

WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

Form #6

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OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED
BY THE WEST VIRGINIA LEGISLATURE.**

AGENCY: Department of Health and Human Resources TITLE NUMBER: 64

AMENDMENT TO AN EXISTING RULE: YES , NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 48

TITLE OF RULE BEING AMENDED: Emergency Medical Services

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: _____

TITLE OF RULE BEING PROPOSED: _____

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) S.B. 1

SECTION 64-5-2 (wv), PASSED ON March 14, 1992

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON
THE FOLLOWING DATE: April 22, 1992

W. Donald Weston
W. Donald Weston, M.D.
Acting Secretary

4.10

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OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

[PROPOSED]

WEST VIRGINIA LEGISLATIVE RULES
DIRECTOR OF HEALTH

EMERGENCY MEDICAL SERVICES

Series 48

1992

Modifications Requested by the
Legislative Rule-Making Review Committee

[PROPOSED]
WEST VIRGINIA LEGISLATIVE RULES
DIRECTOR OF HEALTH

EMERGENCY MEDICAL SERVICES
64 CSR 48

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[PROPOSED]
TITLE 64
WEST VIRGINIA LEGISLATIVE RULES
DIRECTOR OF HEALTH

SERIES 48
EMERGENCY MEDICAL SERVICES

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OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

§64-48-1. General

1.1. Scope - This rule is intended to insure adequate provision of emergency medical services to the citizens of West Virginia; to meet the needs and goals set out in ~~Section 2, Article 4C, Chapter 16 of the West Virginia Code~~ W. Va. Code §16-4C-2; and to provide clear direction to emergency medical services personnel and providers in West Virginia. The adoption of this rule shall does not preclude or prevent the director and the emergency medical services advisory council from altering or amending it, in whole or in part, in accordance with the provisions of ~~Chapter 29A, Article 3, Section 1, et seq. of the West Virginia Code~~, W. Va. Code §29A-3-1 et seq. or from requiring other or additional services or reports, or from instituting other policies and procedures consistent with this rule. This rule shall not be construed to relieve any person from any duty imposed by the laws of this State.

1.2. Authority - §16-4C-6 and 16-4C-23 -- W. Va. Code §§16-4C-6 and 16-4C-23.

1.3. Filing Date -

1.4. Effective Date -

1.5. Notice of Public Comment Period - September 18, 1990

1.6. Public Comment Period - October 18, 1990

1.7. Final Approval - This rule was approved by the emergency medical services advisory council on October 5, 1990 and by the director of the division of health on December 20, 1990.

~~1.5-~~1.8. Supersession and Repeal of Former Regulations - This rule supersedes and repeals ~~Mobile Intensive Care Paramedic Rules and Regulations - Emergency Medical Services~~, West Virginia Department - Division of Health Legislative Rules, Chapter 30-3, Series II, ~~(formerly West Virginia Board of Medicine Legislative Rules, Chapter 30-3, Series II, 1982)~~ - 64 CSR 48, 1986.

§64-48-2. Application and Enforcement

2.1. Application

2.1.1. This rule applies to all persons or entities defined in ~~Section 3, Article 4C, Chapter 16 of the Code of West Virginia~~ W. Va. Code §16-4C-3 and to all other persons or entities engaging in the provision of ambulance service or emergency medical

+services in West Virginia.

2.1.2. If extreme hardship results from the strict application of any provision herein, or if unusual difficulty is encountered in immediately complying with any provision, application may be made to the director prior to violation of any provision herein for temporary exemption from a particular provision. No application for temporary exemption will be considered by the director unless the person making such application submits a full and factual justification for temporary exemption. It is further expressly intended that the granting of a temporary exemption shall not be a common occurrence, and this subsection is adopted solely to provide for those unforeseen and rare circumstances where strict application of this rule may interfere with the provision of emergency medical services in West Virginia.

2.1.3. The director shall keep a record of temporary exemptions granted under Subsection 2.1.2 of this rule and shall make the same available for public review upon request.

2.2. Enforcement - Enforcement of this rule is vested with the director of the West Virginia ~~department~~ division of health or his or her lawful designee.

§64-48-3. Definitions

3.1. Statutory Definitions - The definitions contained in ~~Section 3, Article 4C, Chapter 16, of the West Virginia Code~~ W. Va. Code §16-4C-3 are herein expressly adopted.

3.2. Acronyms - The following acronyms are used from time to time in this rule, and represent the following terms which shall have the same meaning ascribed to them in ~~Section 3, Article 4C, Chapter 16 of said Code~~ W. Va. Code §16-4C-3:

- (a) EMSAC - "Emergency Medical Services Advisory Council"
- (b) EMS - "Emergency Medical Services"
- (c) EMSP - "Emergency Medical Services Personnel"
- (d) EMS Provider - "Emergency Medical Services Provider"
- ~~(e) EMSA - "Emergency Medical Services Attendant"~~
- ~~(f)~~(e) EMT - "Emergency Medical Technician"
- ~~(g)~~(f) EMT-A - "Emergency Medical Technician - Ambulance"
- ~~(h)~~(g) EMT-I - "Emergency Medical Technician - Intermediate"
- (h) EMT-CC - "Emergency Medical Technician - Critical Care"

- (i) EMT-M - "Emergency Medical Technician - Mining"
- (j) EMT-P - "Emergency Medical Technician - Paramedic"
- (k) MICP - "Mobile Intensive Care Paramedic"
- (l) OEMS - "Office of Emergency Medical Services"

3.3. Council - The Emergency Medical Services Advisory Council.

~~3-5-~~3.4. Certification - The process by which any person acquires a certificate as an EMSP for a level in which he or she is not currently certified in this State.

3.5. Director - The director of the division of health or his or her lawful designee.

~~3-4-~~3.6. Disaster - A natural or man-made occurrence which creates needs for the provision of EMS which exceed the capacity of prompt provision by the EMS providers in the immediate area of such occurrence.

~~3-6-~~3.7. Recertification - The process by which any person renews a certificate as an EMSP for a level in which he or she is currently certified in this State.

~~3-7-~~3.8. EMS Program Serving Any Community Having Thirty (30) or Fewer Active Volunteers - An EMS provider which has no paid employees and which has thirty (30) or fewer persons providing patient care or EMS or who accompany others who provide EMS on authorized emergency vehicles.

~~3-8-~~3.9. Non-Profit EMS Provider - Any person or entity qualifying as a not-for-profit provider under the Internal Revenue Code of ~~1954~~ 1986. ~~as may be amended or under successor sections thereto.~~

~~3-9-~~3.10. Quorum - When applied to the EMSAC, a majority of the members thereof, except in the instance when at any meeting of the EMSAC, where a quorum is not present and the director causes to be deposited in the United States mail, postage prepaid, return receipt requested, to each member of the EMSAC within three (3) days, a notice calling a meeting of the EMSAC at some convenient place in the State of West Virginia two (2) weeks after the meeting at which no quorum was present. Quorum present, quorum means any number of members of the EMSAC who attend such subsequent meeting. ~~Any member missing two consecutive meetings shall be removed from the EMSAC.~~

~~3-10-~~ ~~Grammatical Usage~~ ~~Grammatical usages shall not be deemed to limit the application of this rule.~~ ~~Where one gender is used, the opposite and the neutral are expressly deemed included; in every proper case, singular shall be deemed to include the plural and plural shall be deemed to include the~~

singular-

§64-48-4. Certification

4.1. Minimum Educational, Moral and Physical Standards for Certification

4.1.1. Every person seeking certification as an EMSP must be able to read, write and speak the English language.

4.1.2. No person shall be certified as an EMSP unless such person shall have attained the age of eighteen (18) years prior to the issuance of such certification, except that a person aged sixteen (16) years or older may be certified as an EMSP to provide cardiopulmonary resuscitation. Nothing in this rule shall be construed to prevent any person from undergoing training prior to attaining the age required for issuance of an appropriate certificate. The director may require any applicant for certification to provide a birth certificate or other evidence of age prior to the issuance of an appropriate certificate.

