

AN ACT

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

*Codification
District of
Columbia
Official Code*

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To establish a District-wide Emergency Medical Services system, to require emergency medical services provider entities, emergency medical response vehicles, emergency medical services personnel, and emergency medical services training facilities and instructors to be licensed or certified by the Mayor, to provide for procedures and standards for licensing and certifying emergency medical services provider entities, emergency medical response vehicles, emergency medical services personnel, and emergency medical services training facilities and instructors, to provide for a District-wide trauma and emergency care data collection system, to provide for a program of emergency medical services for children, to establish the District of Columbia Emergency Medical Services Advisory Committee, to authorize the Mayor to promulgate regulations and to conduct inspections, evaluations, and investigations, and to provide penalties for violations of this act.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Emergency Medical Services Act of 2008".

Sec. 2. Definitions.

For the purposes of this act, the term:

(1) "Ambulance" means any privately or publicly owned vehicle specially designed, constructed, modified, or equipped for use as a means for transporting patients in a medical emergency or any privately or publicly owned vehicle that is advertised, marked, or in any way held out as a vehicle for the transportation of patients in a medical emergency. The term "ambulance" includes vehicles capable of operation over ground, on water, and in air.

(2) "Competency evaluation" means any written, oral, or practical examination or assessment of the knowledge or skills of an applicant for certification or re-certification as emergency medical services personnel which is pertinent to the ability of that applicant to perform the duties required of him or her. Each competency evaluation may include one or more sub-parts, including individual demonstrations and assessments of the applicant's performance in actual or simulated emergency situations.

(3) “Emergency” means the existence of circumstances in which the element of time in treating, or in transporting to medical treatment, a person who is ill, injured, wounded, or otherwise incapacitated is essential to the health or life of that person, and in which rescue operations, or competent first aid, or both may be essential to the health or life of that person.

(4) “Emergency medical response vehicle” means a vehicle or conveyance used to respond to the scene of a medical emergency for the purpose of rendering medical assistance, including the provision of medical assistance on the scene or the transportation of patients to a health care facility or other treatment facility. The term “emergency medical response vehicle” includes:

(A) Ambulances which operate as motor vehicles, watercraft, or aircraft;
and

(B) Fire engines, motor vehicles, segways, or other ground, water, or air vehicles used to transport emergency medical services personnel, supplies, or equipment to the scene of an emergency.

(5) “Emergency medical services agency” means an entity engaged in the business or service of one or more of the following:

(A) Responding to requests for emergency medical assistance;
(B) Transporting patients from the scene of an emergency to a health care facility or other treatment facility; or

(C) Providing medical assistance to patients on the scene of an emergency or in transit from the scene of an emergency to a health care facility or other treatment facility.

(6) “Emergency medical services instructor” means a person engaged in the business or service of:

(A) Teaching one or more courses of study or training designed to prepare interested persons for the oral, written, or practical examinations required for certification or re-certification as emergency medical services personnel;

(B) Administering one or more such examinations; or

(C) Both.

(7) “Emergency medical services personnel” means a person performing the duties of providing medical assistance, medical treatment, first aid, or lifesaving interventions, on the scene of an emergency or in transit from the scene of an emergency to a health care facility or other treatment facility, to a person who is ill, injured, wounded, or otherwise incapacitated. The term “emergency medical services personnel” includes persons otherwise classified as “certified first responders”, “emergency medical technicians”, “basic, intermediate, or advanced emergency medical technicians”, and “paramedics”.

(8) “Emergency medical services training facility” means an institution or entity engaged in the business or service of providing one or more courses of study or training designed to prepare interested persons for the oral, written, or practical examinations required

for certification or re-certification as emergency medical services personnel.

(9) "Flight emergency medical services personnel" means a person performing the duties of providing medical assistance, medical treatment, first aid, or lifesaving interventions, in airborne transit from the scene of an emergency to a health care facility or other treatment facility, or in airborne transit between facilities, to a person who is ill, injured, wounded, or otherwise incapacitated. The term "flight emergency medical services personnel" includes persons otherwise classified as emergency medical services personnel by this act, as well as nurses, respiratory therapists, physician assistants, and physicians.

(10) "Health care facility" means a hospital, maternity center, ambulatory surgical facility, or hospice, as defined in the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code § 44-501 *et seq.*).

(11) "Medical control system" means a system wherein the direct clinical instructions given to emergency medical services personnel in the field are given by physicians in a designated hospital or medical resource center.

(12) "Mutual aid" means an agreement whereby the District of Columbia requests the assistance of an outside entity to provide supplemental or specialized emergency medical services in an emergent situation, pursuant to established protocols.

(13) "Qualified health care professional" means a person licensed and qualified in accordance with the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*), and with rules promulgated pursuant to that act, to engage in the act of prescribing and of rendering medical care and advice under the circumstances presented.

(14) "Treatment facility" means an urgent care center, treatment center, clinic, or other facility or office at which medical or psychological services are performed, and which has been designated by the Mayor as a facility authorized to receive patients transported by emergency medical services entities or personnel.

