

## DEPARTMENT OF HEALTH

### Renal Disease Advisory Committee Meeting

The Renal Disease Advisory Committee, established by section 4 of the Renal Disease Treatment Act (35 P.S. § 6204), will hold its quarterly public meeting on Friday, January 19, 2024, from 10 a.m. to 12 p.m. The purpose of the meeting is to discuss new and ongoing issues relating to treatment of chronic renal disease and the Department of Health's programs related to care and treatment.

To join the call, dial (267) 332-8737 and when prompted, enter the following conference code: 77709457#. Attendees can participate in the conference call on location at the Bureau of Family Health Office, 625 Forster Street, Harrisburg, PA 17120. In-person participants are asked to RSVP to Josh Goodling, [josgoodlin@pa.gov](mailto:josgoodlin@pa.gov), (717) 772-2762, by close of business on January 12, 2024. Upon arrival, sign in at the front desk in the lobby of the building by 9:45 a.m. to await an escort to the meeting room. The meeting agenda will be posted on the Chronic Renal Disease Program's web site at <https://www.health.pa.gov/topics/programs/Chronic-Renal-Disease/Pages/Advisory-Committee.aspx> at least 24 hours prior to the meeting date and time.

For additional information or for persons with a disability who wish to attend the meeting and require an auxiliary aid, service or other accommodation to do so, contact Kathy Jo Stence, Director, Division of Child and Adult Health Services, 7th Floor East, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120, (717) 772-2762, or for speech and/or hearing impaired persons, call the Pennsylvania Hamilton Relay Service at (800) 654-5984 (TDD users) or (800) 654-5988 (voice users).

This meeting is subject to cancellation without notice.

DR. DEBRA L. BOGEN,  
*Acting Secretary*

[Pa.B. Doc. No. 23-1798. Filed for public inspection December 29, 2023, 9:00 a.m.]

## DEPARTMENT OF HEALTH

### Scope of Practice for Emergency Medical Service Providers

Under 35 Pa.C.S. Chapter 81 (relating to the Emergency Medical Services System Act) and the Department of Health's (Department) regulations in 28 Pa. Code §§ 1023.24(d)(1), 1023.25(d)(1), 1023.26(d)(1), 1023.27(d)(1), 1023.28(d), 1023.29(d) and 1023.30(e), the Department is publishing the scope of practice for emergency medical responders (EMR), emergency medical technicians (EMT), advanced emergency medical technicians (AEMT), paramedics (P), prehospital registered nurses (PHRN), prehospital physician extenders (PHPE) and prehospital physicians (PHP).

Skills identified may be performed by an emergency medical service (EMS) provider at the provider's level of

certification or registration only if the provider has successfully completed the approved education (cognitive, affective and psychomotor) on the specified skill, which includes training to perform the skill on adults, children and infants, as appropriate. EMRs, EMTs, AEMTs and Ps may only perform the skills identified, through either Statewide or other Department-approved protocols, or skills that may be ordered online by a medical command physician.

As the following chart indicates, a PHRN, PHPE and PHP may perform all skills identified as within a P's scope of practice. Each of these EMS providers may perform additional skills as outlined as follows.

A PHRN who is appropriately credentialed by the EMS agency medical director, may perform other services authorized by The Professional Nursing Law (63 P.S. §§ 211—225.5), when authorized by a medical command physician through either online medical command or through the applicable Statewide or Department-approved EMS protocols.

A PHPE who is appropriately credentialed by the EMS agency medical director may perform services within the scope of practice of a physician assistant under the Medical Practice Act of 1985 (63 P.S. §§ 422.1—422.53) or the Osteopathic Medical Practice Act (63 P.S. §§ 271.1—271.18), when authorized by a medical command physician through either online medical command or through applicable Statewide or Department-approved EMS protocols. When a PHPE functions as an EMS provider, the physician supervision requirements applicable to a physician assistant under the Medical Practice Act of 1985 and the Osteopathic Medical Practice Act do not apply.

A PHP who is appropriately credentialed by the EMS agency medical director may perform skills within a P's scope of practice and other skills within the practice of medicine or osteopathic medicine. A PHP may not perform a skill that the PHP has not been educated and trained to perform.