4.1.3. No person shall be certified as an EMSP if such person is addicted to alcohol or drugs, or if such person has previously been adjudged insane or incompetent.

4.1.4. This rule specifically recognizes the ability of many handicapped persons to perform the tasks of an EMSP and is not intended to prevent certification of any person unless the extent of his or her disability is such as to prevent satisfactory completion of the qualifying examination.

4.1.5. Neither the director, the department—division of health nor any EMS provider shall unlawfully discriminate against any person by reason of race, sex, creed, handicap or national origin.

4.2. Additional Educational Standards for Certain Classes of Certification

4.2.1. Persons applying for training or certification as an ~~EMT-I~~, ~~MICP~~-EMT-CC or EMT-P shall be high school graduates or the equivalent. The director may require applicants to furnish proof of such education.

4.2.2. The director may require persons applying for training or certification as an ~~EMT-I~~, ~~MICP~~ EMT-CC or EMT-P to demonstrate competency, by test or otherwise, in knowledge normally required of EMT's and ability in mathematics.

4.2.3. Inasmuch as many programs for training of ~~EMT-I's~~, ~~MICP's~~-EMT-CC's and EMT-P's are administered through colleges and universities in this state, nothing in this rule shall be construed to prevent such colleges and universities from establishing and maintaining such additional entrance standards as they deem appropriate.

4.3. Additional Character Standards for Certain Classes of Certification

4.3.1. The director finds that services to be performed by EMT-I, EMT-CC, MICP and EMT-P personnel involve contact with and use of devices commonly known as "drug paraphernalia" and of narcotics and other dangerous drugs.

4.3.2. All applicants for training and certification as an ~~EMT-I, MICP, EMT-CC~~ or EMT-P shall furnish to the director ~~finger-prints and such other~~ information as the director requires, may require. ~~with which the director shall then cause an examination of the applicant's character and background to be made by the State department of public safety and/or such other agencies as deemed appropriate by the director.~~

4.3.3. ~~If, as a result of such examination,~~ the director finds that the applicant is not eligible for such training and certification, the director shall notify the applicant as provided by ~~Section 10, Article 4C, Chapter 16 of the West Virginia Code~~ W. Va. Code §16-4C-10, and shall deny the application.

4.4. Prior Certification Required for Certain Classes of Certification

4.4.1. No person shall be certified as an ~~EMT-I, MICP~~ EMT-CC or EMT-P who does not hold a certificate as an EMT or an EMT-A and who has not held such certificate for at least six (6) months prior to application for certification as an ~~EMT-I, MICP~~ EMT-CC or EMT-P.

4.4.2. The provisions of this subsection shall not apply to persons certified under Section-Subsection 4.5 of this rule.

4.5. Certification of Physicians, Osteopathic Physicians, Physician Assistants, Registered Nurses and Licensed Practical Nurses

4.5.1. Persons holding a valid license as a physician, osteopathic physician and or physician assistant are not required to obtain EMS certification from the director. Registered nurses or practical nurses who have received first aid training are not required to obtain EMS certification from the director.

4.5.2. Any person, including physicians, osteopathic physicians, physician assistants, registered nurses or licensed practical nurses may obtain certification as an ~~EMSA,~~ EMSP, EMT or EMT-A ~~or EMT-I~~ by completing the necessary training programs as established by the director for these licensed persons and by successfully completing the examination for the class of certification applied for as required by Section-Subsection 4.10 of this rule.

4.5.3. Any physician, osteopathic physician, physician assistant, registered nurse or licensed practical nurse may qual-

ify for examinations leading to certification as a ~~MICP or EMT-P~~ an EMT-CC by evidencing all of the following:

- (a) EMT training and current certification.
- (b) Current certification recognized by the director in advanced cardiac life support plus current certification in basic trauma life support for nurses and physician assistants.
- (c) Knowledge of and proficiency in the application of pneumatic anti-shock garments, attested to by a licensed physician or osteopathic physician.
- (d) Knowledge of and proficiency in the application of various airway devices as attested by a licensed physician or osteopathic physician.

4.5.4. Any physician, osteopathic physician, physician assistant, registered nurse or licensed practical nurse may qualify for certification as an EMSP (physician or nurse) by satisfactorily passing the EMT written and practical examination and by satisfying the requirements of Section-Subsection 4.5.3(b) of this rule.

(a) A physician or osteopathic physician is not required to maintain current EMT certification, but must have received such training to be eligible for certification as an EMSP (physician).

(b) Training and certification at any level above EMT (e.g., EMT-A, EMT-I, EMT-CC, MICP, or EMT-P), meets the requirement of (a) in Subsection 4.5.3 of this rule.

4.5.5. Renewal of certifications for such persons enumerated in Subsection 4.5 of this rule shall be accomplished in the same manner as that established for other persons holding the same certification.

4.6. Course Curricula

4.6.1. Except as provided in Subsection 4.5 of this rule, no person shall be certified as an EMSP until such person ~~shall~~ have-has completed a course of study approved by the director.

4.6.2. Any person or agency desiring to conduct a course of study designed to prepare a person for certification as an EMSP shall submit to the director a course proposal containing a detailed syllabus of materials to be covered. The director shall review such submission in light of statewide course requirements established by the procedure set out in Subsection 4.6.3 of this rule and shall either approve or disapprove the proposed course of study.

4.6.3. The director or his or her designee shall meet with the State EMS Curriculum and Training Committee (CTC) from time to time. The CTC shall consist of such persons as the director

shall designate. The director, with the advice of the CTC, shall adopt minimum standard course requirements for each class of certification as EMSP and shall cause the same to be published and distributed to interested persons statewide. The director may adopt recognized standard course curricula as satisfying the minimum standards created under this subsection.

4.6.4. Every person or agency desiring to conduct a course of study as aforesaid shall submit to the director with the required course proposal a list of responsible faculty and their qualifications to instruct such course. The director shall review such faculty list and the director shall either approve or disapprove the same. Nothing in this rule shall be construed to prevent-preclude unlicensed persons or persons not fully qualified to conduct an approved course from participation in the instruction thereof while under the direct supervision of an approved course faculty member.

4.7. Provisions of Training for Certification

4.7.1. Nothing in this rule shall be construed to make the receipt of training to become an EMSP a right, nor to require the director to cause a course of study to be conducted in a geographical area or for a particular class of certification for which a need is not demonstrated.

4.7.2. Training shall continue to be coordinated and approved by OEMS, area and regional EMS offices and through college, university and school systems in the same manner in which training is conducted immediately prior to the adoption of this rule.