Sec. 3. Applicability and exemptions.

(a) Except as otherwise provided in this act, this act shall apply to every:

(1) Person performing the duties of emergency services personnel, compensated or uncompensated, within the District of Columbia;

(2) Entity providing emergency medical services within the District of Columbia, public or private, for-profit or not-for-profit, including owners or operators of emergency medical services agencies and owners or operators of emergency medical response vehicles; and

(3) Person and entity providing emergency medical services training and instruction, public or private, for-profit or not-for-profit, within the District of Columbia.

(b) The provisions of this act shall not apply to the following:

(1) The unexpected rendering of immediate care by a private citizen, or the

unexpected use of a privately owned vehicle which is not ordinarily used in the business of transporting persons who are sick, injured, wounded, or otherwise incapacitated or helpless, in the performance of a lifesaving act;

(2) Agencies, vehicles, or training facilities owned or operated by the United States government and operating on federal property;

(3) Agencies operating within the District of Columbia pursuant to mutual aid agreements;

(4) Validly licensed or certified emergency medical response vehicles based outside the District which do not otherwise constitute public vehicles for hire; and

(5) Validly licensed vehicles operated solely for the transportation of non-emergency patients to and from treatment facilities as outpatients; provided, that this exemption shall not apply to any vehicle which is in any way held out as an emergency medical response vehicle.

(c) The Mayor shall establish rules to ensure that emergency medical response vehicles and emergency medical services personnel based outside of the District, but receiving patients within the District for transport to a location within the District, shall meet the substantive standards of this act and of rules promulgated pursuant to this act.

Sec. 4. Emergency medical services agencies: license required.

(a) Except as otherwise provided in this act, no person or entity shall operate an emergency medical services agency in the District, whether public or private, for-profit or not-for-profit, without first having obtained a license from the Mayor to do so.

(b) Unless otherwise specified, all provisions of this act, including those contained within this section, shall apply to any entity of the District government engaging or seeking to engage in the operation of an emergency medical services agency in the District, except that such entity shall be required to obtain a certification from the Mayor in lieu of a license.

(c) An applicant for a license to operate an emergency medical services agency shall establish to the satisfaction of the Mayor that the agency meets all requirements set forth in this act and in rules promulgated pursuant to this act.

(d) An applicant for a license shall:

(1) Submit an application to the Mayor on a form approved by the Mayor;

(2) Submit supporting documentation as required by the Mayor, including all certificates of approval, authority, occupancy, or need that are required as a precondition to lawful operation in the District of Columbia; and

(3) Pay the applicable fee established by the Mayor through rulemaking, except that no license fee shall be required of any emergency medical services agency operated by the District government.

(e) A license to operate an emergency medical services agency shall be issued for a period of time not to exceed 2 years.

(f) A license to operate an emergency medical services agency shall be valid only for the persons and premises named as applicants in the application. Any change in the ownership of an agency owned by an individual, partnership, or association, or in the legal or beneficial ownership of 25% or more of the stock of a corporation that owns or operates an agency, shall require re-licensure.

(g) An emergency medical services agency shall have a medical director. Except as provided in An Act To classify the officers and members of the fire department of the District of Columbia, and for other purposes, approved June 20, 1906 (34 Stat. 314; D.C. Official Code § 5-401 *et seq.*), an emergency medical services agency shall have as its medical director a physician licensed to practice medicine in the District of Columbia. The medical director shall have responsibility for medical oversight of all operations of the agency.

(h) Each person performing the duties of emergency medical services personnel while employed by or otherwise affiliated with an emergency medical services agency shall practice under the licensure authority of the agency's medical director as granted pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*), except when directed by another physician or other qualified health care professional as part of the District of Columbia's established medical control system.

Sec. 5. Emergency medical response vehicles: license or certification required.

(a) Except as otherwise provided in this act, no ambulance or other emergency medical response vehicle intended to transport patients may be operated in the District without a currently valid license having been issued by the Mayor for that vehicle and for its use as an emergency medical response vehicle.

(b) Except as otherwise provided in this act, no vehicle or other conveyance may be operated as an emergency medical response vehicle not intended to transport patients in the District without a currently valid certification having been issued by the Mayor for the emergency medical response equipment and supplies contained therein.

(c) An applicant for a license or certification to operate an emergency medical response vehicle shall establish to the satisfaction of the Mayor that the vehicle, including its emergency medical response equipment and supplies, meets all applicable requirements set forth in this act and in rules promulgated pursuant to this act.

(d) An applicant for a license or certification shall:

- (1) Submit an application to the Mayor on a form approved by the Mayor;
- (2) Submit supporting documentation as required by the Mayor, including all certificates of approval, authority, motor vehicle registration, or need that are required as a precondition to lawful operation in the District of Columbia; and
- (3) Pay the applicable fee established by the Mayor through rulemaking, except

that no license or certification fee shall be required for any emergency medical response vehicle operated by the District government.

