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HOUSE OF REPRESENTATIVES

140th GENERAL ASSEMBLY

HOUSE BILL NO.

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO PARAMEDIC AND OTHER  
EMERGENCY MEDICAL SERVICE SYSTEMS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

1           WHEREAS, the Delaware Emergency Medical Services (EMS) system is made up of  
2 over 1700 emergency care providers including paramedics, emergency medical technicians,  
3 volunteers, dispatchers and first responders;

4           WHEREAS, the dedication of the emergency care providers has helped thousands of  
5 Delawareans in times of need and crisis;

6           WHEREAS, these individuals have a long history of dedication and commitment to  
7 improving and protecting the health and safety of all Delawareans;

8           WHEREAS, notwithstanding the dedication and commitment of these emergency care  
9 providers, the current EMS system has several weaknesses that must be addressed in order for  
10 the system to achieve optimal performance for the citizens of our State;

11 WHEREAS, Delaware's EMS system must focus on achieving specific goals that, if  
12 attained, will result in an improved system for the people of Delaware;

13 WHEREAS, specific goals for response times and other performance measures do not  
14 currently exist;

15 WHEREAS, the General Assembly hereby establishes a goal that the Delaware EMS system  
16 provide cardio-pulmonary resuscitation (CPR) within 4 minutes of the receipt of Delta calls on at least 90  
17 % of the times in urban areas and 70 % of the times in rural areas.

18 WHEREAS, the General Assembly hereby establishes a goal that the Delaware EMS system  
19 provide Automatic External Defibrillation (AED) within 6 minutes of Delta calls on at least 90 % of the  
20 times in urban areas and 70 % of the times in rural areas.

21 WHEREAS, the General Assembly hereby establishes a goal that each Advanced Life Support  
22 (ALS) paramedic agency within the Delaware EMS system provide an ALS paramedic unit, as defined by  
23 recognized state standard, on the scene within 8 minutes of the receipt of Delta calls on at least 90 % of  
24 the times.

25 WHEREAS, the General Assembly hereby establishes a goal that each Basic Life  
26 Support (BLS) ambulance agency within the Delaware EMS system provide a BLS ambulance  
27 unit on the scene within 10 minutes of the receipt of Delta calls on at least 90 % of the times in  
28 urban areas and 70 % of the times in rural areas.

29 WHEREAS, the General Assembly hereby establishes a goal that each ALS paramedic  
30 agency within the Delaware EMS system provide an ALS paramedic unit, as defined by  
31 recognized state standard, on the scene within 8 minutes of the receipt of Charlie calls on at least  
32 90 % of the times

33 WHEREAS, the General Assembly hereby establishes a goal that each BLS ambulance  
34 agency within the Delaware EMS system provide a BLS ambulance unit on the scene within 12

minutes of the receipt of Charlie calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.

WHEREAS, the General Assembly hereby establishes a goal that each BLS ambulance agency within the Delaware EMS system provide a BLS ambulance unit on the scene within 12 minutes of the receipt of all Bravo calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.

WHEREAS, the General Assembly hereby establishes a goal that each BLS ambulance agency within the Delaware EMS system provide a BLS ambulance unit on the scene within 18 minutes of the receipt of all Alpha calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.

WHEREAS, the General Assembly hereby establishes a goal that in cases involving cardiac arrest, each EMD center within the Delaware EMS system process all calls for assistance within 45 seconds in at least 90 % of such cases.

WHEREAS, the General Assembly hereby establishes a goal that in all other cases, each EMD center within the Delaware EMS system process all calls for assistance within 72 seconds in at least 90 % of such cases.

WHEREAS, all components of the system should uniformly and electronically collect the data necessary to measure performance against the previously stated goals;

WHEREAS, the performance of each component of the system against the above stated goals should be routinely made available to the public;

WHEREAS, attainment of these goals will require changes to the current EMS system;

WHEREAS, the availability of CPR and AED within medically required time frames will require utilization of BLS as first responders, law enforcement officers on patrol and increased public awareness and access to AED;

WHEREAS, current law overly restricts the ability of ALS managers to deploy their resources effectively and efficiently thus hampering performance;

WHEREAS, ALS managers need flexibility to deploy ALS resources, subject to appropriate medical oversight;

WHEREAS, the State Fire Commission lacks the statutory authority to manage BLS in terms of response times and performance;

WHEREAS, the regulatory authority of the State Fire Prevention Commission over BLS services should be significantly broadened and strengthened;

WHEREAS, the Delaware EMS system is a medical system that requires comprehensive medical involvement and oversight;

WHEREAS, medical oversight should be increased and restructured to ensure that all components of the system are performing according to generally accepted medical protocols;

WHEREAS, members of the General Assembly, the Governor, the public and other policy makers should know the costs of Delaware's EMS system in order to measure its effectiveness;

WHEREAS, all components of the EMS system should report revenues and expenses so that the system can be continually evaluated for its cost effectiveness;

WHEREAS, emergency medical services is a system with several providers and proper oversight of that system is necessary to ensure effectiveness and to reduce fragmentation; and

WHEREAS, an EMS Oversight Council charged with the on-going responsibility of monitoring the system and making recommendations for system is necessary.

NOW, THEREFORE:

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

**Section 1.** This Act shall be known as the Delaware Emergency Medical Services System Improvement Act of 1999.

84       **Section 2.** Amend § 9703, Title 16, Delaware Code by deleting said section in its entirety and  
85 inserting in lieu thereof the following:

86       “§ 9703. Delaware Emergency Medical Services Oversight Council.