4.8. Fees for Training

4.8.1. No fee shall be charged by the department-division of health for EMT OR EMT-A training provided to persons who are employed by or who provide volunteer services to EMS providers, agencies or organizations, subject to the provisions of Section Subsection 4.9 of this rule.

4.8.2. All other persons may be charged a reasonable fee for participation in any course of study for certification as an EMSP.

4.8.3. Nothing in this rule shall be construed to limit the authority of any college, university or board of education from levying reasonable fees for participation in education at their respective institutions or locations.

4.9. Waiver of Fees for EMSP's

4.9.1. The director finds that the training process for certification as an EMSP places a substantial financial burden upon the State of West Virginia and that the interests of providing competent EMS throughout West Virginia require that trained

persons be available to provide services to the citizens of this State.

4.9.2. The director may require of any person who enters a course of study for certification as an EMSP at the expense of the State of West Virginia that such person execute an agreement to serve in some career or volunteer capacity as an EMSP, for a time not in excess of the initial certification period following his or her certification as an EMSP.

4.9.3. In the event that any person who executes an agreement as provided in the immediately preceding subsection and who is subsequently certified as an EMSP ~~shall fail~~ fails to serve as an EMSP as required by such agreement without good cause, the director may assess such person for the reasonable cost of providing such training. Good cause as provided herein shall be determined by the director and shall be deemed to include physical incapacity or limitation, leaving the State as a requirement of regular employment, and lack of a suitable opportunity for service as an EMSP in the county of residence.

4.9.4. Nothing in this rule shall preclude any person from being trained by any of the aforementioned agencies or institutions and receiving a certificate of completion from such agency or institution. Such certificate of completion, however, shall not automatically meet the requirements for certification as an EMSP.

4.10. Testing

4.10.1. Prior to certification, every applicant for certification as an EMSP ~~prior to such certification,~~ shall demonstrate his or her knowledge and ability by undergoing a written examination and a demonstration of skills, and by attaining a passing score on the same each. ~~---Passing score shall be the same for all testing programs.~~

4.10.2. The content and passing score of the examinations required by Subsection 4.10.1 of this rule shall be determined by the director with the advice of the CTC, and such passing score shall be determined prior to the administration of such examination.

~~4.10.3. ---The passing score of the examinations required by Subsection 4.10.1 shall be determined by the director with the advice of the CTC, and such passing score shall be determined prior to the administration of such examination.~~

~~4.10.4.~~ 4.10.3. The written portions of examinations for certification as a provider of cardiopulmonary resuscitation, EMT-M, EMSA, EMT and EMT-A may be administered orally or by mechanical voice reproduction, to any applicant who documents insufficient reading skills by furnishing such documentation to OEMS at least forty-five (45) days prior to the scheduled examination date. Nothing in this subsection shall be construed to

permit waiver of the required practical examination for such applicants.

~~4.10.5~~--4.10.4. Applicants for certification shall provide evidence of an intent to affiliate with a recognized provider of emergency medical services or an industry requiring certified EMS personnel.

4.11. Duration of Certification

~~4.11.1~~--Certification as an EMSA will be valid for a period of three years from the date of issuance of certification of course completion by a recognized agency, or from the date of EMSA certification examination, whichever is earlier.

~~4.11.2~~--4.11.1. Initial certification as an EMT, EMT-M, EMT-A, EMT-I, MFCP or EMT-P-EMSP will be valid for a period of not less than two (2) years, but no more than three (3) years from the date of certifying examination. All certificates shall bear an expiration date of December 31 of the appropriate year.

4.12. Director to Publish Certification Standards

4.12.1. The director shall publish, from time to time, the standards for certification for each class of EMSP in a short and concise form intended to inform all interested persons of the existence and content of such standards and the director shall distribute the same to interested persons in this State.

4.12.2. Nothing in this rule shall be construed to require the director to publish or to disseminate the content of any examination required by Subsection 4.10 of this rule.

4.13. Reciprocity of Certification with Other States

4.13.1. The director may recognize current certification of any person as an EMSP in any other state as satisfying the requirements for such certification in this State.

4.13.2. The director may certify persons as an EMSP as aforesaid whenever the director deems the courses of study and examinations in such respective other state as being equivalent to the requirements for certification in this State.

4.13.3. After making a finding under Subsection 4.13.2 of this rule, the director may, in his discretion, immediately certify such applicant as an EMSP in this State or he may require such applicant to undergo immediate examination as provided by Subsection 4.10 of this rule.

4.13.4. The director shall require of applicants for reciprocal certification evidence of need for certification in this State.

§64-48-5. Recertification

5.1. Adoption of Basic Criteria for Initial Certification

5.1.1. Every applicant for recertification as an EMSP shall maintain the basic criteria for initial certification as set out in Subsections 4.1, 4.2 and 4.3 of this rule.

5.1.2. The director may require any applicant for recertification to submit such information as may be necessary to ensure compliance with Subsection 5.1.1 of this rule, including information relating to continued good character.

5.2. Training and Continuing Education Requirements

5.2.1. Applicants for recertification as an EMSP shall have completed during their current certification term, training or continuing education as applicable:

~~5.2.1.1. EMSA: Completion of the training course required for initial certification.~~

~~5.2.1.2. 5.2.1.1. EMT, EMT-M, EMT-A:~~

(a) Completion of an OEMS-approved refresher course, including the learning objectives of the basic EMT course; or

(b) Completion of an OEMS-approved continuing education program, including the learning objectives of the basic EMT course.

~~5.2.1.3. 5.2.1.2. EMT-I: Completion of an OEMS-approved continuing education program including the learning objectives of the basic EMT-I course.~~

~~5.2.1.4. 5.2.1.3. EMT-CC, MICP and EMT-P: Completion of an OEMS-approved continuing education program. including the learning objectives of the EMT-P course.~~

5.2.2. Continuing education hours may be earned in an amount not to exceed twenty (20) percent of the total hours required for time spent as an EMSP working as a member of an ambulance crew. No more than one (1) hour may be awarded for each patient seen by the applicant. The director may require applicants for recertification to submit details of patient care experiences, including citation of relevant OEMS or other relevant prehospital care report numbers.

5.3. Testing for Recertification

5.3.1. Every applicant for recertification as an EMSP shall, prior to such recertification, demonstrate his or her continued knowledge and ability by undergoing an evaluation and a demonstration of practical skills, and by attaining a passing score on the same.

5.3.2. The recertification evaluation required by the

immediately preceding subsection may be the same examination or examinations required by Subsection 4.10 of this rule, or may be an examination intended for recertification, which examination is developed in the same manner as provided by Subsection 4.10 of this rule.

5.3.3. If any person certified as an EMSP shall fail the recertification evaluation and demonstration of skills, the director shall, upon the recommendation of such person's EMS provider's medical director, extend such certificate for a period of six (6) months in order to afford such person an opportunity to retrain and retest for recertification. Such individual shall not lose his or her certification during this period for failure to pass any such recertification examination.

5.3.4. Any EMT-I, EMT-CC, MICP or EMT-P who maintains the required continuing education credits from the time of last certification or recertification as an EMT may be recertified as an EMT by satisfactorily passing an examination of basic life support skills and knowledge administered by the squad medical director, the squad training officer or an official state agency. Such examination shall have received approval by the director prior to administration.

