

HAR

6

Introduced: 3/16/83
Referred: Health, Education &
Social Services and Finance

1 IN THE HOUSE BY DAVIS AND KOPONEN
2 SPONSOR SUBSTITUTE FOR HOUSE RESOLUTION NO. 6
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 THIRTEENTH LEGISLATURE - FIRST SESSION
5 Relating to the funding of the Emergency
6 Medical Services System.
7 BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES:
8 WHEREAS the purpose of the National Emergency Medical Services System
9 Act of 1973 is to promote a standard to assist states and local communities
10 to upgrade their pre-hospital emergency medical services; and
11 WHEREAS the State of Alaska has more than 1,600 volunteer emergency
12 medical technicians working in more than 75 volunteer ambulance services;
13 and
14 WHEREAS the provision of emergency medical service pre-hospital care
15 systems is a responsibility of local government, the legislature and the
16 administration; and
17 WHEREAS the quality of service rendered to a victim of an emergency
18 should be standardized throughout the communities of Alaska; and
19 WHEREAS the planning process for ambulance service operation, ambu-
20 lance service manpower certification, and technical assistance to ambulance
21 services and communities is in place and functioning; and
22 WHEREAS the governor is responsible for the faithful execution of the
23 laws; and
24 WHEREAS AS 18.08 authorizes the adoption of regulations relating to
25 certification and recertification of emergency medical technicians, emer-
26 gency medical technician instructors and ambulances; and
27 WHEREAS the legislature is responsible for the promotion and protec-
28 tion of public health and welfare; and
29 WHEREAS the state Office of Emergency Medical Services, Division of

1 Public Health, Department of Health and Social Services is responsible for
2 the implementation of AS 18.08 to protect the public health and welfare;
3 and

4 WHEREAS the current methods of financial distribution for the Emer-
5 gency Medical Services System prohibit compliance with this law; and

6 WHEREAS the Emergency Medical Services System is dependent on several
7 funding sources;

8 BE IT RESOLVED that the Alaska House of Representatives respectfully
9 requests that the governor include in the annual budget a permanent single-
10 source funding strategy for the Emergency Medical Services System in the
11 state.

I. REQUEST Sponsor Substitute II.6
 Bill/Resolution No.: for House Resolution No.6
 Title: Funding of Emergency Medical Services
 Sponsor: Davis and Koponen
 Requestor: _____

FISCAL DETAIL
 Agency Affected: Emergency Medical Services
 Program Category Affected: _____
 BRU, Program of Subprogram(s) Affected: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LANDS & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL						
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Source)						
	0	0	0	0	0	0

POSITIONS:

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
FULL-TIME						
PART-TIME						
TEMPORARY						

III. SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

IV. ANALYSIS: Attach a separate page for any Analysis

Prepared By: Mark S. Johnson *MH* Phone: 465-3027
 Division: Public Health Date: 5/5/83
 Approved by Commissioner: *John P. Boyd* Date: 5/6/83
 Department: _____

Distribution:

- Original to Legislative Finance
- Copy to Office of Management and Budget (for Legislature introduced bills)
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POSITION PAPER / Department of Health and Social Services

POSITION PAPER

Sponsor Substitute for House Resolution No. 6

Relating to the Funding of the Emergency Medical Services System

Sponsor Substitute for House Resolution No. 6 recognizes the need for adequate funding of emergency medical services statewide and calls on the governor to include in his annual budget a permanent single-source funding strategy for the Emergency Medical Services System in the state.

Complicating the funding picture for EMS in the state is the \$1.3 million for EMS in Alaska which is included in the U.S. Indian Health Service Budget. Although it appears at this time that this funding will be available in FY 84, it could be reduced or eliminated in the future, which would have a serious, negative impact on emergency medical service programs in native regions.

The Division of Public Health of the Department of Health and Social Services supports the general intent of this resolution. However, the department is not sure what is meant by the statement, "current methods of financial distribution for the Emergency Medical Services System prohibit compliance with. . .(AS 18.08)." This statute authorizes the department to give out grants to regions for EMS systems development, and requires the department to develop regulations for the certification of emergency medical technicians (EMT's), EMT instructors, and ambulance services. The Department of Health and Social Services has developed and implemented these regulations and grant procedures, and uses what it considers to be a fairly sophisticated methodology of distributing available funding within state budget constraints. In past years, the grant process has been complicated somewhat when some legislators put designated grants in other budget categories such as municipal grants through the Department of Administration or unincorporated community grants through the Department of Community and Regional Affairs. When this happens the EMS Section, within the Division of Public Health, is prohibited from identifying these sources of EMS funding when computing its base budget request for the following fiscal year.

Recommended by: E.S. Rabeau, M.D.
E.S. Rabeau, M.D., Director
Division of Public Health

Date: May 5, 1983

Approved by: John R. Smith, M.D.
for Robert London Smith, M.D.
Commissioner

Date: May 6, 1983

SD HR 4

Davis - Explained numerous sources of funds. Put out cut-sheets -

FY83 Auth - 1.374

Gov - 1.376

House - 1.4 -

Purpose to draw attention to EMS. req. for funds annually - need one funding source.

Tischer - Hope that they do not lobby to increase their budget - we have telecons now etc. Turf battle - ~~it~~ should go thru this entity, & we will disburse our own funds.

Davis - Ftko.

Tischer - Pg 2 l 4-25 - Whereas etc - your bill addresses a funding mechanism. This whereas not appropriate.

Rabeau - Easier if there was one approp. to fairly proportion the funds out but it loses a legislative prerogative.

3 areas covered by So. Region = Unresolvable issue because of legislative process. Cause lobbying efforts by individuals of interests.

Really not going to change the financing. If we could limit to 3 regions - which is possible - we could do it but reasonably fair process for them boards represent geographical areas.

Rabeau - Candidly - I think we'd get less \$ from this method.

Gen Fund, Dublin Health Service provides for co-ordinators, ③ legislative add-ons - cap & op. budget.

Herrmann - Dept stand?

Rabeau - Prohibited in our budget from adding up all sources.

Herrmann - Security of IHS funds

Rabeau - IHS for Cit in 84 Budget in base budget - fairly secure.

Koponen - Would you or your staff work w/ staff to secure some funding?

Rabeau - Yes! We'd be happy to.

Tischer - How does this help poor mgt.

Rabeau - It would put all \$ into D:HS budget.

Cap. item - funds for an ambulance - already had one - if it would have come thru us or Council - the approp would not have been made.

Tischer - Continued libertarian comments.

Rabeau - Inocuous Resolution, don't think the legis will ever do anything like this.

Herrmann - Back-ground of program.

Davis - 1/3 of budget comes from other sources as add ons.

Mark Johnson - 5 sessions - defer to Dr. Rabeau -
Coop & Admin of EMS

Johnson 7 staff Statewide training co-ord - 2 full time
Certifications. 2200 Statewide
Regions - generally in favor because of
undifferentiable funding sources

James Anderson - SE-EMS Region - answer questions
re/ operations - never knew until after budget
process completed. ~~Real~~ Reality - impossible to
retain existing program at this level.
In favor of bringing this problem to a
head.

Fritz - Entertain Motion

Jerry McCutchen - EMT. Would like to see \$ flow
to lowest possible entity. ~~Out of~~
~~no~~ No single source.

Ravis - Intent to show political influence re/
add ons - attempt to take out some of
the politics in EMT.

Anderson - Mini-grants come out of Oper. Budgets.

