

**Title 64 Series 48  
Department of Health and Human Resources  
Bureau for Public Health  
Emergency Medical Services  
Summary of Public Comments**

**COMMENTS AND RESPONSES**

**The descriptions of public comments below are a paraphrasing of the originally submitted comments. The full text of each public comment has been filed with the Secretary of State's Office.**

**Section 5 – Vehicles**

**Comment**

5.1.k.1 through 5.1.k.4 – The proposed amendment to the current rules will eliminate reflective markings and mandate the use of standards developed by the Commission on Accreditation of Ambulance Services. This is problematic as the Commission's standards for vehicle markings are vague at best and do not require reflective markings. Presently the state standard on vehicle marking exceed those of the accrediting body.

**Response**

The reflective marking changes were recommended by the Emergency Medical Services Advisory Council (EMSAC) Safety Committee. This committee was charged by EMSAC and the Office of Emergency Medical Services (OEMS) to review and recommend appropriate markings for EMS vehicles. This has been a long-standing topic of discussion at EMSAC because there was input from members that the current marking requirements in legislative rule were outdated and actually could cause harm. Agencies also expressed concern because with the new models of EMS vehicles, the requirements were not possible to meet. Agencies were starting to seek waivers for new vehicles.

The Ground Vehicle Standard for Ambulances, CAAS GVS v.1.0. adopted by the Commission on Accreditation of Ambulance Services (CAAS) were developed over a two year period and reflect a consensus standard for ambulances. The new standards are a successor to the KKK-A-1822 specification, which the US Government plans to sunset at some point in the future.

CAAS is an independent Commission that established a comprehensive series of standards for the ambulance service industry. The new standards for emergency medical vehicles are intended for use by all types of providers in the broad spectrum of EMS and were established to encourage and promote quality patient care in America's medical transportation system. The consensus group that created the CAAS GVS standard was made up of a large group of professionals including public and private EMS providers, regulators, physicians, equipment manufacturers and other subject matter experts.

This rule change does provide for public safety as well as provide some flexibility to the agency for the marking of vehicles. It is not as prescriptive, but still provides for public safety. The following link provides additional information on the CAAS Ground Vehicle Standard for Ambulances, CAAS GVS v.1.0.

<http://www.groundvehiclestandard.org/>

**Section 6 – Personnel**

**Comment**

6.8. Fees. The proposed increase in fees represent an irresponsible shifting of the funding burden of the Office of Emergency Medical Services (OEMS) from the State onto West Virginia's ambulance agencies. More specifically,

- The amount of the fee increases does not appear to be proportional to the length of the certification was extended.
- Increasing fees 100% to 200% due to the extended certification period fails to acknowledge the reduced workload of the office created by the legislative changes.
- The summary documents accompanying the rule attempt to characterize the fees as being a budget neutral change to offset the cost of the extended certification periods.
- But the Office of EMS did not object during the legislative process to the certification changes made in 2016 on a financial basis. And the Office of EMS was able to operate through the 2016-2017 fiscal year without increase the fees. And the proposed fees will not go into effect until the 2018-2019 fiscal year if the proposed increase are approved by the 2018 legislature.
- The proposed fees are not proportional to the wages of EMS personnel compared to those of the other professions.
- The fee increases would be completely unnecessary if it weren't for the multiple budgets cuts imposed upon OEMS in recent years by the Governor and Legislature in budget process and multiple unfunded mandates imposed on OEMS for statutory duties unrelated to the agency's core functions.

#### **Response**

The Department can only reiterate the enlargement of the certification period from 2 to 4 years has led to a significant decrease in revenue to the Office of Emergency Medical Services which was already operating without sufficient funds to support its statutory mandate ensure the safe and efficient operation of life-saving and life-preserving emergency medical service to meet the needs of citizens of the state. The increase in fees in intended to replace revenue lost as a result of the change in the certification period.