Under 28 Pa. Code § 1023.1(a)(1)(vi) and (vii) (relating to EMS agency medical director), the EMS agency medical director must make an initial assessment of each EMS provider at or above the AEMT level, and then within 12 months of each prior assessment, to determine whether the EMS provider has the knowledge and skills to competently perform the skills within the EMS provider's scope of practice, and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level. EMS providers at or above the AEMT level may only perform skills that the EMS agency medical director has credentialed them to perform.

Persons with a disability who require an alternate format of this notice (for example, large print, audiotape, Braille) should contact Jenni Hoffman, EMS Program Manager, Department of Health, Bureau of Emergency Medical Services, 1310 Elmerton Avenue, Harrisburg, PA 17110, (717) 787-8740. Persons with a speech or hearing impairment may call by using V/TT at (717) 783-6154 or the Pennsylvania Hamilton Relay Service at (800) 654-5984 (TT).

<i>Category</i>	<i>Skill</i>	<i>EMR</i>	<i>EMT</i>	<i>AEMT</i>	<i>P*</i>	
1	Airway/Ventilation/Oxygenation	Nonsurgical Supraglottic Airway	No	No	Yes	Yes
2	Airway/Ventilation/Oxygenation	Nasopharyngeal	Yes	Yes	Yes	Yes
3	Airway/Ventilation/Oxygenation	Oropharyngeal	Yes	Yes	Yes	Yes
4	Airway/Ventilation/Oxygenation	Pharyngeal Tracheal lumen	No	No	No	No
5	Airway/Ventilation/Oxygenation	BVM-ETT/Nonsurgical Supraglottic Airway	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes	Yes
6	Airway/Ventilation/Oxygenation	BVM with in line small volume nebulizer	No	Yes <sup>2</sup>	Yes	Yes
7	Airway/Ventilation/Oxygenation	Bag Valve Mask (BVM)	Yes	Yes	Yes	Yes
8	Airway/Ventilation/Oxygenation	Chest decompression—needle	No	No	No	Yes
9	Airway/Ventilation/Oxygenation	Chest tube thoracostomy monitoring closed (clamped or water seal)	No	No	No	Yes <sup>1</sup>
10	Airway/Ventilation/Oxygenation	Chest tube thoracostomy monitoring closed (attached to suction)	No	No	No	No
11	Airway/Ventilation/Oxygenation	Chest tube thoracostomy monitoring open	No	No	No	Yes
12	Airway/Ventilation/Oxygenation	Chest tube thoracotomy, acute insertion	No	No	No	No
13	Airway/Ventilation/Oxygenation	Continuous Positive Airway Pressure (CPAP)	No	Yes <sup>1</sup>	Yes	Yes
14	Airway/Ventilation/Oxygenation	BiPAP	No	No	No	Yes <sup>1</sup>
15	Airway/Ventilation/Oxygenation	Cricothyrotomy	No	No	No	Yes
16	Airway/Ventilation/Oxygenation	End tidal CO <sub>2</sub> monitoring/capnography	No	No	Yes	Yes
17	Airway/Ventilation/Oxygenation	EOA/EGTA	No	No	No	No
18	Airway/Ventilation/Oxygenation	Extubation—removal of ETT	No	No	No	Yes
19	Airway/Ventilation/Oxygenation	Removal of Supraglottic Airway	No	No	Yes	Yes
20	Airway/Ventilation/Oxygenation	Gastric decompression by OG tube insertion	No	No	No	Yes
21	Airway/Ventilation/Oxygenation	Gastric decompression by NG tube insertion	No	No	No	Yes
22	Airway/Ventilation/Oxygenation	Gastric decompression by alternative airway	No	No	Yes	Yes
23	Airway/Ventilation/Oxygenation	Head-tilt chin lift	Yes	Yes	Yes	Yes
24	Airway/Ventilation/Oxygenation	Inspiratory Impedance Threshold Device (ITD)	No	No	Yes <sup>1</sup>	Yes
25	Airway/Ventilation/Oxygenation	Endotracheal Intubation by direct laryngoscopy (including video intubation devices), nasotracheal, digital and transillumination/lighted stylet techniques	No	No	No	Yes
26	Airway/Ventilation/Oxygenation	Endotracheal Intubations—paralytic assisted, rapid sequence induction (RSI)	No	No	No	No
27	Airway/Ventilation/Oxygenation	Ventilation—maintenance of previous initiated neuro blocker	No	No	No	No
28	Airway/Ventilation/Oxygenation	Endotracheal Intubation retrograde	No	No	No	No
29	Airway/Ventilation/Oxygenation	Mouth to mouth	Yes	Yes	Yes	Yes
30	Airway/Ventilation/Oxygenation	Mouth to nose	Yes	Yes	Yes	Yes
31	Airway/Ventilation/Oxygenation	Mouth to stoma	Yes	Yes	Yes	Yes
32	Airway/Ventilation/Oxygenation	Mouth to barrier	Yes	Yes	Yes	Yes
33	Airway/Ventilation/Oxygenation	Obstruction—direct laryngoscopy (remove with forceps)	No	No	No	Yes
34	Airway/Ventilation/Oxygenation	Obstruction-manual (abdominal thrusts, finger sweep, chest thrusts) upper airway	Yes	Yes	Yes	Yes