(e) No license for an emergency medical response vehicle intended to transport patients shall be issued unless the Mayor finds that the vehicle is, and will be at all times when in such use, in compliance with all applicable laws and ordinances relating to health, sanitation, and safety.

(f) No ground emergency medical response vehicle shall be operated to transport patients in the District unless it is staffed by at least 2 persons, each of whom is certified pursuant to this act and to rules promulgated pursuant to this act at a level equal to or greater than a basic emergency medical technician.

(g) No air or water emergency medical response vehicle shall be operated to transport patients in the District unless it is staffed by at least 2 persons, one of whom is a validly licensed pilot and the other of whom is certified pursuant to this act and to rules promulgated pursuant to this act at a level equal to or greater than an intermediate emergency medical technician or a paramedic.

(h) A license or certification for the operation of an emergency medical response vehicle shall be issued for a period of time not to exceed one year.

(i) A license or certification for the operation of an emergency medical response vehicle shall be valid only for the persons and vehicle named as applicants in the application. No emergency medical response vehicle license or certification shall be sold, transferred, or assigned without the approval of the Mayor. Approval may be granted only upon a demonstration that the vehicle and its operation will conform to all licensing or certification requirements set forth in this act and in rules promulgated pursuant to this act.

Sec. 6. Emergency medical services personnel: certification required.

(a) Except as otherwise provided in this act, no person shall perform the duties of emergency medical services personnel in the District, whether for compensation or not for compensation, without first having obtained a certification from the Mayor to do so.

(b) Except as otherwise provided in this act, no person possessing a certification to perform the duties of emergency medical services personnel shall perform the duties of emergency medical services personnel in the District, whether for compensation or not for compensation, at a higher classification level than that at which he or she has been certified.

(c) An applicant for certification as emergency medical services personnel shall establish to the satisfaction of the Mayor that he or she meets all applicable requirements set forth in this act and in rules promulgated pursuant to this act.

(d) An applicant for certification shall:

(1) Submit an application to the Mayor on a form approved by the Mayor;

(2) Submit supporting documentation as required by the Mayor, including proof of required education, training, competency evaluation, physical and mental health, and criminal

history; and

(3) Pay the applicable fee established by the Mayor through rulemaking; provided, that nothing in this section shall prohibit a private entity or government agency from paying the application fee on behalf of a current or prospective employee.

(e) An emergency medical services personnel certification shall be issued for a period of time not to exceed 2 years.

(f) An emergency medical services personnel certification shall be valid only for the person named as applicant in the application. No emergency medical services personnel certification may be sold, assigned, or transferred.

(g) The Mayor shall adopt classifications of emergency medical services personnel, including permissible scopes of performance and certification requirements for each such classification. The Mayor may adopt nationally recognized standards or develop standards specific to the emergency medical services needs of the District of Columbia.

(h) The Mayor shall require each applicant for emergency medical services personnel certification to successfully complete one or more competency evaluations, demonstrating both theoretical and practical knowledge of the skills required for acceptable performance of the duties of that classification of personnel. The Mayor may adopt nationally recognized evaluations or develop evaluations specific to the emergency medical services needs of the District of Columbia.

(i) A person possessing an emergency medical services personnel certification shall be recertified, no less than once every 2 years, to continue performing the duties of emergency medical services personnel.

(j) The Mayor shall require each applicant for emergency medical services personnel recertification to successfully complete continuing professional education or supplemental training or to successfully complete one or more competency evaluations demonstrating knowledge of the skills required for acceptable performance of the duties of that classification of personnel. The Mayor may adopt nationally recognized training requirements and evaluations or develop requirements and evaluations specific to the emergency medical services needs of the District of Columbia.

Sec. 7. Flight emergency medical services personnel: certification required

(a) Except as otherwise provided in this act, no person shall perform the duties of flight emergency medical services personnel in the District, whether for compensation or not for compensation, without first having obtained a certification from the Mayor to do so.

(b) An applicant for certification as flight emergency medical services personnel shall be certified as emergency medical services personnel pursuant to this act, or shall be licensed pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*), in addition to obtaining special certification from the Mayor to perform his or her duties in an airborne setting.

(c) An applicant for certification as flight emergency medical services personnel shall establish to the satisfaction of the Mayor that he or she meets all applicable requirements set forth in this act and in rules promulgated pursuant to this act.

Sec. 8. Emergency medical services training facilities: certification required.

(a) Except as otherwise provided in this act, no person or entity shall operate an emergency medical services training facility in the District, whether public or private, for-profit or not-for-profit, without first having obtained a certification from the Mayor to do so.

(b) An applicant for a certification to operate an emergency medical services training facility shall establish to the satisfaction of the Mayor that the facility meets all requirements set forth in this act and in rules promulgated pursuant to this act.

(c) An applicant for a certification shall:

(1) Submit an application to the Mayor on a form approved by the Mayor;

(2) Submit supporting documentation as required by the Mayor, including all certificates of approval, authority, occupancy, or need that are required as a precondition to lawful operation in the District of Columbia; and

(3) Pay the applicable fee established by the Mayor through rulemaking, except that no certification fee shall be required of any emergency medical services training facility operated by the District government.