5.4. Duration of Recertification

~~5.4.1.--EMSA's will be recertified for a period of three years from the date of issuance of certification of course completion by a recognized agency or from the date of the EMSA certification examination, whichever is earlier.~~

5.4.2.--5.4.1. Recertification terms for EMT, EMT-M, EMT-A, EMT-I, EMT-CC, MICP and EMT-P shall be for the three (3) calendar years following the expiration date of the current certification, provided that all requirements for recertification are initiated and completed during such current certification period.

5.4.3.--5.4.2. An EMT-M may optionally complete an eight (8) hour EMT-M module during the last year of certification and be recertified for one (1) calendar year following the expiration date of current certification, provided that all requirements for recertification are initiated and completed during such current certification period.

5.4.4.--5.4.3. Applicants for recertification as EMT, EMT-M, EMT-A, EMT-I, EMT-CC, MICP and EMT-P whose previous certification has lapsed shall have completed requirements as set out in Subsection 5.2 of this rule and such recertification, if granted, shall be for a period of not less than two (2) years, but no more than three (3) years from the date of examination. Such recertification shall bear an expiration date of December 31 of the appropriate year.

5.5. Fees - The director may charge a reasonable fee for recertification examinations administered under Subsection 5.3 of

this rule.

5.6. Director to Publish Recertification Standards - The provisions of Subsection 4.12 of this rule shall apply to recertification standards as well as to the certification standards.

§64-48-6. Procedure Upon Certification Suspension or Revocation

6.1. Rules to Provide Due Process of Law

6.1.1. ~~The provisions of Sections 9 and 10, Article 4C, Chapter 16 of the West Virginia Code~~ W. Va. Code §§16-4C-9 and 16-4C-10 are adopted herein as if fully set out.

6.1.2. It is the intention of this rule to safeguard the citizens of West Virginia by preventing any person who may be unfit or unqualified from performing EMS and to safeguard the interests of EMSP's by affording them due process of law and an opportunity for fair notice and a meaningful hearing.

6.1.3. Those persons adversely affected by the enforcement of ~~these rules~~ this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in Rules of Procedure for Contested Case Hearings and Declaratory Rulings, West Virginia Board of Health Procedural Rules, Chapter 16-1, Series 1, 1983, 64 CSR 1 and the provisions of this rule.

6.2. Confidentiality of Proceedings

6.2.1. It is the intention of this rule that any action taken by the director prior to the completion of administrative remedies and procedures established by ~~Section 10, Article 4C, Chapter 16 and Article 5, Chapter 29A of the West Virginia Code~~ W. Va. Code §§16-4C-10 and 29-5-1 et seq. shall remain confidential to the greatest extent consistent with the public good.

6.2.2. The director shall communicate proposed action prior to the completion of such administrative remedies and procedures only to the affected EMSP, his or her EMS provider, said provider's medical director and the regional medical director of the region affected.

6.3. Filing Papers

6.3.1. Written communications concerning proceedings under Subsections 6.1 et seq. of this rule shall be filed with the director by mailing them to his or her office in the City of Charleston, and the same shall be deemed filed as of the date of the postmark.

6.3.2. Copies of the aforesaid written communications shall be furnished the affected EMSP, his EMS provider, said provider's medical director and the regional medical director for the region affected, and a notation shall be endorsed on all such communi-

tions showing that all of said persons have been furnished copies.

6.4. Hearing Examiners

6.4.1. The director may appoint neutral and impartial persons as hearing examiners to receive evidence following a notice of appeal filed pursuant to ~~Section 10, Article 4C, Chapter 16 of the West Virginia Code~~ W. Va. Code §16-4C-10.

6.4.2. The hearing examiner shall conduct the hearing of such appeal and shall forward the record thereof, together with his or her recommendations, promptly after the completion of such hearing.

6.4.3. The director ~~shall~~ is not be-bound by the recommendations of any hearing examiner, and shall enter such order as he or she deems appropriate after the hearing.

6.5. Hearings

6.5.1. Hearings shall be open to the public only if the appellant so desires.

6.5.2. The director or hearing examiner ~~shall have~~ has the duty to conduct a full, fair and impartial hearing; to take appropriate action to avoid unnecessary delay; to maintain order; to cause oaths to be administered by appropriate public officers; to cause the hearing to be recorded by stenographic or mechanical means; to rule on the admissibility of evidence; and otherwise to conduct the hearing in a fair and orderly fashion.

6.5.3. Parties may appear only in person or may be represented by attorneys-at-law admitted to practice before the courts of this State.

6.5.4. Hearings may be continued for good cause only.

6.5.5. The director or hearing examiner ~~shall~~ is not be bound by technical rules of evidence, ~~but~~ and may exercise such discretion as will facilitate his or her understanding of the facts in dispute. The director or hearing examiner ~~will be~~ is entitled to receive and give appropriate weight to all evidence bearing on the dispute and to which reasonable people might give credence.

§64-48-7. Reporting

7.1. EMS Providers to Make Yearly Reports to the Director

7.1.1. Every EMS provider shall make a yearly report to the director which contains the following information:

(a) The identity, age and chauffeur's or operator's license number of its employees and members;

- (b) The number of patients transported in the prior year;
- (c) The fee schedule, if any, applicable to responses and transports;
- (d) Information concerning the policy of insurance required by ~~Section 16, Article 4C, Chapter 16 of the West Virginia Code~~ W. Va. Code §16-4C-16, if applicable;
- (e) Copies of any service reciprocity agreements in force;
- (f) Such other information as the director may reasonably require.

7.1.2. In order to simplify the reporting process, the director may combine the report required by Subsection 7.1.1 of this rule with any other report routinely required or received from EMS providers, including but not limited to the reports required for billing the State department-division of human services and the Federal social security administration.

7.2. Report of Services Provided under the Authority of ~~Section 15, Article 4C, Chapter 16 of the West Virginia Code~~ W. Va. Code §16-4C-15; Grounds for Suspension or Revocation

7.2.1. Whenever any EMT-I, EMT-CC, MICP or EMT-P provides services under the authority of ~~Section 15, Article 4C, Chapter 16 of the West Virginia Code~~ W. Va. Code §16-4C-15, he or she shall, within five (5) working days, make a report to the director setting out in detail:

- (a) What services were performed;
- (b) The identity of patients upon whom such services were performed;
- (c) The circumstances justifying the performance of such services; and
- (d) Other information as may be required by the director on forms provided.

7.2.2. The EMT-I, EMT-CC, MICP or EMT-P making such report shall send copies of the same to his or her EMS provider, said provider's medical director and his or her regional medical director.

7.2.3. Willful failure to make a report as aforesaid, willful misrepresentation of any material facts, providing services when such services are not believed in good faith to be necessary or providing services under ~~Section 15, Article 4C, Chapter 16 of the West Virginia Code~~ W. Va. Code §16-4C-15 when a communications failure or disaster does not exist, shall be deemed grounds for suspension or revocation of an EMSP certificate under ~~Section 9, Article 4C, Chapter 16 of the West Virginia Code~~ W. Va. Code

§16-4C-9.

7.2.4. Such reports are required only in instances where medical care inconsistent with established written protocols has been provided.

§64-48-8. Allowable Emergency Medical Procedures

8.1. Statewide Minimum Standards of Care and Allowable Procedures

8.1.1. The director, with the advice of the State critical care committee, shall adopt minimum standards of care and allowable procedures to be performed throughout the State by each class of EMSP. The State critical care committee shall consist of all regional medical directors and such other persons as are required by the director.