Category		Skill	EMR	EMT	AEMT	P*
35	Airway/Ventilation/Oxygenation	Oxygen therapy—blow by	Yes	Yes	Yes	Yes
36	Airway/Ventilation/Oxygenation	Oxygen therapy—humidifiers	No	Yes	Yes	Yes
37	Airway/Ventilation/Oxygenation	Oxygen therapy—nasal cannulas	Yes	Yes	Yes	Yes
38	Airway/Ventilation/Oxygenation	Oxygen therapy—nonrebreather	Yes	Yes	Yes	Yes
39	Airway/Ventilation/Oxygenation	Oxygen therapy—partial rebreather	No	Yes	Yes	Yes
40	Airway/Ventilation/Oxygenation	Oxygen therapy—regulators	Yes	Yes	Yes	Yes
41	Airway/Ventilation/Oxygenation	Oxygen therapy—simple face mask	No	Yes	Yes	Yes
42	Airway/Ventilation/Oxygenation	Oxygen therapy—Venturi mask	No	Yes	Yes	Yes
43	Airway/Ventilation/Oxygenation	Peak expiratory flow assessment	No	No	Yes	Yes
44	Airway/Ventilation/Oxygenation	Suctioning—meconium aspiration	No	No	No	Yes
45	Airway/Ventilation/Oxygenation	Suctioning—stoma/tracheostomy	Yes	Yes	Yes	Yes
46	Airway/Ventilation/Oxygenation	Suctioning—tracheobronchial by advanced airway	No	Yes <sup>2</sup>	Yes	Yes
47	Airway/Ventilation/Oxygenation	Suctioning—upper airway (nasal)	Yes	Yes	Yes	Yes
48	Airway/Ventilation/Oxygenation	Suctioning—upper airway (oral)	Yes	Yes	Yes	Yes
49	Airway/Ventilation/Oxygenation	Transtracheal jet ventilation	No	No	No	Yes
50	Airway/Ventilation/Oxygenation	Single mode, volume controlled auto vent without blender	No	No	Yes <sup>1</sup>	Yes <sup>1</sup>
51	Airway/Ventilation/Oxygenation	Ventilator, transport single of multimodal with/without blender. Volume control mode only, on patients >1 year of age with no anticipated need to actively titrate ventilator settings during transport.	No	No	No	Yes
52	Airway/Ventilation/Oxygenation	Ventilators, that are portable, that are portable and capable of being transported with a patient and are multi-modal, with a blender, that are used on patients requiring pressure control, pressure support or other advanced setting, or when there is an anticipated need by a healthcare provider involved with the care of the patient to actively titrate ventilator settings during transport, regardless of ventilation mode.	No	No	No	No
53	Cardiovascular/Circulation	Blood pressure—auscultation	Yes	Yes	Yes	Yes
54	Cardiovascular/Circulation	Blood pressure—electronic noninvasive	Yes	Yes	Yes	Yes
55	Cardiovascular/Circulation	Blood pressure—palpation	Yes	Yes	Yes	Yes
56	Cardiovascular/Circulation	Electrocardiogram (ECG) monitoring applying leads single lead	No	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes
57	Cardiovascular/Circulation	Electrocardiogram (ECG) monitoring obtain and transmit 12 lead ECG	No	Yes <sup>1</sup>	Yes	Yes
58	Cardiovascular/Circulation	Cardiac monitoring—single lead (interpret)	No	No	No	Yes
59	Cardiovascular/Circulation	Manual chest compressions—adult, child, infant	Yes	Yes	Yes	Yes
60	Cardiovascular/Circulation	Precordial thump	No	No	No	Yes
61	Cardiovascular/Circulation	Cardioversion—synchronized	No	No	No	Yes
62	Cardiovascular/Circulation	Defibrillation—counter shock manual	No	No	No	Yes
63	Cardiovascular/Circulation	Transcutaneous cardiac pacing	No	No	No	Yes
64	Cardiovascular/Circulation	Transvenous or Epicardial pacing, Management of	No	No	No	No
65	Cardiovascular/Circulation	Defibrillation—automated external defibrillator (AED)	Yes	Yes	Yes	Yes