Gall - Move -

Tische - Withdraw

Kop - Move to amend pg 2 l 5 - delete
prohibit & insert "inhibit."

Tische - Would you amend the whole Whereas -

Ravis - obj. cover w/ amendment.

Fritz - Ques on amendment. -

Herman & Tische - questions.

Tisch - Whereas on l. 4 - 7 pg 2 should be deleted.
Statement prior of that are pertinent.

Herrmann - Whereas adds alot. - shouldn't delete

Holl - Unless also delete l 29 - Tisch's friend.

Fitz - Question on amendment. - 5-1 pass

Tisch - All, brought it up ~~for~~ for the record.

Davis - Entertainment

Tisch - More CS for SS+HR 6 w/Ind



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.



P. O. BOX 2120 • FAIRBANKS, ALASKA 99707
PHONE (907) 456-3975

May 10, 1983

Representatives Milo Fritz, M.D. and Mae Tischer,
Co-Chairs House Health, Education and Social Services
Pouch V
Juneau, Alaska 99801

Dear Representatives,

As a committee who has worked together as hard and as long as you have this session, I am sure you have seen countless priorities from across the State of Alaska. Today you will be discussing Sponsor Substitute for House Resolution No. 6. This resolution discusses priorities from across the State of Alaska.

The Alaska Municipal League passed a similar resolution in November of 1982. The Governor's Advisory Council on Emergency Medical Services has approved the content of the request the FY 84. These requests came from every corner of the State of Alaska and are submitted to the Department of Health and Social Services. The communities within the State request their needs for Emergency Medical Services through this granting procedure.

The granting procedure is approved through City Councils, Village Councils, Regional delegations from health and health education advisory boards, Physician specialists, school boards, State and Federal agencies, clinics, hospitals, businesses, Legislature, and countless other citizens of the State of Alaska.

The State of Alaska has one of the finest Emergency Medical Services System in the United States. Our statutes and regulations allow certification and training to primarily volunteer citizens and rescue squads throughout the State. In Alaska, the standard testing scores indicating level of knowledge and skill as Emergency Medical Technicians is above the United States average. Currently, the State is providing just over two million dollars statewide to operate the Emergency Medical Services System within the State.

The total funds have been approved through the Governor's Office and Alaska Legislature. This year appropriations through the Governor's Office and Alaska Legislature do not equal the appropriations last year. The statutes and regulations require training and recertification of Emergency Medical Technicians and Emergency Medical Technician Instructors. This year Lt. Governor McAlpine signed regulations approving the certification of ambulances. The Emergency Medical Services System provides these certifications.

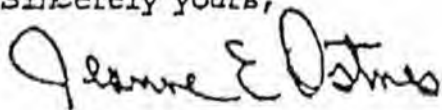
This certification system as well as the rescue squads, volunteers, communities, tourists, and all others will feel the appropriation cut in the event of emergencies. The appropriation is different in the three budgets and this is could be alleviated if a single source funding strategy could be developed.

If the State of Alaska consolidated the source of funding it would be easier to coordinate and evaluate the program progress and priorities with the State's priority goals and objectives. Historically the Legislature has had to supplement the Governor's Budget in order to meet statewide needs. A unified funding level statewide approved by the three governing bodies would ease problems in implementing life threatening problems throughout the state. The free conference committee action would have little debate on the Emergency Medical Service funding level as all three budgets would correspond to each other.

The communities and volunteers within the Interior Region contributed and donated a documented one million dollars in calendar year 1982. The documented figures are from only ten ambulance squads of the near eighty squads statewide. This region is 200,000 square miles and covers only House Districts 17, 18, 19, 20, 21 and 24. If the communities and citizens of the state are contributing this much from the Interior Region, statewide would of course be a much larger figure.

The discrepancies in the budget figures would be at the level of funding it was last year at least, if it were not for the confusing funding sources. The breath that is lost or the heart that does not beat needs immediate and precise procedures to help alleviate the problem. The funding source and priority behind it should also be as direct.

Sincerely yours,



Jeanne E. Ostnes
Executive Director

ALASKA STATE LEGISLATURE

INTERIM OFFICE:
P.O. BOX 81435
FAIRBANKS, ALASKA 99708

IN SESSION:
POUCH V
JUNEAU, ALASKA 99811
(907) 405-4930/4941



CHAIRMAN
1983 INTERIOR DELEGATION

MEMBER
TRANSPORTATION
HEALTH, EDUCATION AND SOCIAL SERVICES
LABOR SUBCOMMITTEE
JOINT OIL AND GAS
RURAL EDUCATION ATTENDANCE AREAS

Representative Mike Davis
House District 19

MEMORANDUM

To: House HESS Committee
From: Rep. Mike Davis
Re: SSHR 6, Relating to EMS Funding

The enclosed backup on SSHR 6 is as follows:

1. Position Paper and Fiscal Note
2. Letter from Southern Region EMS Council
3. Letter from Fairbanks North Star Borough
4. Info on FY 84 . . FY 83 Operating Budgets for EMS Regional Grants

EMERGENCY MEDICAL SERVICES REGIONAL GRANTS

SUMMARY OF FY83 AND FY84 OPERATING BUDGETS

This document summarizes the FY 84 regional grant requests. It is being submitted by the regional organizations which currently have funding for coordinating EMS training, certification, communications and organization in their respective areas. It includes the requests for the entire State.

The Department of Health and Social Services, Division of Public Health, Emergency Medical Services Section has been operating a grant program since 1976. This program provides funds to regional non-profit organizations to provide training, equipment and technical assistance to the State's: 75 volunteer, and 7 paid ambulance services; 12 regional native non-profit corporations; 22 hospitals; and, the general population. The primary function of these organizations, however, is to serve the needs of the rural volunteer ambulance services and the village medical care providers.

Table 1 depicts the current year operating funds of these organizations. All columns but Project Income are State General Funds that are being used for Operating expenses. All funds are being used strictly according to legislative intent. The first column is appropriated from the FY83 operating budget at the line item "Grants - Regional Councils" of the Emergency Medical Services BRU. The next three columns are State general funds appropriated in various other locations. HB 643 was a reappropriation bill passed last session. FY83 Capital are funds appropriated in the Capital section of the FY 83 Budget. FY82 Carryover are capital budget funds appropriated in prior years.

The main point of Table 1 is to demonstrate that the actual operating budget for the current year of the regional EMS programs is \$2,244,400, 63% more than the Regional Grants Operating Budget line item of \$1,376,000.

Table 4 presents the grant requests which will be presented to DISS for FY84. It then presents the funding outlook for those requests as embodied in the Governor's Budget Request for FY84 plus anticipated Project Income. It also shows the difference between what is requested and anticipated revenues, the FY84 Deficit column.

The Governor's Budget requests that funding for Regional Grants remain at the same level for FY84 as funded in the FY83 budget. The project income projections are down for FY84 because the majority of that income is from interest earned on advance payments of Grants. This year's project income was earned on operating budgets plus an additional \$750,000 of capital equipment funds in an era of strong money market interest rates. The Governor has proposed 0 dollars for EMS Capital Equipment for FY84, and, the money market has weakened. This situation will result in lower project income.

The FY84 shortfall will be \$1.3 million of the requested funds and \$763.4 thousand short of the current year funding level.