(d) A certification to operate an emergency medical services training facility shall be issued for a period of time not to exceed 2 years.

(e) A certification to operate an emergency medical services training facility shall be valid only for the persons and premises named as applicants in the application. Any change in the ownership of a facility owned by an individual, partnership, or association, or in the legal or beneficial ownership of 25% or more of the stock of a corporation that owns or operates a facility, shall require recertification.

(f) An emergency medical services training facility shall conform to curriculum and competency evaluation standards as developed by the Mayor. The Mayor may adopt nationally recognized standards or develop standards specific to the emergency medical services needs of the District of Columbia.

(g) An emergency medical services training facility shall have a medical director. Except as provided in An Act To classify the officers and members of the fire department of the District of Columbia, and for other purposes, approved June 20, 1906 (34 Stat. 314; D.C. Official Code § 5-401 *et seq.*), an emergency medical services training facility shall have as its medical director a physician licensed to practice medicine in the District of Columbia. The medical director shall have responsibility for medical oversight of all operations of the facility.

Sec. 9. Emergency medical services instructors: certification required.

(a) Except as otherwise provided in this act, no person shall perform the duties of an emergency medical services instructor in the District, whether for compensation or not for compensation, without first having obtained a certification from the Mayor to do so.

(b) No person may obtain certification as an instructor for a classification of emergency medical services personnel without first having been certified pursuant to this act as emergency medical services personnel at an equal or higher classification, or having been licensed pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*), as a health care professional with a greater scope of practice. Each instructor shall maintain the requisite provider certification, as specified in this section, in good standing throughout his or her period of instructor certification.

(c) An applicant for certification as an emergency medical services instructor shall establish to the satisfaction of the Mayor that he or she meets all applicable requirements set forth in this act and in rules promulgated pursuant to this act.

(d) An applicant for certification shall:

(1) Submit an application to the Mayor on a form approved by the Mayor;

(2) Submit supporting documentation as required by the Mayor, including proof of required education, training, and competency evaluation; and

(3) Pay the applicable fee established by the Mayor through rulemaking; provided, that nothing in this section shall prohibit a private entity or government agency from paying the application fee on behalf of a current or prospective employee.

(e) An emergency medical services instructor certification shall be issued for a period of time not to exceed 2 years.

(f) An emergency medical services instructor certification shall be valid only for the person named as applicant in the application. No emergency medical services instructor certification may be sold, assigned, or transferred.

(g) The Mayor shall require each applicant for emergency medical services instructor certification to successfully complete one or more competency evaluations, demonstrating both theoretical and practical knowledge of the skills required for acceptable performance of the duties of instruction. In addition, the Mayor may require each applicant to successfully complete one or more emergency medical services instructor courses. The Mayor may adopt nationally recognized evaluations and courses or develop evaluations and courses specific to the emergency medical services needs of the District of Columbia.

(h) A person possessing an emergency medical services instructor certification shall be recertified, no less than once every 2 years, to continue performing the duties of emergency medical services instruction.

(i) The Mayor shall require each applicant for emergency medical services instructor recertification to successfully complete continuing professional education or supplemental training or to successfully complete one or more competency evaluations demonstrating

knowledge of the skills required for acceptable performance of the duties of instruction. The Mayor may adopt nationally recognized training requirements and evaluations or develop requirements and evaluations specific to the emergency medical services needs of the District of Columbia.

Sec. 10. Liability insurance required for vehicles, facilities, and agencies.

(a) No license shall be issued pursuant to this act to any emergency medical response vehicle used to transport patients unless there is, at all times in force and effect, insurance coverage for the vehicle, issued by an insurance company or companies licensed to do business in the District, providing for the payment of damages for the following:

(1) Bodily injury to, or death of, individuals in accidents resulting from any cause for which the owner of the vehicle would be liable, regardless of whether the vehicle was being operated by the owner or by his or her agent; and

(2) Loss of, or damage to, the property of another, including personal property, under similar circumstances.

(b) No certification shall be issued pursuant to this act to any emergency medical services training facility, on the premises of which training instruction or evaluation is conducted, unless there is, at all times in force and effect, insurance coverage for the facility premises, issued by an insurance company or companies licensed to do business in the District, providing for the payment of damages for bodily injury, death, and damage to or loss of personal property, for any reason for which the owner or operator of the premises would be liable.

(c) No license shall be issued pursuant to this act to any emergency medical services agency unless there is, in addition to vehicle and premises coverage as specified herein, at all times in force and effect, incidental malpractice insurance coverage specific to the duties of a medical director.

(d) The provisions of this section shall not apply to vehicles, facilities, and agencies owned and operated by agencies of the District government.

(e) The Mayor shall promulgate rules further specifying the insurance to be required of all vehicles, facilities, and agencies licensed or certified pursuant to this act.