Category		Skill	EMR	EMT	AEMT	P*
66	Cardiovascular/Circulation	Hemodynamic monitoring/assist (Swan Ganz, central venous pressure)	No	No	No	No
67	Cardiovascular/Circulation	Intra-aortic balloon pump or invasive cardiac assist device monitoring/assist	No	No	No	No
68	Cardiovascular/Circulation	Mechanical chest compression device application and use	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>
69	Cardiovascular/Circulation	Thrombolytic therapy—initiation	No	No	No	No
70	Cardiovascular/Circulation	Thrombolytic therapy—monitoring	No	No	No	No
71	IV Initiation/Maintenance/Fluid	Central venous cannulation/insertion	No	No	No	No
72	IV Initiation/Maintenance/Fluid	Central venous line-access of existing catheters with external ports	No	No	No	Yes
73	IV Initiation/Maintenance/Fluid	External jugular vein cannulation	No	No	No	Yes
74	IV Initiation/Maintenance/Fluid	Saline lock insertions as no-flow IV	No	No	Yes	Yes
75	IV Initiation/Maintenance/Fluid	Intraosseous-needle placement and infusion-tibia, femur and humerus	No	No	Yes	Yes
76	IV Initiation/Maintenance/Fluid	IV insertion, peripheral venous initiation (cannulation)	No	No	Yes	Yes
77	IV Initiation/Maintenance/Fluid	Sub-cutaneous indwelling catheters—access of existing catheters	No	No	No	No
78	IV Initiation/Maintenance/Fluid	Venous blood sampling, peripheral—for clinical diagnostic purposes only	No	No	Yes	Yes
79	IV Initiation/Maintenance/Fluid	Venous blood sampling, peripheral—for legal purposes only (Applies to Paramedics only, as defined and permitted by Act 142 of 2016)	No	No	No	Yes
80	IV Initiation/Maintenance/Fluid	Venous central line (blood sampling) obtaining	No	No	No	No
81	IV Initiation/Maintenance/Fluid	Arterial line—capped—transport	No	Yes	Yes	Yes
82	IV Initiation/Maintenance/Fluid	Arterial line—monitoring/assist	No	No	No	No
83	IV Initiation/Maintenance/Fluid	Blood/Blood-by-products administration (initiation)	No	No	No	Yes <sup>1</sup>
84	IV Initiation/Maintenance/Fluid	Blood/Blood-by-products administration (monitoring)	No	No	No	Yes <sup>1</sup>
85	Lifting and moving	Patient lifting, moving and transfers	Yes	Yes	Yes	Yes
86	Lifting and moving	Patient restraints on transport devices	Yes	Yes	Yes	Yes
87	Medication administration routes	Endotracheal (ET)	No	No	No	Yes
88	Medication administration routes	Inhalation (aerosolized/nebulized)	No	Yes	Yes	Yes
89	Medication administration routes	Intramuscular (IM)	No	No	Yes	Yes
90	Medication administration routes	Intranasal (IN)	No	No	Yes	Yes
91	Medication administration routes	Intraosseous (IO)—tibia, humerus or femur	No	No	Yes	Yes
92	Medication administration routes	Intravenous (IV)—fluid bolus	No	No	Yes	Yes
93	Medication administration routes	Intravenous (IV)—monitoring or maintaining existing IV infusions, (crystalloid fluid as published in the EMS medication list in the <i>Pennsylvania Bulletin</i> ), during interfacility transport	No	No	Yes	Yes
94	Medication administration routes	Intravenous (IV) infusion with added medication, including by intravenous pump	No	No	No	Yes
95	Medication administration routes	Nasogastric	No	No	No	Yes
96	Medication administration routes	Enteral feeding devices, Management of	No	No	No	No
97	Medication administration routes	Oral—over-the-counter medications for pain, fever and hypoglycemia (as listed in the approved medication list)	No	Yes	Yes	Yes