Table 1.
 FY83 EMS OPERATING FUND SOURCES
 (in thousands of dollars)

REGIONS	DHSS GRANT	HB 643	FY 83 CAPITAL	FY 82 CARRYOVER	TOTAL STATE GF	PROJECT INCOME	TOTAL
North Slope	85.0				85.0		85.0
Mannilaq	77.5	15.0			92.5		92.5
Interior	323.5		66.6	124.7	514.8	16.1	530.9
Southern							
Aleutian/Prib.	10.0				10.0		10.0
Anchorage					0.0		0.0
Bristol Bay	39.4				39.4		39.4
Copper River					0.0		0.0
Kenai Penin.					0.0		0.0
Kodiak Island	3.4				3.4		3.4
Mat-Su Boro					0.0		0.0
Norton Sound		280.0			280.0		280.0
Pr. Will. Sd.					0.0		0.0
Yukon-Kusko.	30.0	80.0			110.0		110.0
Regionwide	495.2	30.0		25.0	550.2	152.0	702.2
Southern Total	578.0	390.0	0.0	25.0	993.0	152.0	1,145.0
Southeast	312.0		35.0	11.0	368.0	23.0	391.0
STATEWIDE TOTALS	1,376.0	405.0	101.6	170.7	2,053.3	191.1	2,244.4

Southern Region
EMERGENCY
Medical Services Council, Inc.

May 9, 1983

Representative Mike Davis
Alaska State Legislature
House of Representatives
Pouch V
Juneau, AK 99702

Dear Representative Davis:

The Southern Region Emergency Medical Services Council, Inc. supports House Resolution 6 for the following reasons:

1. Currently, EMS operating expenses are funded by multiple sources. Our primary source of funds for regional training facilities is the EMS Section of the Department of Health and Social Services. However, the regional organizations have also been supplemented by legislative add-ons to the capital budget with the money going through Community & Regional Affairs, Department of Administration, as well as, DHSS. As a result, the total funding for the current year EMS regional grant programs is actually 1/3 more than is reflected in the Regional Grants line item of the DHSS Operating Budget.

The problem is that while it is clearly the legislature's intent that the regional EMS programs be funded at a level greater than the Governor's request, the message does not seem to get conveyed to the Governor. This is indicated by the fact that his request does not reflect the total prior year funding authorized by the Legislature. Consequently, the regional organizations never really know from year to year what their funding level will be other than the lower amount provided in the Governor's Budget Request.

It is our hope that this resolution would urge the Governor to include in his annual request the total amount of funds authorized for the regional programs in all parts of the prior year budget. If that were the case, then the both the Executive and the Legislature would be able to more effectively monitor EMS program performance and make the annual funding decisions in light of the complete picture.

2. Another area of funding that should be addressed by the Department is support for the Volunteer Emergency Medical Services in the State. This is especially important in the Unorganized Borough where there is no tax base for local services to turn to. Tremendous strides have been made in the last ten years in emergency care. Emergency Medical Technicians are trained to actually stabilize the seriously injured before they take them to the hospital, not just scoop up the patient

May 9, 1983

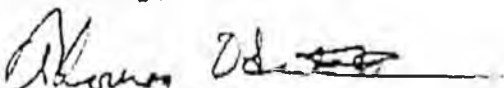
and run. We believe this has resulted in a reduction in lives lost on our remote highway system. And while there are lots of volunteers who are willing to do this, there is a need for significant funding for training and equipping those volunteers.

The justification for the State to be involved in supporting these services is that those on the highway systems primarily serve the motoring public. The small services in such places as Willow, Trapper Creek, Tok, Healy, Cooper Landing, Ninilchik, etc. respond 75% of the time to an auto accident involving residents of some other part of the State or World. It is difficult to expect a small community to raise \$6,000 to \$10,000 a year to support a service that really exists to serve people from other parts of the State. And, in fact, that is exactly the case in many of these communities. The same 3-6 volunteers respond day-in and day-out to calls that no one else in the community cares about.

Until this current year, there was a separate line item in the budget which provided a \$2,500 no strings attached grants to the volunteer services. However, that program was eliminated by the last Legislature. The regional programs have carried it on as part of their operating grant this year, but without increased support from the Governor we may have to cut it back in order to adequately staff the training program. Thus it is important that a stable and fair funding mechanism be developed to help the volunteer services meet their basic operating expenses.

I hope this information is useful to you. If you need any more information please do not hesitate to contact me. We look forward to supporting this legislation through the legislative process.

Sincerely,



Thomas D. Scott II
Executive Director

TDS:jf

fairbanks north star borough

p.o. box 1267 520 4th ave



March 4, 1983

The Honorable Bill Sheffield
Governor, State of Alaska
Pouch A
Juneau, Alaska 99811

Dear Governor Sheffield:

I would like to express my support for the Interior Region Emergency Medical Services Council and their funding needs for 1983/84.

The EMS Council performs a vital role in many ways for the delivery and quality of EMS services within the interior. In particular, the work done by this Council in providing quality training for EMS providers and the general public could not, in my opinion, be done more efficiently or cost effectively by any other organization. In this type of training there is a particular need for standardization and consistency. The EMS Council meets these needs.

The work done by the Council in planning and supporting emergency communications development is also of the highest importance to the area which we all serve.

I solicit your support for continued funding of these activities by the Interior Region EMS Council so that they may be continued at an adequate level.

Sincerely,

B. B. Allen
Borough Mayor

BBA:RWC:hs
cc: Interior Delegation

POSITION PAPER

Sponsor Substitute for House Resolution No. 6

Relating to the Funding of the Emergency Medical Services System

Sponsor Substitute for House Resolution No. 6 recognizes the need for adequate funding of emergency medical services statewide and calls on the governor to include in his annual budget a permanent single-source funding strategy for the Emergency Medical Services System in the state.

Complicating the funding picture for EMS in the state is the \$1.3 million for EMS in Alaska which is included in the U.S. Indian Health Service Budget. Although it appears at this time that this funding will be available in FY 84, it could be reduced or eliminated in the future, which would have a serious, negative impact on emergency medical service programs in native regions.

The Division of Public Health of the Department of Health and Social Services supports the general intent of this resolution. However, the department is not sure what is meant by the statement, "current methods of financial distribution for the Emergency Medical Services System prohibit compliance with. . .(AS 18.08)." This statute authorizes the department to give out grants to regions for EMS systems development, and requires the department to develop regulations for the certification of emergency medical technicians (EMT's), EMT instructors, and ambulance services. The Department of Health and Social Services has developed and implemented these regulations and grant procedures, and uses what it considers to be a fairly sophisticated methodology of distributing available funds, within state budget constraints. In past years, the grant process has been complicated somewhat when some legislators put designated grants in other budget categories such as municipal grants through the Department of Administration or unincorporated community grants through the Department of Community and Regional Affairs. When this happens the EMS Section, within the Division of Public Health, is prohibited from identifying these sources of EMS funding when computing its base budget request for the following fiscal year.