(f) The cancellation or other termination of any insurance policy required pursuant to this section shall be grounds for immediate termination of the licenses or certifications issued for the vehicles, facilities, and agencies covered by the policy, unless another insurance policy complying with the provisions of this section has been obtained and is in effect at the time of the cancellation or termination.

Sec. 11. Provisional and restricted licenses and certifications.

(a) The Mayor may issue provisional licenses or certifications to new emergency medical services agencies or training facilities to afford the Mayor sufficient time and evidence

to evaluate whether a new agency or facility is capable of complying with the provisions of this act, rules promulgated pursuant to this act, and other applicable provisions of law.

(b) As an alternative to denial, nonrenewal, suspension, or revocation of a license or certification, when an agency, facility, or vehicle is not in substantial compliance with the provisions of this act, rules promulgated pursuant to this act, or other applicable provisions of law, and when the Mayor finds that the public interest would be served thereby, the Mayor may:

(1) Issue a provisional license or certification, if the owner or operator of the agency, facility, or vehicle is taking appropriate ameliorative action in accordance with an agreed-upon timetable; or

(2) Issue a restricted license or certification that prohibits the agency, facility, or vehicle from accepting new patients or students, or from delivering certain specified services that it would otherwise be authorized to deliver, until appropriate ameliorative action is taken.

(c) The Mayor may issue provisional certifications to emergency medical services personnel who do not fully meet the requirements specified in this act or in rules promulgated pursuant to this act if the Mayor finds that the public interest would be served thereby.

(d) Provisional licenses or certifications issued pursuant to this section may be granted for a period of time up to and including 180 days, and may be renewed no more than once.

Sec. 12. Licenses and certifications issued pursuant to prior authority.

Except as otherwise provided in this act, any emergency medical services agency, ambulance or other emergency medical response vehicle, emergency medical technician or paramedic, emergency medical services instructor or preceptor, or emergency medical services training facility currently licensed or certified pursuant to the Regulation to Establish Standards for Ambulances and Medical Personnel and to Provide for their Certification, enacted December 13, 1972 (Reg. 72-29; 29 DCMR §§ 500 *et seq.*) ("Ambulance and Medical Personnel Regulation"), as amended, shall be considered licensed or certified pursuant to this act, and shall be subject to the renewal requirements established by this act and by rules promulgated pursuant to this act.

Sec. 13. Reciprocity for emergency medical services personnel certified in other jurisdictions.

(a) The Mayor may grant provisional certification, at the equivalent classification level, to any individual possessing a current valid emergency medical services personnel credential issued by any state or United States territory.

(b) The provisional certification issued pursuant to this section shall be effective for a period not to exceed 90 days.

(c) The Mayor may fully certify the individual as emergency medical services personnel in the District of Columbia, at the appropriate classification level, upon verification from the state or territory originally granting certification that the individual has successfully completed

training and competency evaluation equivalent to that required by the Mayor by this act and by rules promulgated pursuant to this act, or upon the successful completion by the individual of the District's competency evaluation at the appropriate classification level.

Sec. 14. Powers and duties of the Mayor.

(a) To ensure compliance with the provisions of this act and of any rules promulgated pursuant to this act, the Mayor, or any duly authorized designee, shall be permitted at reasonable times to conduct an inspection of any agency, vehicle, or training facility, or to conduct a competency evaluation of any person, licensed or certified pursuant to this act or for which a licensure or certification application has been filed.

(b) In the alternative or in addition to conducting an inspection or evaluation, the Mayor, or any duly authorized designee, shall be permitted to demand the production of all records relating to the operation of any agency, vehicle, or training facility, or to the performance of duties by any person, licensed or certified pursuant to this act or for which a licensure or certification application has been filed.

(c) To ensure compliance with the provisions of this act and of any rules promulgated pursuant to this act, the Mayor may conduct investigations, as needed, and may administer oaths, examine witnesses, and issue subpoenas to compel the attendance and testimony of witnesses or the production of books, records, or other documents. In case of contempt or refusal to obey a subpoena, the Superior Court of the District of Columbia, at the request of the Mayor, shall issue an order requiring the person to appear and testify or to produce books, papers, or other evidence bearing on the investigation. Failure to obey the court's order shall be punishable as contempt of court.

(d) The Mayor shall maintain and make available to the public information concerning:

- (1) Application, licensure, and renewal requirements and procedures;
- (2) An official register of licensed or certified emergency medical services agencies and emergency medical services training facilities; and
- (3) Trauma and emergency care data as required by this act and by rules promulgated pursuant to this act.

Sec. 15. License and certification renewal.

(a) An application for renewal of a license or certification shall be submitted to the Mayor no later than 90 days before expiration of the license or certification, on a form approved by the Mayor, accompanied by the appropriate renewal fee established by the Mayor through rulemaking. An application for renewal submitted later than 90 days before expiration shall be subject to a late fee.

(b) A license or certification issued pursuant to this act for which timely renewal application is made shall continue in force beyond the expiration date until the Mayor acts on the renewal application.