8.1.2. Nothing in this rule shall be construed to limit the power of the director to require individual EMSP certification for the number and type of drugs that are approved for use by the EMSP by the squad and regional medical directors.

8.2. Regional Standards of Care and Allowable Procedures

8.2.1. Each regional medical director, with the advice of the regional critical care committee or equivalent body, shall adopt standards of care and allowable procedures to be performed throughout the respective EMS regions of the State by each class of EMSP, so long as such standards of care and allowable procedures are consistent with those adopted by the director pursuant to Subsection 8.1 of this rule. Each regional medical director shall furnish the director with copies of all standards of care and allowable procedures proposed or adopted in the respective EMS region.

8.2.2. The regional critical care committee shall consist of the regional medical director, knowledgeable specialty care physicians and other physicians as may be recommended by the regional medical director and appointed by the EMS regional board of directors.

8.2.3. Nothing in this rule shall be construed to prohibit the director, with the advice of the state critical care committee, from disapproving regional standards of care and allowable procedures.

8.3. Inter-Regional Operations - Whenever any EMSP normally based in one EMS region travels through or transports any patient into another EMS region of this State, such EMSP may perform services consistent with statewide procedures and further:

(a) If such EMSP is acting under medical control of the regional medical director or his or her designates of such EMSP's home region, such EMSP may perform allowable services of his or

her own region; or

(b) If such EMSP is unable to act under such medical control of his or her own region, but is able to contact medical control of the region in which he or she is traveling or transporting a patient, he or she may perform such services in addition to those authorized statewide as are allowed in such latter region and for which such EMSP is trained and certified.

8.4. Medical Control and Command

8.4.1. Each EMS region in the State shall develop a medical control procedure through its critical care committee which addresses the following aspects of pre-hospital patient care:

8.4.1.1. Treatment protocols shall be designed to provide basic and advanced life support to critically injured or ill patients. Such protocols shall include drug therapy, invasive techniques and stabilizing procedures as well as treatment or reversal of complications arising from recommended therapeutic agents or procedures. Such treatment protocols must be written and provided to prehospital care ambulance personnel with periodic revisions and updates as needed.

8.4.1.2. Triage protocols shall be designed to permit proper transport of patients to the nearest qualified facility that is equipped and staffed to manage a particular illness or injury. The regional critical care committee, utilizing the result of facility categorization or designation, shall determine which critical care facilities are appropriate for management of patients with serious medical problems related to the following critical care areas:

- (a) Trauma
- (b) Cardiac
- (c) High Risk Infant
- (d) Poisoning
- (e) Alcohol and Drug Detoxification
- (f) Spinal Cord Injury
- (g) Head Injury
- (h) Burns

8.4.1.3. The right of the patient to determine which facility he or she is to be transported shall be respected. It is the responsibility of the EMSP to advise the patient as to the care capability requirements related to the nature of the injury or illness and the recommended nearest appropriate facility which possesses that level of care capability in accordance with

medical command triage instructions.

8.4.2. Each regional EMS critical care committee or equivalent professional advisory committee to the regional EMS board of directors will prepare an official policy statement outlining the functions of medical command in their respective EMS regions. Such outline shall include, but not be limited to, the following aspects of medical command:

(a) Mechanism(s) of receiving orders from medical command physicians by advanced life support personnel including EMT-I, EMT-CC, MICP, EMT-P and nursing personnel providing prehospital advanced life support services;

(b) Methods of providing twenty-four (24) hour physician availability for radio communications with prehospital EMSP;

(c) Authorized drugs to be used by prehospital personnel within the region;

(d) Methods of establishing medical accountability (e.g., quality assurance programs); and

(e) Methods of evaluating advanced life support personnel for recertification.

8.4.3. The director shall approve a facility as a medical command facility upon recommendation by a regional EMS board of directors only when such facility provides sufficient communication capability, twenty-four (24) hour immediate physician availability, sufficient medical accountability, and meets such other requirements as the director deems appropriate.

8.4.4. All EMSP's shall have access to medical command facilities for the purpose of obtaining prompt medical control to aid in the care of and transport of patients. It is contemplated that such immediate medical control shall be utilized primarily by EMT-I, EMT-CC, MICP and EMT-P personnel but shall be available for any EMSP when such EMSP is providing emergency medical care to a patient.

8.4.5. Medical control may be by direct voice order or by written order. In the case of medical control by written order, such order shall be maintained in each appropriate medical command facility. Nothing in this rule shall be construed to require any regional medical director to issue written orders, but the issuance of the same shall be solely at the discretion of each regional medical director.

8.4.6. Every OEMS prehospital care record shall be made available to each regional EMS medical director or his or her designee for the purpose of ensuring compliance with statewide and regional standards of care and for the purpose of improving and monitoring the quality of emergency medical patient care in each region of the State.

§64-48-9. Grants and Funding

9.1. Review of Proposed EMS Projects and Programs to be Funded with State or Federal Funds

9.1.1. Any person or entity applying for State or Federal funds to fund or partially fund any EMS project or program to be operated after June 8, 1984 shall make application to the appropriate EMS regional office for review and approval of such project or program by the regional EMS board of directors, prior to submission to the director for his or her review and approval.

9.1.2. Such application shall identify the need to be met by such project or program and shall justify the proposed method as the way of meeting that need most effectively.

9.1.3. Such applicants shall adhere to standard requirements for competitive pricing in state purchasing and shall attach a record of adherence thereto to such application.

9.1.4. The director or his designates, including but not limited to existing area and regional offices and regional boards of directors, shall review the application for funding and shall promptly notify the applicant of the granting or denial of the application or of the need for further information.

9.1.5. In deciding whether to grant or deny the application, the director shall give due regard to the availability of funds, the priority of the need, and the ability of the applicant to efficiently and effectively use public funds.

9.2. Review of Other Proposed Projects and Programs - The director or his designates may review and make recommendations to aid in the development or implementation of any EMS project or program in this State upon the request of any EMS provider.

9.3. Fair Access to Funding

9.3.1. No EMS provider shall be denied fair access to Federal or State funding.

9.3.2. Fair access to funding shall be afforded all EMS providers by affording fair review of all projects or programs proposed by such EMS providers under Subsection 9.1 of this rule. Nothing in this rule shall be construed to make the receipt of public funds a right nor to permit disbursement of public funds absent a demonstration of need, fiscal responsibility and an ability to meet the need presented.

§64-48-10. Authority of EMS Personnel at Emergency Scenes Under ~~Section 18, Article 4C, Chapter 16 of the West Virginia Code~~ W. Va. Code §16-4C-18

10.1. The EMS line officer in charge of patient care at an emergency scene shall be the highest ranking EMS person present

(not necessarily the highest certified EMS person) who is affiliated with the operational EMS organization responding with an EMS unit (ambulance). Ranking of EMS personnel within a particular EMS organization shall be the responsibility of the EMS organization and should be determined by taking into consideration such factors as the individual's experience, certification level and demonstrated leadership skills. Advanced life support personnel (e.g., EMT-CC, MICP and EMT-P) shall be considered as having a higher ranking than basic life support personnel (EMT, EMT-A and EMT-I) for the purpose of all direct patient care activities.

10.2. In such instances where more than one EMS organization provider is at an emergency scene, ~~the EMS line officer in charge shall be the highest certified EMS person present responding with an EMS unit (ambulance) and having primary jurisdiction;~~ the first arriving advanced life support unit (ambulance) shall be in charge of patient care.