Recommended by: E.S. Rabeau, M.D.
E.S. Rabeau, M.D., Director
Division of Public Health

Date: May 5, 1983

Approved by: for Robert London Smith, Ph.D.
Commissioner

Date: May 6, 1983

STATE OF ALASKA
FISCAL NOTE

Revision Date _____, 1983

I. REQUEST Sponsor Substitute II. FISCAL DETAIL
 Bill/Resolution No.: for House Resolution No. 6 Agency Affected: Emergency Medical Services
 Title: Funding of Emergency Medical Services Program Category Affected: _____
 Sponsor: Davis and Koponen BRU, Program of Subprogram(s) Affected: _____
 Requestor: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

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400 COMMODITIES						
500 EQUIPMENT						
600 LANDS & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL						
	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Source)						
	0	0	0	0	0	0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

III. SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

IV. ANALYSIS: Attach a separate page for any Analysis

Prepared By: Mark S. Johnson *MH* Phone: 465-3027
 Division: Public Health Date: 5/5/83
 Approved by Commissioner: John A. Boy Date: 5/6/83
 Department: _____

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3/8/83

(B) the offices of private physicians or dentists whether in individual or group practice;

(8) "category of health services" means a major type, program, unit, division, or department of care provided through a health care facility whether inpatient or outpatient, including an outpatient department, psychiatric wing, kidney dialysis program, radiotherapy, burn unit, or newborn intensive care unit, except that "service" does not include the lawful practice of a profession or vocation conducted independently of a health care facility and in accordance with applicable licensing laws of the state;

(9) "health systems agency" means an entity organized and operated in accordance with § 1521(b), P.L. 93-641, engaging in health planning and development functions in a specified health service area of the state;

(10) "office" means the office of planning and research in the Department of Health and Social Services;

(11) "secretary" means the secretary of the United States Department of Health, Education and Welfare. (§ 2 ch 275 SLA 1976; am § 2 ch 25 SLA 1981)

Effect of amendments. — The 1981 amendment, retroactive to June 29, 1976, in paragraph (7), added the subparagraph designation (B) preceding "the offices of private physicians" and added subparagraph (A).

Editor's notes. — Section 1 of ch. 25, SLA 1981, provides: "The purpose of this Act is solely to clarify and confirm that Alaska Pioneers' Homes are not, and never have been, subject to the provisions of AS 18.07."

Section 1524, P.L. 93-641, referred to in paragraph (6), and § 1521(b), P.L. 93-641, referred to in paragraph (9), may be found in 42 U.S.C. § 300m-3 and 42 U.S.C. § 300m(b), respectively.

The United States Department of Health, Education and Welfare, referred to in paragraph (11), has been redesignated as the Department of Health and Human Services.

Chapter 08. Emergency Medical Services.

Section

- 10. Administration
- 20. Advisory Council on Emergency Medical Services
- 30. Composition
- 40. Term of office
- 50. Compensation and per diem
- 60. Meetings

Section

- 70. Special committees
- 80. Regulations
- 82. Issuance of certificates
- 84. Certificate required
- 86. Immunity from liability
- 88. Penalty
- 90. Definitions

Collateral references. — 39 Am. Jur. 2d, Health, §§ 9-18.

39A C.J.S., Health and Environment, §§ 3-17.

Sec. 18.08.010. Administration. The department is responsible for the development, implementation and maintenance of a statewide comprehensive emergency medical services system and, accordingly, shall

(1) coordinate public and private agencies engaged in the planning and delivery of emergency medical services to plan an emergency medical services system;

(2) assist public and private agencies to deliver emergency medical services through the award of grants in aid. (§ 1 ch 100 SLA 1977)

Sec. 18.08.020. Advisory Council on Emergency Medical Services. There is established in the department an Advisory Council on Emergency Medical Services. The council shall

(1) advise the commissioner with regard to the planning and implementation of a statewide emergency medical services system;

(2) assist the Statewide Health Coordinating Council in performing its duties under AS 18.07.011 relating to emergency medical services. (§ 1 ch 100 SLA 1977)

Sec. 18.08.030. Composition. The council shall consist of 11 members appointed by the governor. Four of the members shall be consumers of emergency medical services, and one from each judicial district in the state. (§ 1 ch 100 SLA 1977)

Sec. 18.08.040. Term of office. (a) Members of the council shall be appointed for overlapping terms of four years.

(b) Of the 11 initial appointments to the council, two shall be appointed for one-year terms, three for two-year terms, three for three-year terms, and three for four-year terms. A consumer shall be appointed to each of these overlapping terms. Appointments made on the expiration of the initial appointments shall be made for four years.

(c) A vacancy occurring in the membership of the council shall be filled by appointment by the governor in the same manner as original appointments, and when a seat is vacated before expiration of a term, the vacancy shall be filled for the unexpired portion of the vacated term. (§ 1 ch 100 SLA 1977)

Sec. 18.08.050. Compensation and per diem. Members of the council receive no salary, but are entitled to per diem, reimbursement for travel, and other expenses authorized by law for boards and commissions. (§ 1 ch 100 SLA 1977)

Cross references. — As to provisions relating to per diem, travel and other expenses for members of boards and commissions, see AS 39.20.180.

Sec. 18.08.060. Meetings. The council shall meet at the call of the chairman not less frequently than twice a year. A majority of members constitute a quorum. (§ 1 ch 100 SLA 1977)

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Sec. 18.08.070. Special committees. The council may create special committees or task forces outside its membership and may appoint persons who are not members of the council to serve as advisors or consultants to any committee created to carry out the purposes of the council. (§ 1 ch 100 SLA 1977)

Sec. 18.08.080. Regulations. The department shall adopt, with the concurrence of the Department of Public Safety, regulations establishing standards and procedures for the issuance, renewal, reissuance, revocation, and suspension of certificates required under AS 18.08.084, as well as other regulations necessary to carry out the purposes of this chapter. (§ 1 ch 100 SLA 1977; am § 1 ch 78 SLA 1978)

Cross references. — As to the power of a municipality to provide emergency medical services and facilities, see AS 29.48.030 (am.23). As to the authority of a municipality to provide emergency medi-

cal services outside its boundaries and to regulate their use and operation, see AS 29.48.037(a).

Effect of amendments. — The 1978 amendment rewrote this section.

Sec. 18.08.082. Issuance of certificates. (a) The department shall prescribe by regulation a course of training or other requirements prerequisite to the issuance of certificates which provide for the following.

(1) certifies that a person meets the training and other requirements as an emergency medical technician;

(2) authorizes an emergency medical technician certified under this chapter to provide under the written or oral direction of a physician those advanced life support services enumerated on the certificate;

(3) certifies that a person, organization, or government agency which provides an emergency medical service meets the minimum operating standards prescribed by the department; and

(4) authorizes an emergency medical service certified under this chapter to provide under the written or oral direction of a physician those advanced life support services enumerated on the certificate.

(b) The department shall be the central certifying agency for personnel certified under (a)(1) and (2) of this section and under regulations adopted under AS 18.08.080. (§ 2 ch 78 SLA 1978)

Sec. 18.08.084. Certificate required. (a) No person may represent himself, nor may an agency or business represent an agent or employee of that agency or business, as an emergency medical technician certified by the state unless the person represented is certified as an emergency medical technician under AS 18.08.082.

(b) No person, organization, or government agency may represent itself as an emergency medical service or ambulance service certified by the state unless the person, organization, or government agency is certified as an emergency medical service under AS 18.08.082.

(c) No person may provide, offer, or advertise to provide advanced life support services outside a hospital unless authorized by law.

(d) No person, organization, or government agency which provides, offers, or advertises to provide an emergency medical service may provide advanced life support services unless authorized under AS 18.08.082. (§ 2 ch 78 SLA 1978)

Sec. 18.08.086. Immunity from liability. (a) No person certified under AS 18.08.082, or person or public agency which employs, sponsors or controls the activities of persons certified under AS 18.08.082, who administers emergency medical services to an injured or sick person may be liable for civil damages as a result of an act or omission in administering those services, if done in good faith and if the life of the injured or sick person is in danger. This subsection does not preclude liability for civil damages which is the proximate result of gross negligence or intentional misconduct, nor preclude imposition of liability on a person or public agency which employs, sponsors, or controls the activities of persons certified under AS 18.08.082 if the act or omission is a proximate result of a breach of duty to act created under this chapter. For the purposes of this subsection, "gross negligence" means reckless, wilful, or wanton misconduct.