Category		Skill	EMR	EMT	AEMT	P*
98	Medication administration routes	Inhalation over-the-counter medication inhalation of alcohol prep pad	Yes	Yes	Yes	Yes
99	Medication administration routes	Rectal	No	No	No	Yes
100	Medication administration routes	Subcutaneous	No	No	Yes	Yes
101	Medication administration routes	Sublingual ( <i>Note: EMT may only assist patient with his/her prescribed Nitroglycerin (NTG)</i> )	No	Yes	Yes	Yes
102	Medication administration routes	Topical	No	No	No	Yes
103	Medications	Auto-injector benzodiazepine for seizure	No	No	No	Yes
104	Medications	Auto-injector epinephrine (assist patient with his/her prescribed medication)	No	Yes	Yes	Yes
105	Medications	Auto-injected epinephrine—primary use—not patients own prescription	No	Yes <sup>1</sup>	Yes	Yes
106	Medications	IM injection of Epinephrine as approved by PA EMS protocol	No	Yes <sup>1</sup>	Yes	Yes
107	Medications	Medications as published in the <i>Pennsylvania Bulletin</i> by the Department	Yes	Yes	Yes	Yes
108	Medications	Immunizations as published in the <i>Pennsylvania Bulletin</i> by the Department	No	No	No	Yes
109	Medications	Over the counter (OTC) medications (except as listed elsewhere for pain, fever, hypoglycemia)	No	No	No	No
110	Medications	Oxygen	Yes <sup>1</sup>	Yes	Yes	Yes
111	Medications	Auto-injector nerve agent antidote—self or peer rescue	Yes	Yes	Yes	Yes
112	Medications	Auto-injector nerve agent antidote—patient treatment	No	Yes <sup>3</sup>	Yes <sup>3</sup>	Yes
113	Medications	Metered-dose inhaler (MDI) bronchodilator (EMT may only assist patient with their own prescribed inhaler)	No	Yes	Yes	Yes
114	Medications	Naloxone—Intranasal or intramuscular auto injector	Yes <sup>1,4</sup>	Yes <sup>1,4</sup>	Yes	Yes
115	Medications	Glucagon—Intranasal (powder spray) or intramuscular auto-injector	No	Yes <sup>1</sup>	Yes	Yes
116	Patient assessment/management	Behavioral—restrain violent patient	Yes <sup>1</sup>	Yes	Yes	Yes
117	Patient assessment/management	Blood glucose assessment	No	Yes <sup>1</sup>	Yes	Yes
118	Patient assessment/management	Portable blood analysis devices, use of (glucometer covered elsewhere)	No	No	No	No
119	Patient assessment/management	Childbirth—umbilical cord cutting	Yes	Yes	Yes	Yes
120	Patient assessment/management	Childbirth—(abnormal/complications)	No	Yes	Yes	Yes
121	Patient assessment/management	Childbirth (normal)—cephalic	Yes	Yes	Yes	Yes
122	Patient assessment/management	Carbon Monoxide CO—oximetry monitoring	No	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>
123	Patient assessment/management	Carbon Monoxide CO—exhaled analysis device	No	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>
124	Patient assessment/management	Carbon Monoxide with environmental surveillance devices	Yes	Yes	Yes	Yes
125	Patient assessment/management	Hemodynamic monitoring/assist (Swan Ganz, central venous pressure)	No	No	No	No
126	Patient assessment/management	Dislocation reduction	No	No	No	No