§64-48-11. Severability - The provisions of this rule are declared to be severable. The invalidation of any provision of this rule shall not be deemed to render invalid any other provision or any other part of a provision deemed partially invalid.

[PROPOSED]

WEST VIRGINIA LEGISLATIVE RULES
DIRECTOR OF HEALTH

EMERGENCY MEDICAL SERVICES

Series 48

1992

Modifications Requested by the
Legislative Rule-Making Review Committee

Bill Health, EMS 64-48

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H. B. 4280

(By Delegate Grubb)

(Introduced January 27, 1992; referred to the
Committee on Health & Human Resources then the Judiciary)

10 A BILL to amend and reenact section two, article five, chapter
11 sixty-four of the code of West Virginia, one thousand nine
12 hundred thirty-one, as amended, relating to authorizing the
13 division of health to promulgate legislative rules relating
14 to emergency medical services.

15 Be it enacted by the Legislature of West Virginia:

16 That section two, article five, chapter sixty-four of the
17 code of West Virginia, one thousand nine hundred thirty-one, as
18 amended, be amended and reenacted, to read as follows:

19 ARTICLE 5. AUTHORIZATION FOR DEPARTMENT OF HEALTH AND HUMAN
20 RESOURCES TO PROMULGATE LEGISLATIVE RULES.

21 §64-5-2. State board of health; division of health.

22 (a) The legislative rules filed in the state register on the
23 second day of June, one thousand nine hundred eighty-two,

1 relating to the state board of health (waste water treatment
2 works operations), are authorized.

3 (b) The legislative rules filed in the state register on the
4 second day of June, one thousand nine hundred eighty-two,
5 relating to the state board of health (laboratory reporting of
6 syphilis and gonorrhoea), are authorized.

7 (c) The legislative rules filed in the state register on the
8 second day of June, one thousand nine hundred eighty-two,
9 relating to the state board of health (public water supply
10 operators) with the modification of §11.02 as presented to the
11 legislative rule-making review committee on the ninth day of
12 November, one thousand nine hundred eighty-two, are authorized.

13 (d) The legislative rules filed in the state register on the
14 twenty-second day of October, one thousand nine hundred
15 eighty-two, relating to the state board of health (sewage
16 systems) with the modification presented to the legislative
17 rule-making review committee on the sixth day of December, one
18 thousand nine hundred eighty-two, are authorized except lines ten
19 through seventeen, page eight of the rules shall be stricken in
20 their entirety and the remaining paragraphs renumbered.

21 (e) The legislative rules filed in the state register on the
22 second day of June, one thousand nine hundred eighty-two,
23 relating to the state board of health (approval of laboratories),
24 are authorized.

1. (f) The legislative rules filed in the state register on the
2 twenty-fourth day of November, one thousand nine hundred
3 eighty-two, relating to the state board of health (permit fees),
4 are authorized.

5 (g) The legislative rules filed in the state register on the
6 third day of June, one thousand nine hundred eighty-two, relating
7 to the state board of health (certificate of need), are
8 authorized.

9 (h) The legislative rules filed in the state register on the
10 sixteenth day of August, one thousand nine hundred eighty-two,
11 relating to the state board of health (eyes of newborn children),
12 are authorized.

13 (i) The legislative rules filed in the state register on the
14 thirteenth day of August, one thousand nine hundred eighty-two,
15 and filed with amendments on the eleventh day of January, one
16 thousand nine hundred eighty-three, relating to the state board
17 of health (nursing home licensure), are authorized with the
18 amendment of §5.15.02 of those rules as set forth below:

19 By striking the word "and" at the end of subdivision (f), by
20 changing the period at the end of subdivision (g) to a semicolon,
21 and by adding the following after subdivision (g): "(h) one (1)
22 member who represents social work services."

23 (j) The legislative rules filed in the state register on the
24 twenty-fourth day of November, one thousand nine hundred
25 eighty-two, relating to the state board of health (guardianship

1 service), are authorized with the exception of section 9.3 of
2 those rules which may not be promulgated.

3 (k) The legislative rules filed in the state register on the
4 third day of June, one thousand nine hundred eighty-two, relating
5 to the state board of health (controlled substances research
6 program and certification), are authorized.

7 (l) The legislative rules filed in the state register on the
8 fifth day of November, one thousand nine hundred eighty-two,
9 relating to the state board of health (chemical test for
10 intoxication), are authorized.

11 (m) The legislative rules filed in the state register on the
12 nineteenth day of December, one thousand nine hundred
13 eighty-three, relating to the state board of health (birthing
14 center licensure), are authorized.

15 (n) The legislative rules filed in the state register on the
16 fourteenth day of November, one thousand nine hundred
17 eighty-three, relating to the state board of health (licensure of
18 behavioral health centers), are authorized with the amendments
19 set forth below:

20 Page 45, §12.8.2. In the first sentence delete the words
21 "without delay" and insert in lieu thereof the words "within
22 twenty-four hours after receiving a report of a complaint."

23 (o) The legislative rules filed in the state register on the
24 nineteenth day of December, one thousand nine hundred

1 eighty-three, relating to the state board of health (procedures
2 for recovery of corneal tissue for transplant), are authorized.

3 (p) The legislative rules filed in the state register on the
4 seventh day of September, one thousand nine hundred eighty-three,
5 relating to the state board of health (well water regulations),
6 are authorized with the amendments set forth below:

7 §4.1. In the first sentence delete the word "obtaining" and
8 insert in lieu thereof the words "applying for". In the second
9 sentence after "4.3" add "and 4.5."

10 §4.2. At the end of the second sentence, strike the period
11 and add the words "unless emergency conditions prevail as noted
12 under §4.3."

13 With the balance of §4.2 and create a new §4.3 with the
14 following changes: In the first sentence delete the word
15 "deadline" and insert in lieu thereof the word "requirements."
16 Add after the first sentence the sentence, "Emergency conditions
17 and unavoidable circumstances are those conditions involving acts
18 of God, water outages or disruption of water service,
19 unsatisfactory water quality or quantity or public health
20 threats." In the third sentence delete the word "exceed" and
21 insert in lieu thereof the words "be made in excess of."

22 Renumber §4.3 as §4.4 and add the following two sentences at
23 the end of the section: "Such standards shall constitute the
24 minimum standards for the installation, the alteration or the
25 deepening of water wells. Any plans approved by the director

1 pursuant to these regulations shall be in substantial compliance
2 with the heretofore mentioned standards."

3 Renumber §4.4 as §4.5, §4.5 as §4.6, §4.6 as §4.7, §4.7 as
4 §4.8 and §4.8 as §4.9.

5 §5.2. Delete the words "four (4)" and insert in lieu thereof
6 the words "two (2)" and delete the words "active, continuous."

7 (q) The legislative rules filed in the state register on the
8 third day of October, one thousand nine hundred eighty-four,
9 relating to the state board of health (trauma center or facility
10 designation), are authorized.

11 (r) The legislative rules filed in the state register on the
12 twenty-first day of December, one thousand nine hundred
13 eighty-four, relating to the state board of health (reportable
14 diseases), are authorized.

15 (s) The legislative rules filed in the state register on the
16 twenty-first day of December, one thousand nine hundred
17 eighty-four, relating to the state board of health (licensure of
18 medical adult day care centers), are authorized.