(b) No physician who in good faith arranges for, requests, recommends, or initiates the transfer of a patient from a hospital to another hospital may be liable for civil damages as a result of arranging, requesting, recommending, or initiating the transfer if

(1) in the exercise of that degree of knowledge or skill possessed, or that degree of care ordinarily exercised by physicians practicing the same specialty in the same or similar communities to that in which the physician is practicing, the physician determines that treatment of the patient's medical condition is beyond the capability of the transferring hospital or the medical community in which the hospital is located;

(2) the physician has confirmed that the receiving facility is more capable of treating the patient; and

(3) the physician has secured a prior agreement from the receiving facility to accept and render the necessary treatment to the patient.

(c) No registered nurse or licensed practical nurse who escorts a patient in a means of conveyance not equipped as an ambulance may be liable for civil damages as a result of an act or omission in administering patient care services, if done in good faith and if the life of the injured or sick person is in danger. This subsection does not preclude liability for civil damages which are the result of gross negligence or intentional misconduct. (§ 2 ch 78 SLA 1978)

Collateral references. — Liability of hospital operating ambulance for personal injuries to person being transported. 21 ALR2d 915.

Hospital's liability as to diagnosis and care of patients brought to emergency ward. 72 ALR2d 396.

Application of rule of strict liability in tort to person or entity rendering medical services. 100 ALR3d 1205.

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Sec. 18.08.088. Penalty. A person who violates a provision of this chapter is guilty of a misdemeanor and upon conviction is punishable by a fine of not more than \$1,000, or by imprisonment for not more than 90 days, or by both. Each violation is a separate offense. (§ 2 ch 78 SLA 1978)

Revisor's notes. — The words "A person" were substituted for "Any person" at the beginning of the first sentence by the revisor of statutes pursuant to AS 01.05.031.

Cross references. — As to sentences for misdemeanors, see AS 12.55.135.

Sec. 18.08.090. Definitions. In this chapter,

(1) "commissioner" means the commissioner of health and social services;

(2) "consumer of emergency medical services" means a person who is not a provider of emergency medical services as defined in this section;

(3) "department" means the Department of Health and Social Services;

(4) "emergency medical services system" means a system which provides for the arrangement of personnel, facilities and equipment for the effective and coordinated delivery of health care services under emergency conditions, occurring either as a result of the patient's condition or of natural disasters or similar situations, and which is administered by a statewide network which has the authority and resources to provide effective administration of the system;

(5) "provider of emergency medical services" means a person whose occupation or profession is, or has been, the delivery or administration of emergency medical services; a person who has a fiduciary position with, or has a fiduciary interest in, a health activity, facility or other health agency, or a legal or financial interest in the rendering of any component of emergency medical services;

(6) "Statewide Health Coordinating Council" means the council created under AS 18.07.011;

(7) "advanced life support" means emergency care techniques provided under the written or oral orders of a physician which include, but are not limited to, electric cardiac defibrillation, administration of antiarrhythmic agents, intravenous therapy, intramuscular therapy, or use of endotracheal intubation devices;

(8) "ambulance" means any publicly or privately owned means of conveyance intended to be used and maintained or operated for the transportation of persons who are sick, injured, wounded, or otherwise helpless;

(9) "emergency medical care" means the services utilized in responding to the perceived individual needs for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury;

(10) "emergency medical technician" means a person trained in emergency medical care and certified in accordance with the regulations prescribed under AS 18.08.080;

(11) "emergency medical service" means the provision of emergency medical care and transportation of the sick and injured. (§ 1 ch 100 SLA 1977; am § 3 ch 78 SLA 1978)

Effect of amendments. — The 1978 amendment added paragraphs (7) through (11).

Chapter 10. Health Units and Districts.

Article

1. Health Units and Districts (§§ 18.10.010 — 18.10.050)
2. Consolidated Health Districts (§§ 18.10.060 — 18.10.260)

Article 1. Health Units and Districts.

Section

10. Local health unit and health board
20. Health unit in incorporated city
30. Health units in native villages and communities

Section

40. Health districts
50. Commissioner of department to supervise local health boards

Collateral references. — 39 Am. Jur. 2d, Health, §§ 4-7.
39A C.J.S., Health and Environment, §§ 7-15.

Delegation to board or officer of police power to require vacation, destruction, or repair of individual building deemed by such officer or board unsafe or unsanitary, apart from noncompliance with specific regulations. 114 ALR 446.

Extension of police power of municipal corporation beyond territorial limits. 14 ALR2d 103.

Validity and construction of statute requiring establishment of "need" as precondition to operation of hospital or other facilities for the care of sick people. 61 ALR3d 278.

Sec. 18.10.010. Local health unit and health board. Each community or settlement outside an incorporated city is a health unit. In each health unit there shall be a board of health composed of the president of the school board and two citizens of the unit selected by the school board. At least one of the members of the health board shall, where practicable, be a licensed physician. In a health unit where there is no school board, the commissioner of the department shall appoint three residents of the unit to the local board of health, at least one member of which shall, where practicable, be a licensed physician. (§ 1 ch 118 SLA 1949)

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oxygen may be drawn from any compressor or holding tank at any reasonable time by an authorized agent of the department for analysis. (Eff. 3/1/78, Reg. 65; am 9/1/82, Reg. 83)

Authority: AS 18.05.040

7 AAC 25.450. OPERATION OF COMPRESSORS. Repealed 9/1/82.

7 AAC 25.460. DEFINITIONS FOR 7 AAC 25.430 - 7 AAC 25.460. In 7 AAC 25.430 - 7 AAC 25.460

(1) "compressed oxygen" means elementary gaseous oxygen (O₂) that is free of all other substances;

(2) "department" means the Department of Health and Social Services;

(3) "registration" means notification in writing to the department's Division of Public Health regarding intent to engage in sale of compressed oxygen;

(4) "sale" means the transfer of ownership for consideration and includes the actual transmittal of money or coupons, or the supplying of compressed gases in conjunction with the sale of another product, service or membership as a bonus. (Eff. 3/1/78, Reg. 65; am 9/1/82, Reg. 83)

Authority: AS 18.05.040

**CHAPTER 26.
EMERGENCY MEDICAL SERVICES**

Article

1. Emergency Medical Technicians and Emergency Medical Technician Instructors (7 AAC 26.010-7 AAC 26.170)
2. Emergency Medical Services Outside Hospitals (7 AAC 26.210-7 AAC 26.290)

**ARTICLE 1.
EMERGENCY MEDICAL TECHNICIANS
AND EMERGENCY MEDICAL
TECHNICIAN INSTRUCTORS**

Section

10. Purpose
20. Application for certification
30. Qualifications for certification
40. Scope of certified activities
50. Approved training courses
60. Administration of examinations
70. Examinations for initial certification
80. Testing fees
90. Initial certification examination failure
100. Term of certification
110. Recertification
120. Examinations for recertification
130. Recertification examination failure; lapse of certification
140. Grounds for suspension, revocation or refusal to issue a certificate
150. Comity
160. Persons practicing as emergency medical technicians or instructors before July 1, 1982
170. Definitions

7 AAC 26.010. PURPOSE. The purpose of 7 AAC 26.010 - 7 AAC 26.170 is to promote the health and safety of the people of Alaska by establishing uniform minimum standards for emergency medical technicians. Nothing in 7 AAC 26.010 - 7 AAC 26.170 is intended to prohibit a physician from authorizing a drug or procedure in an emergency situation which is not specifically covered by the certification of emergency medical technicians I, II, or III. (Eff. 12/31/81, Reg. 80)

Authority: AS 18.08.080

7 AAC 26.020. APPLICATION FOR CERTIFICATION. (a) A person applying for certification as an emergency medical technician I, emergency medical technician II, emergency medical technician III, emergency medical technician I instructor, emergency medical technician II instructor, or emergency medical technician III instructor shall apply in writing to the department.