Category		Skill	EMR	EMT	AEMT	P*
127	Patient assessment/management	Eye irrigation (irrigation through corneal contact device limited to AEMT and P)	Yes	Yes	Yes	Yes
128	Patient assessment/management	Intracranial monitoring/assist	No	No	No	No
129	Patient assessment/management	Patient management per Statewide EMS protocols and Department approved protocols	Yes	Yes	Yes	Yes
130	Patient assessment/management	Pulse oximetry monitoring	No	Yes	Yes	Yes
131	Patient assessment/management	Splinting, extremity—manual, rigid, soft, vacuum	Yes	Yes	Yes	Yes
132	Patient assessment/management	Splinting, femur—traction	No	Yes	Yes	Yes
133	Patient assessment/management	Urinary catheterization	No	No	No	No
134	Patient assessment/management	Wound care, dressing bandaging	Yes	Yes	Yes	Yes
135	Patient assessment/management	Wound care, removal of Taser probe/barb	No	No	No	No
136	Patient assessment/management	Wound drain—vacuum devices, monitoring	No	Yes	Yes	Yes
137	Patient assessment/management	Wound care, hemorrhage control—direct pressure, wound packing, tourniquet, bandaging, hemostatic agents	Yes	Yes	Yes	Yes
138	Patient assessment/management	Wound care, irrigation and skin closure with tape or adhesive glue	No	No	No	No
139	Spinal Care	Restrict spinal motion—Cervical collar application	Yes	Yes	Yes	Yes
140	Spinal Care	Restrict spinal motion—Helmet removal or stabilization	No	Yes	Yes	Yes
141	Spinal Care	Restrict spinal motion—manual cervical spine stabilization	Yes	Yes	Yes	Yes
142	Spinal Care	Restrict spinal motion—rapid extrication with precautions to restrict spinal movement	No	Yes	Yes	Yes
143	Spinal Care	Devices to restrict spinal motion, vacuum mattress, extrication device, scoop stretcher and spine board	No	Yes	Yes	Yes

EMR—Emergency Medical Responder;

EMT—Emergency Medical Technician;

AEMT—Advanced Emergency Medical Technician;

P\*—Paramedic (\*includes—PHRN/PHPE/PHP)

No—The skill is not in the scope of practice for the level certification.

Yes—The skill is in the scope of practice for the level of certification.

1. Additional training and authorization by EMS agency medical director is required, and this skill may only be used when functioning with a licensed EMS agency that complies with Department requirements for providing this skill.

2. May assist a P, PHRN, PHPE or PHP with this skill only in the physical presence of and under the direct supervision of the higher-level provider.

3. May perform this skill only in the physical presence of and under the direct supervision of a P, PHRN, PHPE or PHP.

4. Department-approved Act 139 training required and approval of the EMS medical director, and this skill may only be used when functioning with a licensed EMS agency that complies with Department requirements for providing this skill.

DR. DEBRA L. BOGEN,  
Acting Secretary

[Pa.B. Doc. No. 23-1799. Filed for public inspection December 29, 2023, 9:00 a.m.]

## DEPARTMENT OF HEALTH

### Special Pharmaceutical Benefits Program Advisory Council Public Meeting

The Statewide Special Pharmaceutical Benefits Program (SPBP) Advisory Council, established by the Department of Health (Department) to aid in the carrying out of its Federal grant responsibilities under section 2616 of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (42 U.S.C. § 300ff-26), will hold a public teleconference meeting on Thursday, January 25, 2024, from 10 a.m. to 12 p.m. Persons may participate by dialing in by location at (412) 648-8888 or (866) 588-4789. The meeting ID is 165 276 406#. The meeting will begin promptly at 10 a.m. and participants are urged to call in by 9:50 a.m. Attendees can participate in the conference call on location at the Bureau of Communicable Diseases, 625 Forster Street, Harrisburg, PA 17120. In-person participants are asked to RSVP to Sandy Brosius, [sabrosius@pa.gov](mailto:sabrosius@pa.gov), (717) 547-3419 by close of business on January 23, 2024. Upon arrival, sign in at the front desk in the lobby of the building by 9:45 a.m. to await an escort to the meeting room.

The SPBP Advisory Council will provide program guidance and recommendations to the Department's SPBP in regard to the following: drug formulary; covered lab services; drug utilization review; clinical programs; eligibility; and program management.

For additional information, contact Sandy Brosius, Bureau of Communicable Diseases, Department of Health, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120, (717) 547-3419.