19 (t) The legislative rules filed in the state register on the
20 third day of October, one thousand nine hundred eighty-four,
21 relating to the state board of health (retail food store
22 sanitation), are authorized.

23 (u) The legislative rules filed in the state register on the
24 seventeenth day of December, one thousand nine hundred
25 eighty-five, modified by the director of health to meet the

1 objections of the legislative rule-making review committee and
2 refiled in the state register on the fifteenth day of January,
3 one thousand nine hundred eighty-six, relating to the director of
4 health (adult group home licensure), are authorized.

5 (v) The legislative rules filed in the state register on the
6 twenty-ninth day of October, one thousand nine hundred
7 eighty-five, modified by the state board of health to meet the
8 objections of the legislative rule-making review committee and
9 refiled in the state register on the twenty-seventh day of
10 December, one thousand nine hundred eighty-five, relating to the
11 state board of health (licensure of hospice care programs), are
12 authorized.

13 (w) The legislative rules filed in the state register on the
14 thirty-first day of October, one thousand nine hundred
15 eighty-five, modified by the director of health to meet the
16 objections of the legislative rule-making review committee and
17 refiled in the state register on the twenty-seventh day of
18 December, one thousand nine hundred eighty-five, relating to the
19 director of health (rules governing emergency medical services),
20 are authorized with the amendments set forth below:

21 On page 3, §3.9 shall read as follows:

22 "3.9 Quorum -- When applied to the EMSAC, a majority of the
23 members thereof, except in the instance when at any meeting of
24 the EMSAC, where a quorum is not present and the director causes
25 to be deposited in the United States mail, postage prepaid,

1 return receipt requested, to each member of the EMSAC within
2 three days, a notice calling a meeting of the EMSAC at some
3 convenient place in the state of West Virginia two weeks after
4 the meeting at which no quorum was present. Quorum means any
5 number of members of the EMSAC who attend such subsequent
6 meeting. Any member missing two consecutive meetings shall be
7 removed from the EMSAC."

8 On page 6, §4.7.1 shall be deleted in its entirety;

9 And,

10 On page 7, §4.10.1 shall read as follows:

11 "4.10.1 every applicant for certification as an EMSP prior to
12 such certification, shall demonstrate his or her knowledge and
13 ability by undergoing a written examination and a demonstration
14 of skills, and by attaining a passing score on the same. Passing
15 score shall be the same for all testing programs."

16 (x) The legislative rules filed in the state register on the
17 fifth day of September, one thousand nine hundred eighty-five,
18 relating to the state department of health (revising the list of
19 hazardous substances), are authorized.

20 (y) The legislative rules filed in the state register on the
21 thirteenth day of August, one thousand nine hundred eighty-six,
22 modified by the director of the department of health to meet the
23 objections of the legislative rule-making review committee and
24 refiled in the state register on the sixteenth day of October,
25 one thousand nine hundred eighty-six, relating to the director of

1 the department of health (hazardous material treatment
2 information repository), are authorized.

3 (z) The legislative rules filed in the state register on the
4 seventeenth day of July, one thousand nine hundred eighty-six,
5 modified by the state board of health to meet the objections of
6 the legislative rule-making review committee and refiled in the
7 state register on the sixteenth day of October, one thousand nine
8 hundred eighty-six, relating to the state board of health
9 (methods and standards for chemical tests for intoxication), are
10 authorized.

11 (aa) The legislative rules filed in the state register on the
12 twenty-first day of November, one thousand nine hundred
13 eighty-six, modified by the state board of health to meet the
14 objections of the legislative rule-making review committee and
15 refiled in the state register on the twenty-third day of
16 December, one thousand nine hundred eighty-six, relating to the
17 state board of health (licensure of behavioral health centers),
18 are authorized.

19 (bb) The legislative rules filed in the state register on the
20 eighteenth day of April, one thousand nine hundred eighty-six,
21 modified by the state board of health to meet the objections of
22 the legislative rule-making review committee and refiled in the
23 state register on the seventeenth day of October, one thousand
24 nine hundred eighty-six, relating to the state board of health
25 (hospital licensure), are authorized.

1 (cc) The legislative rules filed in the state register on the
2 ninth day of December, one thousand nine hundred eighty-six,
3 modified by the state board of health to meet the objections of
4 the legislative rule-making review committee and refiled in the
5 state register on the twenty-third day of December, one thousand
6 nine hundred eighty-six, relating to the state board of health
7 (hospital licensure and allowing hospitals to have licensed
8 hospital professionals, other than licensed physicians, on their
9 medical staff), are authorized.

10 (dd) The legislative rules filed in the state register on the
11 ninth day of December, one thousand nine hundred eighty-six,
12 modified by the state board of health to meet the objections of
13 the legislative rule-making review committee and refiled in the
14 state register on the twenty-third day of December, one thousand
15 nine hundred eighty-six, relating to the state board of health
16 (vital statistics), are authorized.

17 (ee) The legislative rules filed in the state register on the
18 eleventh day of September, one thousand nine hundred
19 eighty-seven, relating to the director of the department of
20 health (immunization criteria for transfer students), are
21 authorized.

22 (ff) The legislative rules filed in the state register on the
23 sixteenth day of November, one thousand nine hundred
24 eighty-seven, relating to the director of the department of

1 health (hazardous substances), are authorized with the amendment
2 set forth below:

3 Page 33, section 8, line 8 (unnumbered), by adding at the end
4 of section 8 the following proviso: "Provided, That the owner's
5 or operator's submissions are based on the threshold reporting
6 requirements contained in section 5, article 31, chapter 16."

7 (gg) The legislative rules filed in the state register on the
8 eighteenth day of November, one thousand nine hundred
9 eighty-seven, relating to the director of the department of
10 health (trauma center or facility designation), are authorized.

11 (hh) The legislative rules filed in the state register on the
12 twenty-second day of June, one thousand nine hundred
13 eighty-eight, modified by the state board of health to meet the
14 objections of the legislative rule-making review committee and
15 refiled in the state register on the fifteenth day of September,
16 one thousand nine hundred eighty-eight, relating to the state
17 board of health (licensure of hospice care programs), are
18 authorized.

19 (ii) The legislative rules filed in the state register on the
20 fifteenth day of September, one thousand nine hundred
21 eighty-eight, modified by the state board of health to meet the
22 objections of the legislative rule-making review committee and
23 refiled in the state register on the third day of November, one
24 thousand nine hundred eighty-eight, relating to the state board

1 of health (water wells), are authorized with the amendment set
2 forth below:

3 On page 2, §3.8, shall read as follows:

4 3.8 Water Well -- Any excavation or penetration in the
5 ground, whether drilled, bored, cored, driven or jetted that
6 enters or passes through an aquifer for purposes that may
7 include, but are not limited to: A water supply, exploration for
8 water, dewatering or heat pump wells, except that this definition
9 shall not include ground water monitoring activities and all
10 activities for the exploration, development, production, storage
11 and recovery of coal, oil and gas and other mineral resources
12 which are regulated under chapter 22, 22a or 22b of the code.

13 --(jj) The legislative rules filed in the state register on the
14 twenty-second day of June, one thousand nine hundred
15 eighty-eight, modified by the state board of health to meet the
16 objections of the legislative rule-making review committee and
17 refiled in the state register on the fifteenth day of September,
18 one thousand nine hundred eighty-eight, relating to the state
19 board of health (plumbing requirements), are authorized.