(b) The application will be provided by the department and must contain the person's name, age, and mailing and geographical address (if different), evidence that the person meets the requirements of 7 AAC 26.030, and any other information the department considers necessary.

(c) A certificate for the appropriate level will be issued by the department when the person has met the requirements of the level applied for in 7 AAC 26.030. (Eff. 12/31/81, Reg. 80)

Authority: AS 18.08.080

7 AAC 26.030. QUALIFICATIONS FOR CERTIFICATION. (a) A person applying for certification as an emergency medical technician I must

(1) be 18 years of age or older;

(2) provide verification of active or intended involvement with an ambulance service, rescue service, or other organization having ancillary emergency health or patient care responsibilities, or otherwise demonstrate a need for certification;

(3) be of acceptable moral character;

(4) have successfully completed a department-approved emergency medical technician I training program; and

(5) pass, within six months after completing the training program, the written and practical examination for emergency medical technician I administered by the department.

(b) A person applying for certification as an emergency medical technician II must

(1) meet all of the qualifications for an emergency medical technician I set out in (a) of this section;

(2) have successfully completed a department-approved emergency medical technician II training program;

(3) within 30 days after completion of the course, have successfully completed 10 venipunctures, of which two must be with catheter-covered needles; all venipunctures must be witnessed by an individual above the EMT-II level who is certified or licensed to perform venipunctures; and

(4) pass, within six months after completing the training program, the written and practical examination for emergency medical technician II administered by the department.

(c) A person applying for certification as an emergency medical technician III must

(1) meet all of the qualifications for an emergency medical technician I and II as set out in (a) and (b) of this section;

(2) have successfully completed a department-approved emergency medical technician III training program; and

(3) pass, within six months after completing the training program, the written and practical examination for emergency medical technician III administered by the department.

(d) A person applying for certification as an emergency medical technician I instructor must have successfully completed a department-approved emergency medical technician I instructor training program.

(e) A person applying for certification as an emergency medical technician II instructor must be a physician, registered nurse, physician assistant, or paramedic, and have at least one year of emergency medical services teaching experience or one year of experience supervising EMTs.

(f) A person applying for certification as an emergency medical technician III instructor must be a physician, registered nurse, physician assistant, or paramedic with training in advanced cardiac life-support and have at least one year of

emergency medical services teaching experience
or one year of experience supervising EMTs.
(Eff. 12/31/81, Reg. 80)

Authority: AS 18.08.080

in topics included in the curricula for emergency medical technician I, II, or III which may be presented using critiques, didactic sessions, practical drills, workshops, or seminars; additional topics for continuing education include, but are not necessarily limited to: communications, air-ambulance emergency care, child abuse, rape intervention, industrial accidents, explosion injuries, electrical hazards, neonatal care/sudden infant death syndrome (SIDS), battered wives, crime scene response, athletic injuries, rappelling, hazardous materials, protective breathing apparatus, farm machinery extrication, medical terminology, radioactive materials, medico-legal aspects, and special rescue (diving, aerial, mountain);

(5) "department" means Department of Health and Social Services;

(6) "direct or indirect supervision of a physician" means that a physician, who can legally practice medicine in Alaska, has authorized the medical care provided by EMTs either by direct voice contact or by written standing orders;

(7) "emergency medical technician" means a person trained in emergency medical care and certified in accordance with this chapter;

(8) "EMT" means emergency medical technician;

(9) "expert instructor" means a person with a demonstrated proficiency in an appropriate subject area, approved on an individual basis by the department (preferably a physician, nurse, physician assistant, or paramedic); an expert instructor is not necessarily a person who is certified as an EMT instructor by the department;

(10) "other organizations having ancillary emergency health or patient care responsibilities" means an organization such as, but not necessarily limited to, the United States Forest Service, a logging camp, the Alaska Railroad, or a pipeline camp, that must provide services to individuals needing immediate medical care in order to prevent loss of life or aggravation of psychological or physiological illness or injury;

(11) "refresher course" means a course, at

least 24 hours in length, which includes didactic and practical skills appropriate for emergency medical technicians I, II, or III, which includes at least the following topics: cardiopulmonary resuscitation (CPR), traction splinting, backboard, vital signs, patient evaluation, run reports, and updates on medical equipment information and use of oxygen equipment and bag masks. (Eff. 12/31/81, Reg. 80)

Authority: AS 18.08.080

ARTICLE 2. EMERGENCY MEDICAL SERVICES OUTSIDE HOSPITALS

Section

- 210. Purpose
- 220. Application for certification
- 230. Qualifications for certification
- 240. Scope of certified activities
- 245. Reporting requirements
- 250. Term of initial certification
- 260. Recertification
- 270. Grounds for suspension, revocation, or refusal to issue a certificate
- 280. Actions not prohibited
- 290. Definitions

7 AAC 26.210. PURPOSE. The purpose of 7 AAC 26.210 - 7 AAC 26.290 is to promote the health and safety of the people of Alaska by setting minimum standards for an organization which provides, offers, or advertises to provide basic or advanced life-support emergency medical services outside a hospital. (Eff. 3/3/83, Reg. 85)

Authority: AS 18.08.080

7 AAC 26.220. APPLICATION FOR CERTIFICATION. (a) An applicant for certification as an emergency medical service shall apply in writing to the department.

(b) The application form will be provided by the department and must contain the name of the organization and responsible official, the mailing address and, if different, the geographical address, evidence that the applicant meets the requirements of 7 AAC 26.230, and other information the department considers necessary.

(c) A certificate will be issued by the department if the applicant satisfies the requirements of 7 AAC 26.230. (Eff. 3/3/83, Reg. 85)

Authority: AS 18.08.080

7 AAC 26.230. QUALIFICATIONS FOR CERTIFICATION. (a) An applicant for certification as an emergency medical service providing basic life-support outside a hospital

(1) shall list available emergency medical technicians I, and ensure that at least one emergency medical technician I, and one other person to act as driver when using a surface transportation vehicle, will be available to respond to emergencies 24 hours a day;

(2) must have a sponsoring physician;

(3) must have a direct communications capability with a physician, hospital, or mid-level practitioner such as a physician assistant or nurse practitioner, unless the department grants a waiver because of technical communications problems;

(4) must have appropriate equipment to perform basic life-support medical procedures; and

(5) must have a program of continuing education which will enable its certified emergency medical personnel to meet state recertification requirements.