Persons with a disability who wish to attend the meeting and require an auxiliary aid, service or other accommodation to do so should also contact Sandy Brosius, Bureau of Communicable Diseases, Department of Health, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120, (717) 547-3419. For persons with speech and/or hearing impairment call the Pennsylvania Hamilton Relay Service at (800) 654-5984 (TDD users) or (800) 654-5988 (voice users).

This meeting is subject to cancellation without prior notice.

DR. DEBRA L. BOGEN,  
*Acting Secretary*

[Pa.B. Doc. No. 23-1800. Filed for public inspection December 29, 2023, 9:00 a.m.]

## DEPARTMENT OF HEALTH

### Vehicle, Equipment and Supply Requirements for Emergency Medical Services

Under 28 Pa. Code § 1027.3(c) (relating to licensure and general operating standards), the Department of Health (Department) has the authority to publish in the *Pennsylvania Bulletin*, and update as necessary, vehicle construction and equipment and supply requirements for emergency medical services (EMS) agencies based upon the types of services they provide and the EMS vehicles they operate. An EMS agency that is licensed to operate as a quick response service (QRS), basic life support ambulance, intermediate life support ambulance, advanced life support ambulance, critical care ambulance,

air ambulance, basic life support squad, intermediate life support squad and advanced life support squad service by the Department under 35 Pa.C.S. § 8129 (relating to emergency medical services agencies), shall maintain and have readily available in working order the following vehicle, equipment and supply requirements.

#### A. Ground Ambulance Requirements

*Ground Ambulances:* QRS/Basic Life Support/Intermediate Life Support/Advanced Life Support/Critical Care Transport/Basic Life Support Squad/Intermediate Life Support Squad/Advanced Life Support Squad

1. The ambulance must meet the requirements of Federal Specifications KKK 1822 and Ambulance Manufacturers Division (AMD) Standards in effect at the time of the vehicles manufacture. (Does not apply to a Squad Vehicle.)

2. The ambulance must meet the requirements in 75 Pa.C.S. (relating to Vehicle Code) for vehicle registration, annual safety inspection and liability insurance, and the requirements of all Department of Transportation regulations relating to flashing and revolving lights, including intersection lights.

3. Emblems and markings must be affixed to the ambulance exterior as follows:

a. The word "AMBULANCE" shall be mirror imaged in letters not less than 4" high, centered above the grill. The placement of the word "AMBULANCE" shall be on the rear of the vehicle and the curved surface of the hood or can be placed on a flat bug screen. (Does not apply to a Squad Vehicle or QRS Vehicle.)

b. The words "EMS SQUAD," "PARAMEDIC," "ALS SQUAD," "BLS SQUAD" or "PARAMEDIC RESCUE," shall be mirror imaged in letters not less than 4" high, centered above the grill. The placement of the wording identified in this section shall be on the rear of the vehicle and the curved surface of the hood, front bumper or can be placed on a flat bug screen. (Does not apply to ambulances, Fire Apparatus (for example, Rescue, Engine, Ladder, Tower and the like) that is primarily used for fire suppression or QRS Vehicle.)

c. "Star of Life" shall appear on the ambulance in the following sizes and numbers

\* Two 3" size "Stars of Life" on each side of the word "AMBULANCE" on the hood of the vehicle or on a bug screen.

\* Two 16" size "Stars of Life" on the right and left side panels.

\* Two 12" size "Star of Life" on the rear of the vehicle.

\* One 32" size "Star of Life" on the vehicle rooftop.

*Note:* Squad units must have at least 3" size "Stars of Life," one on each side, and two in front and two on the rear of the vehicle. (Does not apply to QRS Vehicles.)

d. The Department issued licensure decal must be applied to right and left exterior sides of the vehicle in a conspicuous place.

e. A reflective chevron is not required. If used, a reflective chevron may be placed on the rear vertical surface of the exterior of the vehicle. The chevron pattern shall slant downward on both sides of the vehicle at an angle of 45° pointing in the direction of the bottom rear corner of the tailboard. The pattern shall resemble an inverted V with the point at the top center of the vehicle. The chevron shall use an alternating color pattern. The vertical panels shall be 8" to 12" wide and at least 24" in