Sec. 16. Denial, suspension, and revocation of license or certification.

(a) The Mayor, subject to the right to a hearing as provided in section 18, may deny issuance of, deny renewal of, suspend, or revoke a license or certification to operate an emergency medical services agency, an emergency medical response vehicle, or an emergency medical services training facility to a person or entity which is found to have:

(1) Failed to comply with the applicable provisions of this act or of rules promulgated pursuant to this act;

(2) Failed to comply with any other federal or District law applicable to the operation of an emergency medical services agency, an emergency medical response vehicle, or an emergency medical services training facility; or

(3) Committed, aided, abetted, or permitted to be committed any act of dishonesty, fraud, gross negligence, abuse, assault, or other illegal act related to the operation of the agency, vehicle, or facility.

(b) The Mayor, subject to the right to a hearing as provided in section 18, may deny issuance of, deny renewal of, suspend, or revoke a certification to perform the duties of emergency medical services personnel or of an emergency medical services instructor to an individual who is found to have:

(1) Failed to comply with the applicable provisions of this act or of rules promulgated pursuant to this act;

(2) Failed to comply with any other federal or District law applicable to the duties of emergency medical services personnel or an emergency medical services instructor;

(3) Filed a false document or made a false statement to the government regarding his or her qualifications for the emergency medical services personnel or instructor position;

(4) Committed, aided, abetted, or permitted to be committed any act of dishonesty, fraud, gross negligence, abuse, assault, or other illegal act related to the performance of his or her duties; or

(5) Committed, aided, abetted, or permitted to be committed repeated acts of malfeasance, negligence, or dereliction of duty, or any act of malfeasance, negligence, or dereliction of duty resulting in demonstrable harm to a patient, related to the performance of his or her duties.

(c) Upon suspension, revocation, or termination of a license or certification to operate an emergency medical services agency, emergency medical response vehicle, or emergency medical services training facility, the owner or operator of the agency, vehicle, or facility so certified shall immediately surrender the license or certification, and the agency, vehicle, or facility shall immediately cease emergency medical services operations. In the case of a vehicle used to transport patients, no person or entity shall permit the vehicle to be used for that purpose.

(d) Upon suspension, revocation, or termination of a certification to perform the duties of emergency medical services personnel or an emergency medical services instructor, the individual so certified shall immediately surrender his or her certification, and shall immediately cease to perform emergency medical services or instruction duties. No person, entity, or government agency shall employ the individual, or permit the individual to act, in that capacity.

Sec. 17. Summary suspension.

(a) If, after an investigation, the Mayor determines that an agency, vehicle, person, or facility licensed or certified pursuant to this act has failed to comply with the provisions of this act, or with rules promulgated pursuant to this act, in such a manner as to present an imminent danger to the health, safety, or welfare of any person or of the general public, the Mayor may summarily suspend the license or certification prior to a hearing.

(b) The Mayor shall provide as soon as possible the person, or the owner or operator of the agency, vehicle, or facility, licensed or certified with written notice of the summary suspension. The notice shall inform the affected person or entity of the reason for the suspension and of the right to request a hearing.

(c) The person, or owner or operator of the agency, vehicle, or facility, shall have 5 business days after service of the notice of summary suspension in which to request a hearing to challenge the summary suspension. If requested, the hearing shall be conducted by the Office of Administrative Hearings. A hearing shall be held within 5 business days of a timely request, and a decision shall be issued within 5 business days after the record is closed.

Sec. 18. Hearings.

(a) Except in the case of a summary suspension as provided in section 17, before the Mayor denies an application for initial or renewal licensure or certification, or suspends or revokes a license or certification, or imposes a civil fine, the Mayor shall give the person, or the owner or operator of the agency, vehicle, or facility, against whom the action is contemplated written notice of the contemplated action. The notice must inform the affected person or entity of the reason for the action and of the right to request a hearing.

(b) If requested, the hearing shall be conducted by the Office of Administrative Hearings.

Sec. 19. Judicial review.

A person or entity aggrieved by a decision of the Office of Administrative Hearings may appeal the decision to the District of Columbia Court of Appeals, in accordance with the District of Columbia Administrative Procedure Act of 1968, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code §§ 2-501 *et seq.*), and pursuant to the Office of Administrative Hearings Establishment Act of 2001, effective March 6, 2002 (D.C. Law 14-76; D.C. Official Code §§ 2-1831.01 *et seq.*).

Sec. 20. Trauma care system.

(a) The Mayor shall establish criteria for the designation of, and shall designate, one or more hospitals within the District of Columbia as specialized trauma care facilities.

(b) The Mayor may establish criteria for the designation of, and may designate, one or more hospitals within the District of Columbia as specialized care facilities for other types of commonly occurring medical emergencies.

(c) The Mayor may establish and maintain a database of information regarding trauma and emergency medical care services provided within the District of Columbia. All hospitals, health care facilities, and treatment facilities receiving emergency medical care patients, and all entities providing emergency medical care services, shall provide data to the Mayor as specified in rulemaking promulgated pursuant to this act.