20 (kk) The legislative rules filed in the state register on the
21 twenty-second day of June, one thousand nine hundred
22 eighty-eight, modified by the state board of health to meet the
23 objections of the legislative rule-making review committee and
24 refiled in the state register on the fifteenth day of September,

1 one thousand nine hundred eighty-eight, relating to the state
2 board of health (public water supply operators), are authorized.

3 (ll) The legislative rules filed in the state register on the
4 nineteenth day of October, one thousand nine hundred
5 eighty-eight, modified by the state board of health to meet the
6 objections of the legislative rule-making review committee and
7 refiled in the state register on the twentieth day of December,
8 one thousand nine hundred eighty-eight, relating to the state
9 board of health (volatile synthetic organic chemicals), are
10 authorized.

11 (mm) The legislative rules filed in the state register on the
12 second day of January, one thousand nine hundred ninety, modified
13 by the division of health to meet the objections of the
14 legislative rule-making review committee and refiled in the state
15 register on the seventeenth day of January, one thousand nine
16 hundred ninety, relating to the division of health (asbestos
17 abatement licensing), are authorized.

18 (nn) The legislative rules filed in the state register on the
19 thirtieth day of August, one thousand nine hundred eighty-nine,
20 modified by the division of health to meet the objections of the
21 legislative rule-making review committee and refiled in the state
22 register on the seventeenth day of November, one thousand nine
23 hundred eighty-nine, relating to the division of public health
24 (AIDS-related medical testing and confidentiality), are
25 authorized.

1 (oo) The legislative rules filed in the state register on the
2 nineteenth day of December, one thousand nine hundred
3 eighty-nine, modified by the state board of health to meet the
4 objections of the legislative rule-making review committee and
5 refiled in the state register on the twenty-fourth day of
6 January, one thousand nine hundred ninety, relating to the state
7 board of health (nursing home licensure), are authorized.

8 (pp) The legislative rules filed in the state register on the
9 nineteenth day of December, one thousand nine hundred
10 eighty-nine, relating to the state board of health (licensure of
11 behavioral health centers), are authorized.

12 (qq) The legislative rules filed in the state register on the
13 twenty-eighth day of December, one thousand nine hundred
14 eighty-nine, relating to the state board of health (methods and
15 standards for chemical test for intoxication), are authorized.

16 (rr) The legislative rules filed in the state register on the
17 twenty-third day of July, one thousand nine hundred ninety,
18 modified by the board of health to meet the objections of the
19 legislative rule-making review committee and refiled in the state
20 register on the fifth day of September, one thousand nine hundred
21 ninety, relating to the board of health (fees for permits), are
22 authorized with the amendments set forth below:

23 On page two, subsection 3.6, by striking out all of the
24 subsection and renumbering the subsequent subsections.

1 On page four, subsection 5.4, by striking out all of the
2 subsection and renumbering the subsequent subsections.

3 And,

4 On page six, Table 64-30c, by striking out Table 64-30c and
5 inserting in lieu thereof a new table, to read as follows:

6 TABLE 64-30C.

7 Individual On-Site and Innovative Alternative Type

8 Sewage System Permit Fees

9 Type of System	Fees for Permit
10 Class I (New or Modified)	\$100
11 Class II (New or Modified)	\$100
12 Home Aeration Unit	\$100

13 (ss) The legislative rules filed in the state register on the
14 seventh day of December, one thousand nine hundred ninety,
15 modified by the board of health to meet the objections of the
16 legislative rule-making review committee and refiled in the state
17 register on the twenty-second day of January, one thousand nine
18 hundred ninety-one, relating to the board of health (public water
19 systems, bottled water and laboratory certification), are
20 authorized.

21 (tt) The legislative rules filed in the state register on the
22 thirteenth day of December, one thousand nine hundred ninety,
23 modified by the board of health to meet the objections of the
24 legislative rule-making review committee and refiled in the state
25 register on the twenty-second day of January, one thousand nine

1 hundred ninety-one, relating to the board of health (vital
2 statistics), are authorized.

3 (uu) The legislative rules filed in the state register on the
4 seventh day of January, one thousand nine hundred ninety-one,
5 modified by the division of health to meet the objections of the
6 legislative rule-making review committee and refiled in the state
7 register on the twenty-second day of January, one thousand nine
8 hundred ninety-one, relating to the division of health (fees for
9 services), are authorized.

10 (vv) The legislative rules filed in the state register on the
11 second day of January, one thousand nine hundred ninety-one,
12 modified by the division of health to meet the objections of the
13 legislative rule-making review committee and refiled in the state
14 register on the sixteenth day of May, one thousand nine hundred
15 ninety-one, relating to the division of health (emergency medical
16 services) are authorized.

17

18 NOTE: The purpose of this bill is to authorize the Division
19 of Health to promulgate legislative rules relating to emergency
20 medical services.

21

22 Strike-throughs indicate language that would be stricken from
23 the present law, and underscoring indicates new language that
24 would be added.



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WILLIAM H. HARRINGTON
Chief of Staff

JUDY COOPER
Administrative Law
REGULATORY DEVELOPMENT SECTION

DONALD R. WILKES
Director, Corporations

(Plus all the volunteer
help we can get)

KEN HECHLER
Secretary of State

MARY P. RATLIFF
Deputy Secretary of State

A. RENEE COE
Deputy Secretary of State

CATHERINE FREROTTE
Executive Assistant

Telephone: (304) 558-6000
Corporations: (304) 558-8000

STATE OF WEST VIRGINIA
SECRETARY OF STATE
Building 1, Suite 157-K
1900 Kanawha Blvd., East
Charleston, WV 25305-0770

TO: Kay Howard

AGENCY: Department of Health

FROM: JUDY COOPER, DIRECTOR, ADMINISTRATIVE LAW DIVISION

DATE: December 11, 1992

THE ATTACHED RULE FILED BY YOUR AGENCY HAS BEEN ENTERED INTO OUR COMPUTER SYSTEM. PLEASE REVIEW, PROOF AND RETURN IT WITH ANY CORRECTIONS. IF THERE ARE NO CORRECTIONS, PLEASE SIGN THIS MEMO AND RETURN IT TO THIS OFFICE. YOU WILL BE SENT A FINAL VERSION OF THE RULE FOR YOUR RECORDS.

PLEASE RETURN EITHER THE CORRECTED RULE OR THIS FORM WITHIN TEN (10) WORKING DAYS OF THE DATE YOU RECEIVED THIS REQUEST. CALL IF YOU HAVE ANY QUESTIONS.

SERIES: 48 TITLE: 64 Department of Health

* THE ATTACHED RULE HAS BEEN REVIEWED AND IS CORRECT.

SIGNED: Kay Howard

TITLE OF PERSON SIGNING: Director, Regulatory Development

DATE: December 29, 1992

* THE ATTACHED RULE HAS BEEN REVIEWED AND NEEDS CORRECTING. THE CORRECTIONS HAVE BEEN MARKED.

SIGNED: _____

TITLE OF PERSON SIGNING: _____

DATE: _____

NOTE: IF YOU ARE NOT THE PERSON WHO HANDLES THIS RULE, PLEASE FORWARD TO THE CORRECT PERSON.