilities for patients who have special health care needs, however to date no such regulations have been promulgated.



Despite the above, there does exist a mechanism for Pennsylvania EMS agencies to be able to participate in the ET3 pilot if they apply and are selected by CMS. §8128 (c) reads “*Unless directed otherwise by a medical command physician, the initial transport of a patient following an ambulance response to a reported emergency shall be to a receiving facility...*”

As a result, a medical command physician has the authority to authorize an EMS agency to transport a patient to a destination other than a hospital emergency department, including the various alternative destinations outlined in the ET3 guidance.

Despite this ability, it must be reiterated that in accordance with ET3 guidance, patients must consent to the alternative destination. If the patient does not consent to the alternate destination, they must be transported to an appropriate receiving facility following the guidance outlined in BLS protocol 170 *Patient Destination – Ground Transport*.

Furthermore, EMS agencies are reminded that while they are designing programs for potential implementation of this pilot, particularly as it relates to the required telemedicine component, that EMS providers are only permitted to receive medical direction and orders from a Pennsylvania medical command physician.

The bureau is excited about the possibilities that this pilot model may bring to our commonwealth’s EMS system. We remain engaged and look forward to working closely and collaboratively with any EMS agency that is ultimately selected to participate in the program.

Professionally,

A handwritten signature in black ink that reads 'Dylan J. Ferguson'. The signature is written in a cursive, flowing style.

Dylan J Ferguson  
Director  
Bureau of Emergency Medical Services