(b) An applicant for certification as an emergency medical service providing advanced life-support outside a hospital

(1) shall list available, certified personnel, such as emergency medical technicians II, emergency medical technicians III, mobile intensive care paramedics, or other personnel, including registered nurses or physicians, who may respond to medical emergencies on a regular basis;

(2) must have an emergency medical technician II or III, mobile intensive care paramedic, or other medical personnel certified or licensed to provide advanced life-support (e.g., registered nurse, physician's assistant, or physician), and at least one other person trained to at least the emergency medical technician I level to act as driver when using a surface transportation vehicle, available to respond to emergency calls 24 hours a day;

(3) must have a sponsoring physician;

(4) must have a direct communications capability with a physician, hospital, or mid-level practitioner, unless the department grants a waiver because of technical communications problems;

(5) must have appropriate equipment to perform basic and advanced life-support medical procedures within the skill levels of available certified personnel; and

(6) must have a program of continuing education which will enable the certified emergency medical personnel to meet state recertification requirements. (Eff. 3/3/83, Reg. 85)

Authority: AS 18.08.080

7 AAC 26.240. SCOPE OF CERTIFIED ACTIVITIES. (a) A certified emergency medical service may provide, offer, or advertise to provide those basic or advanced life-support services which are within the capabilities of available certified or licensed personnel, and authorized by the sponsoring physician.

(b) Certified emergency medical services under this section may provide services on air medevacs whenever this is the most suitable means of transporting the patient. (Eff. 3/3/83, Reg. 85)

Authority: AS 18.08.080

7 AAC 26.245. REPORTING REQUIREMENTS. (a) A certified emergency medical service providing either basic life-support or advanced life-support outside a hospital must complete an approved EMS report form for each patient treated. The report form must document vital signs and medical treatment given the patient.

(b) A copy of the completed EMS form must

(1) accompany the patient to the treatment facility;

(2) be sent to the sponsoring physician; and

(3) be kept by the EMS service as a permanent record.

(c) The sponsoring physician shall periodically review the EMS reports he or she receives to

determine the appropriateness of treatment given. (Eff. 3/3/83, Reg. 85)

Authority: AS 18.08.080

Editor's Note: The EMS report forms referred to in 7 AAC 26.245 may be obtained from the Emergency Medical Services Section, Division of Public Health, Department of Health and Social Services, Pouch H-06, Juneau, Alaska 99811.

7 AAC 26.250. TERM OF INITIAL CERTIFICATION. An initial certification expires on December 31 of the year following the year in which it was issued. (Eff. 3/3/83, Reg. 85)

Authority: AS 18.08.080

7 AAC 26.260. RECERTIFICATION. (a) To renew a certification, an applicant must complete and submit an application on a form provided by the department, showing that the applicant continues to meet the applicable requirements in 7 AAC 26.230.

(b) A recertification is valid for two years, and is subject to renewal under (a) of this section. (Eff. 3/3/83, Reg. 85)

Authority: AS 18.08.080

7 AAC 26.270. GROUNDS FOR SUSPENSION, REVOCATION, OR REFUSAL TO ISSUE A CERTIFICATE. The department, after compliance with the Administrative Procedure Act (AS 44.62.), will, in its discretion, revoke, suspend, or refuse to issue a certificate

(1) for fraud or deceit in obtaining a certificate under 7 AAC 26.210 – 7 AAC 26.290;

(2) for gross misconduct by personnel of the emergency medical service providing basic or advanced life-support services;

(3) if a sponsoring physician is no longer sponsoring the emergency medical service; or

(4) for failure to maintain appropriate equipment or communications capability. (Eff. 3/3/83, Reg. 85)

Authority: AS 18.08.080

7 AAC 26.280. ACTIONS NOT PROHIBITED. (a) Nothing in 7 AAC 26.210 – 7 AAC 26.290 prohibits a person certified above the EMT I level from using authorized skills. For example, a physician or a mobile intensive care paramedic, working with a basic life-support emergency

medical service, is not precluded from using his or her skills when authorized by law.

(b) Nothing in 7 AAC 26.210 – 7 AAC 26.290 prohibits an uncertified person from responding to a medical emergency when no certified personnel or services are present or available, or when there are too many victims for available certified personnel to treat. (Eff. 3/3/83, Reg. 85)

Authority: AS 18.08.080

7 AAC 26.290. DEFINITIONS. Unless the context indicates otherwise, in 7 AAC 26.210 – 7 AAC 26.290

(1) "advanced life-support" means emergency care and stabilization techniques provided under the written or oral orders of a physician which may include, but are not limited to, electric cardiac defibrillation, administration of anti-arrhythmic agents, intravenous therapy, intramuscular therapy, or use of endotracheal intubation devices;

(2) "air medevacs" means transporting emergency patients via fixed or rotary wing aircraft with at least one certified emergency medical responder in attendance;

(3) "appropriate equipment to perform basic life-support emergency medical procedures" means the basic ambulance equipment recommended by the American College of Surgeons (unless a specific exception is granted by the department);

(4) "appropriate equipment to perform basic and advanced life-support emergency procedures" means the basic ambulance equipment recommended by the American College of Surgeons (unless a specific exception is granted by the department), plus any additional equipment necessary to carry out the advanced life-support procedures offered by the emergency medical service including, but not necessarily limited to, esophageal obturator airways, defibrillator monitors, and intravenous supplies;

(5) "basic life-support" means noninvasive emergency care and stabilization techniques provided by emergency medical technicians under the direct or indirect supervision of a physician, either by voice contact or written standing orders;

(6) "department" means the Department of Health and Social Services;

(7) "emergency medical services" means the provision of emergency medical care and transportation of the sick and injured;

(8) "emergency medical technician" means a person trained in emergency medical care and certified in accordance with 7 AAC 26.010 - 7 AAC 26.170;

(9) "EMS" means emergency medical services;

(10) "EMS communications capability" means point-to-point voice communications between EMS responders in the field and a higher-level medical facility, including clinics with mid-level practitioners, or hospitals;

(11) "mobile intensive care paramedic" means a person trained in advanced life-support emergency medical care and certified in accordance with AS 08.64.107;

(12) "organization which provides basic or advanced life-support emergency medical services outside a hospital" means an organization, such as an ambulance service, rescue squad, fire department, medevac service, or other emergency medical service which has as one of its primary functions the provision of basic or advanced life-support emergency medical services;

(13) "responsible official" means the chief of the fire department or ambulance service, or any person who has administrative responsibility for the operations of the emergency medical service; and

(14) "sponsoring physician" means a physician who is authorized to practice medicine in the state and has agreed to be responsible for the activities of the emergency medical service including, but not necessarily limited to, approving the types of medical procedures which may be performed by the EMS service. (Eff. 3/3/83, Reg. 85)

Authority: AS 18.08.080

Editor's Note: A list of the basic ambulance equipment recommended by the American College of Surgeons, referred to in 7 AAC 26.290(3) and (4), may be obtained from the Emergency Medical Services Section, Division of Public Health, Department of Health and Social Services, Pouch H-06, Juneau, Alaska 99811.