(d) To the extent that trauma and emergency medical care records compiled and maintained by the Mayor, hospitals, other health care facilities, treatment facilities, or emergency medical services providers in connection with the trauma and emergency medical care information system pursuant to this act contain patient identifiable data, that data shall be maintained pursuant to applicable privacy laws.

Sec. 21. Advertising.

(a) No person, entity, or government agency shall advertise or disseminate information to the public that it offers ambulance service, unless that service is provided by persons certified pursuant to this act and to rules promulgated pursuant to this act at a level equal to or greater than a basic emergency medical technician.

(b) No person, entity, or government agency shall advertise or disseminate information to the public that it offers emergency medical services training, unless that training is provided by persons certified as emergency medical services instructors pursuant to this act and to rules promulgated pursuant to this act.

Sec. 22. Emergency medical services for children.

The Mayor shall establish, in collaboration with a licensed hospital within the District of Columbia specializing in pediatric care, a program of emergency medical services for children. The purpose of this program shall be to continue, to the extent that funds are made available through federal government grants, District appropriated funds, or private sources, the operation and development of programs designed to improve the emergency medical care provided to children within the District of Columbia.

Sec. 23. Establishment of District of Columbia Emergency Medical Services Advisory Committee.

(a) There is established a District of Columbia Emergency Medical Services Advisory Committee (“EMSAC”).

(b) EMSAC shall advise the Mayor, the Chief and the Medical Director of the Fire and Emergency Medical Services Department, the Director of the Department of Health, the Director of the Department of Mental Health, and the Director of the Homeland Security Emergency Management Agency regarding issues related to emergency medical services in the District of Columbia.

(c) EMSAC shall perform the following functions:

(1) Advise on the best practices in emergency medical services across the United States to assist in establishing performance goals for emergency medical services in the District;

(2) Recommend standards, or revisions to existing standards, to be applied to the delivery of emergency medical services in accordance with the appropriate District, federal, and Washington regional statutes, rules, regulations, and inter-jurisdictional agreements;

(3) Advise on the development of a program of public information and education with respect to emergency medical services;

(4) Advise on the development of an emergency medical data collection system for the District, and on the categorization of emergency facilities and services;

(5) Advise on the coordination of District emergency medical services with those emergency medical service activities and projects coordinated through the Metropolitan Washington Council of Governments;

(6) Provide biennial comments on the operations of emergency medical services in the District; and

(7) Undertake other duties as assigned by the Mayor, or his or her designee.

(d) EMSAC shall be comprised of 17 members, 11 of whom shall be voting members appointed by the Mayor, and shall include:

(1) Voting members:

(A) Two representatives of hospitals, including trauma centers, located in the District;

(B) One representative of a professional medical organization concerned with emergency medical services;

(C) One representative of a professional health organization, or institution, concerned with emergency health services;

(D) One representative of labor organizations representing emergency medical services personnel;

(E) One representative concerned with pediatric trauma care;

(E) One representative of a commercial ambulance service; and

(F) Four community representatives, including at least one person representing each of the following:

(i) Seniors or elders;

(ii) Persons with disabilities;

(iii) The Latino community; and

- (iv) The Gay, Lesbian, Bisexual, and Transgendered community.
- (2) The 6 non-voting, *ex officio* members shall be:
 - (A) The Director of the Department of Health, or his or her designee;
 - (B) The Director of the Fire and Emergency Medical Services Department, or his or her designee;
 - (C) The Director of the Department of Mental Health, or his or her designee;
 - (D) The Director of the Homeland Security and Emergency Management Agency, or his or her designee;
 - (E) The Director of the Department of Human Services, or his or her designee; and
 - (F) The Mayor's Policy Advisor on Health and Human Services.
- (3) Members of EMSAC shall serve without compensation.

Sec. 24. Rulemaking.

(a) The Mayor, pursuant to Title 1 of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), shall issue rules to implement the provisions of this act, including:

- (1) Minimum standards of operation of an emergency medical services agency, including:
 - (A) Medical director and staff qualifications and responsibilities;
 - (B) Premises and equipment standards;
 - (C) Hours and scope of operation;
 - (D) Safety and health standards; and
 - (E) Record keeping and reporting requirements;
- (2) Minimum standards of operation of an emergency medical response vehicle, including:
 - (A) Operator and attendant qualifications;
 - (B) Vehicle, equipment, and supplies requirements;
 - (C) Safety and health standards; and
 - (D) Record keeping and reporting requirements;
- (3) Minimum standards of qualification and performance for emergency medical services personnel at each classification level, including:
 - (A) Permissible scope of practice and practice settings;
 - (B) Education and training;
 - (C) Competency evaluations;
 - (D) Health requirements;
 - (E) Character standards; and
 - (F) Recertification requirements;

(4) Minimum standards of qualification and performance for emergency medical services instructors, including:

- (A) Education and training;
- (B) Competency evaluations; and
- (C) Recertification requirements;

(5) Minimum standards of operation of an emergency medical services training facility, including:

- (A) Premises and equipment standards;
- (B) Director and instructor qualifications and responsibilities;
- (C) Curricula and course contents;
- (D) Competency evaluations; and
- (E) Record keeping and reporting requirements;

(6) Licensure and certification application, issuance, and renewal procedures;

(7) Grounds and procedures for denial, non-renewal, suspension, and revocation of a license or certification;

(8) Standards and requirements for the operation of a 24-hour emergency response vehicle service;

(9) Minimum standards and criteria for the designation of specialized trauma care facilities, and for the designation of other specialized emergency medical care facilities as considered warranted by the Mayor;

(10) Standards and criteria for emergency medical care data collection;

(11) Encouraging health-care facilities, including long-term care and assisted living facilities, to provide or procure inter-facility transport services independent of the 911 emergency system for their non-emergent needs; provided, that this does not limit the authority of the Medical Director of the Fire and Emergency Medical Services Department pursuant to An Act To classify the officers and members of the fire department of the District of Columbia, and for other purposes, approved June 20, 1906 (34 Stat. 314; D.C. Official Code § 5-401 *et seq.*); and

(12) The establishment of a fee schedule to recover the costs of regulating emergency medical services agencies, emergency medical response vehicles, emergency medical services personnel, and emergency medical services training facilities and instructors pursuant to this act.

(b) The proposed rules shall be submitted to the Council for a 45-day period of review, excluding Saturdays, Sundays, legal holidays, and days of Council recess. If the Council does not approve or disapprove the proposed rules, in whole or in part, by resolution within this 45-day review period, the proposed rules shall be deemed approved.

Sec. 25. Criminal and civil penalties.

(a) Any person or entity who violates any provision of this act shall, upon conviction, be subject to imprisonment not to exceed 180 days, a fine not to exceed \$1,000, or both. Each unlawful act shall constitute a separate violation.

(b) Any person or entity who has been previously convicted pursuant to this act shall, upon conviction for a subsequent violation, be subject to imprisonment not to exceed one year, a fine not to exceed \$5,000, or both.

(c) Civil fines and penalties may be imposed as alternative sanctions for any violations of the provisions of this act or of rules promulgated under the authority of this act, pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code § 2-1801.01 *et seq.*). The adjudication of any infraction shall be conducted by the Office of Administrative Hearings, pursuant to the Office of Administrative Hearings Establishment Act of 2001, effective March 6, 2002 (D.C. Law 14-76; D.C. Official Code § 2-1831.01 *et seq.*), and to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code § 2-1801.01 *et seq.*), and to rules promulgated pursuant to those acts.

Sec. 26. Prosecutions.

(a) Criminal prosecutions for violations of this act shall be brought by the Attorney General for the District of Columbia in the name of the District of Columbia.

(b) In any prosecution initiated pursuant to this act, a person or entity claiming an exemption from a licensing or certification requirement of this act shall have the burden of proving entitlement to the exemption.

Sec. 27. Injunctions.

(a) The Attorney General for the District of Columbia may bring an action in the Superior Court of the District of Columbia, in the name of the District of Columbia, to enjoin any violation of this act.

(b) The remedy established by this section shall be in addition to criminal sanctions, civil sanctions, and disciplinary action initiated by the Mayor.

(c) In any proceeding brought pursuant to this section, it shall not be necessary to prove that any person has been injured by the violation alleged.

Sec. 28. Repeal of existing regulations.

(a) To the extent not explicitly superseded by the provisions of this act, the Ambulance and Medical Personnel Regulation (29 DCMR § 500 *et seq.*) shall remain in effect until superseded by rules promulgated by the Mayor pursuant to the authority of this act. Upon the effective date of rules promulgated pursuant to this act, each superseded portion of the Ambulance and Medical Personnel Regulation shall be deemed repealed.

(b) The Adult Trauma Care rules (22 DCMR § 2700 *et seq.*) and the Pediatric Trauma care rules (22 DCMR § 2800 *et seq.*) shall remain in effect until superseded by new trauma care rules promulgated pursuant to this act.

Sec. 29. Pending actions and proceedings; existing orders.

(a) No judicial or administrative proceeding commenced by or against any emergency medical services agency, emergency medical response vehicle owner or operator, emergency medical services training facility or instructor, emergency medical technician, or paramedic shall abate by reason of the taking effect of this act. Each such action or proceeding shall be continued with substitution as to parties and government agencies as appropriate.

(b) All decisions issued pursuant to the Ambulance and Medical Personnel Regulation (29 DCMR § 500 *et seq.*) shall continue in effect until modified, rescinded, or superseded by regulations issued pursuant to this act.

Sec. 30. Applicability.

This act shall apply 90 days after the effective date of this act.

Sec. 31. Fiscal impact statement.

The Council adopts the October 21, 2008 fiscal impact statement of the Chief Financial Officer in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

Sec. 32. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December

ENROLLED ORIGINAL

24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

Chairman
Council of the District of Columbia

Mayor
District of Columbia