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Range 17, (928)

Mark Johnson - Administrator of Office of EMS
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STATE OF ALASKA -- OPERATING BUDGET SUMMARY

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4/19/83

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SHORT
FORM
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BUDGET COMPONENT	FY83 ATH	CONT.	GOVERNOR	GOV.AMD.	HOUSE	HOUSE - GOV.AMD. COMPARISON	
154 IMMUNIZATION	424.4	424.7	424.7	683.5	683.5		
156 EPIDEMIOLOGY	407.7	453.1	453.1	453.1	432.9	-20.2	-4.5%
xxx PROGRAM TOTAL xxx	1912.7	2009.0	2009.0	2267.8	2232.2	-35.6	-1.5%
HEALTH & SAFETY							
160 HEALTH & SAFETY	169.0	172.9	99.3	99.3	99.3		
CHILD AND FAMILY HEALTH							
164 MATERNAL CHILD HEALTH	1449.4	1042.0	1022.0	1022.0	1090.9	68.9	6.6%
166 HANDICAPPED CHILDREN	1847.0	2000.4	2000.4	2000.4	1997.5	-0.9	0.0%
168 COMMUNICATIVE DISORDERS	715.3	716.1	654.7	654.7	710.6	55.9	8.5%
170 CHILD DEVELOPMENT SERVICE	356.8	377.7	377.7	377.7	372.5	-5.2	-1.3%
172 ADMINISTRATION	191.1	179.5	179.5	179.5	175.7	-3.8	-2.0%
174 NUTRITION	1534.6	1583.9	2033.9	2033.9	2030.3	-3.6	-0.1%
176 SPECIAL EDUCATION GRANTS	1313.1	1382.7	1309.0	1354.5	2040.7	686.2	50.6%
xxx PROGRAM TOTAL xxx	7407.3	7282.3	7577.2	7622.7	8420.2	797.5	10.5%
LABORATORIES							
180 REGIONAL LABS	1708.3	1767.9	1767.9	1893.7	1837.3	-36.4	-1.3%
182 ADMINISTRATION	163.4	168.2	168.2	168.2	165.8	-2.4	-1.3%
xxx PROGRAM TOTAL xxx	1871.7	1936.1	1936.1	2061.9	2023.1	-38.8	-1.8%
PUBLIC HEALTH ADMINISTRATION							
186 ADMINISTRATION	1186.4	1303.6	1043.0	1082.0	984.8	-97.2	-9.0%
188 HEALTH EDUCATION	503.9	470.0	470.0	495.0	469.4	-25.6	-5.1%
190 GRANT TO MUNICIPALITY OF ANCH	939.1	995.5	939.1	939.1	924.1	-15.0	-1.5%
192 ANCH PROGRAMS/HANDICAPPED	576.8	611.4		576.8		-576.8	-100.0%
194 FDKS PROGRAMS/HANDICAPPED	80.0			80.0		-80.0	-100.0%
xxx PROGRAM TOTAL xxx	3286.2	3380.5	2452.1	3172.9	2378.3	-794.6	-25.0%
EMERGENCY MEDICAL SERVICES							
198 ADMINISTRATION	428.4	439.7	439.7	439.7	429.0	-10.7	-2.3%
200 ADVISORY COUNCIL	26.9	28.5	16.2	16.2	16.1	-0.1	-0.5%
202 GRANTS-REGIONAL COUNCILS	1376.0	1458.6	1376.0	1376.0	1458.6	82.6	6.0%
xxx PROGRAM TOTAL xxx	1831.3	1926.8	1831.9	1831.9	1903.7	71.8	3.8%
HEALTH CLINICS	660.3	699.9		600.0	600.0		
206 DOYON REGION CLINICS	356.0						
14 ALCOHOL/DRUG ABUSE ADMIN							
18 DRUG ABUSE GRANTS	1550.6	1534.4	1534.4	1534.4	1521.8	-12.6	-0.7%
22 ALCOHOL ABUSE GRANTS	1550.0	1643.0	1550.0	1550.0	1550.0		
26 ALASKA PSYCHIATRIC INSTITUTE	13672.8	13173.7	12513.2	12513.2	13076.2	563.0	4.5%
30 FORENSIC TREAT & EVAL SERV	11793.8	12023.4	12525.6	12525.6	13216.5	690.9	5.5%
COMM MH SERVICES	832.8	1097.1	2597.1	1097.1		-1097.1	-100.0%
34 REGIONAL ADMINISTRATION	297.7	977.5	624.4	977.5	1577.5	600.0	61.3%
36 JUNEAU REGIONAL M H CLINIC	400.3						
38 COMMUNITY M H GRANTS	4167.9	4686.1	4446.2	5750.9	4604.0	-1146.9	-19.8%
xxx PROGRAM TOTAL xxx	4865.9	5663.6	5070.6	6728.4	6181.5	-546.9	-8.0%

request
1676.5



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.



P. O. BOX 2120 • FAIRBANKS, ALASKA 99707
PHONE (907) 456-3976

May 10, 1983

Representatives Milo Fritz, M.D. and Mae Tischer,
Co-Chairs House Health, Education and Social Services
Pouch V
Juneau, Alaska 99801

Dear Representatives,

As a committee who has worked together as hard and as long as you have this session, I am sure you have seen countless priorities from across the State of Alaska. Today you will be discussing Sponsor Substitute for House Resolution No. 6. This resolution discusses priorities from across the State of Alaska.

The Alaska Municipal League passed a similar resolution in November of 1982. The Governor's Advisory Council on Emergency Medical Services has approved the content of the request for FY 84. These requests came from every corner of the State of Alaska and are submitted to the Department of Health and Social Services. The communities within the State request their needs for Emergency Medical Services through this granting procedure.

The granting procedure is approved through City Councils, Village Councils, Regional delegations from health and health education advisory boards, Physician specialists, school boards, State and Federal agencies, clinics, hospitals, businesses, Legislature, and countless other citizens of the State of Alaska.

The State of Alaska has one of the finest Emergency Medical Services System in the United States. Our statutes and regulations allow certification and training to primarily volunteer citizens and rescue squads throughout the State. In Alaska, the standard testing scores indicating level of knowledge and skill as Emergency Medical Technicians is above the United States average. Currently, the State is providing just over two million dollars statewide to operate the Emergency Medical Services System within the State.

The total funds have been approved through the Governor's Office and Alaska Legislature. This year appropriations through the Governor's Office and Alaska Legislature do not equal the appropriations last year. The statutes and regulations require training and recertification of Emergency Medical Technicians and Emergency Medical Technician Instructors. This year Lt. Governor McAlpine signed regulations approving the certification of ambulances. The Emergency Medical Services System provides these certifications.

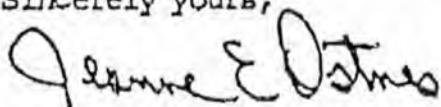
This certification system as well as the rescue squads, volunteers, communities, tourists, and all others will feel the appropriation cut in the event of emergencies. The appropriation is different in the three budgets and this is could be alleviated if a single source funding strategy could be developed.

If the State of Alaska consolidated the source of funding it would be easier to coordinate and evaluate the program progress and priorities with the State's priority goals and objectives. Historically the Legislature has had to supplement the Governor's Budget in order to meet statewide needs. A unified funding level statewide approved by the three governing bodies would ease problems in implementing life threatening problems throughout the state. The free conference committee action would have little debate on the Emergency Medical Service funding level as all three budgets would correspond to each other.

The communities and volunteers within the Interior Region contributed and donated a documented one million dollars in calendar year 1982. The documented figures are from only ten ambulance squads of the near eighty squads statewide. This region is 200,000 square miles and covers only House Districts 17, 18, 19, 20, 21 and 24. If the communities and citizens of the state are contributing this much from the Interior Region, statewide would of course be a much larger figure.

The discrepancies in the budget figures would be at the level of funding it was last year at least, if it were not for the confusing funding sources. The breath that is lost or the heart that does not beat needs immediate and precise procedures to help alleviate the problem. The funding source and priority behind it should also be as direct.

Sincerely yours,



Jeanne E. Ostnes
Executive Director