87       (a) There is established the Delaware Emergency Medical Services Oversight Council  
88 (DEMSOC). The Council shall consist of the following members:

89               (1) A representative of the Office of the Governor appointed by the Governor:

90               (2) The Secretary of the Department of Public Safety;

91               (3) The Secretary of the Department of Health and Social Services;

92               (4) The Chair of the Delaware State Fire Prevention Commission or another Commissioner  
93 selected by the Chair;

94               (5) The President of the Delaware Volunteer Fireman’s Association;

95               (6) The New Castle County Executive or, at the Executive’s discretion, the Colonel of the  
96 New Castle County Police Department;

97               (7) The Kent County Administrator or, at the Administrator’s discretion, the Kent County  
98 EMS Chief;

99               (8) The Sussex County Administrator, or at the Administrator’s discretion, the Sussex  
100 County EMS Director;

101               (9) The President of the Delaware Chapter of the American College of  
102 Emergency Physicians;

103               (10) The State EMS Medical Director;

104               (11) The Chair of the Trauma Systems Committee;

105               (12) A practicing paramedic, certified and employed in the State of Delaware,  
106 appointed by the Governor;

107               (13) The Chair of the DVFA Ambulance Advisory Committee; and

108               (14) Two (2) additional at-large members appointed by the Governor.

109       (b) The members of the Council may not designate a voting alternate representative more than two  
110 (2) times per year.

- (c) The Council shall meet at a minimum of one (1) time per year.
- (d) The Chairperson of the Council shall be designated from among the members by the Governor and shall serve at the pleasure of the Governor.
- (e) The Council shall monitor Delaware's emergency medical services system to ensure that all elements of the system are functioning in a coordinated, effective, and efficient manner in order to reduce morbidity and mortality rates for the citizens of Delaware and to ensure quality of emergency care services.
- (f) The Council shall have the following duties and responsibilities:
- (1) To examine policies and procedures and evaluate the effectiveness of the EMS system, specifically the respective roles, responsibilities, effectiveness and efficiency of the Office of Emergency Medical Services (OEMS), the State Fire Prevention Commission, the Department of Public Safety, the EMS provider agencies, and the medical community;
  - (2) To study, research, plan, evaluate as well as offer guidance to, cooperate with and assist public agencies and private institutions and organizations on methods for the coordination and effective utilization of their emergency medical service programs;
  - (3) To formulate goals and recommendations, based on objective criteria and data, to be used in evaluating EMS provider agency performance;
  - (4) To review and make recommendations concerning quality improvement efforts pursuant to this chapter;
  - (5) To make recommendations to the Office of EMS, the State Fire Prevention Commission, the Department of Public Safety, the EMS provider agencies, and the medical community for improving EMS in Delaware;
  - (6) To make legislative recommendations to the Governor and General Assembly;
  - (7) To provide an annual report on or before March 15 of each year to the Governor, General Assembly, interested parties, and the public which will outline the performance of all EMS system agencies, comparing that performance to established goals and performance measures.

The report shall also estimate the costs of Delaware's EMS medical system. Automatic external defibrillator and cardio-pulmonary resuscitation program performance shall be included in this report. The first report will cover service provided in calendar year 2000 and will be delivered by March 15, 2001;

(8) To make recommendations concerning BLS to the State Fire Prevention Commission. The Commission will consider and act upon those recommendations; and

(9) To conduct a full review of EMS in the State at a minimum of every 5 years.

(g) The Council may request and shall receive from any department, division, commission or agency of the State such reasonable assistance and data as will enable it to properly carry out its functions hereunder.

(h) OEMS shall staff the Council. “

**Section 3.** Amend § 9804, Title 16, Delaware Code by deleting said section in its entirety.

**Section 4.** Amend § 6717(a), Title 16, Delaware Code by deleting said subsection in its entirety and replacing it as follows:

“(a) As the responsible agency for the regulation of ambulance services within the State, the Commission shall adopt regulations applicable to ambulance service providers including but not limited to the establishment of ambulance service districts, establishment of operational and administrative requirements and requirements for certification of ambulance service providers. The Commission shall also have the authority to establish a process for certification renewal and shall have the authority to decertify any agency for noncompliance with its regulations. ”

**Section 5.** Amend § 6717, Title 16, Delaware Code by inserting as new subsections (c), (d), (e) and (f) the following:

“(c) The Commission shall produce and make available an annual list of certified ambulance service providers. Ambulance service providers not certified will

not be eligible to receive state funding, including but not limited to the special fund established pursuant to 18 Del. C. § 713 and Medicaid payments, and federal funding requiring certification.

(d) The Commission shall, in consultation and cooperation with other components of the Delaware EMS system, develop and maintain a contingency plan for uninterrupted provision of service in the event an ambulance service provider is no longer able to provide service within an ambulance service district.

(e) The Commission shall monitor the occurrence of scratches by each ambulance service provider and take action to decertify any ambulance service provider that has excessive scratches. For purposes of this subsection, ‘scratches’ are defined as instances when a BLS ambulance is alerted but does not respond to a call for assistance.

(f) This section shall not pertain to the operation of paramedic service as outlined in Chapter 98 of this title.”

**Section 6.** Amend § 6708 (5), Title 16, Delaware Code by deleting the word “permitted” as it appears therein and replacing it with the word “certified”.

**Section 7.** Amend § 9802(9), Title 16, Delaware Code by deleting the words “providers of advanced life support services” and substituting in lieu thereof the words “EMS providers”.

**Section 8.** Amend § 9802(10), Title 16, Delaware Code by deleting the words “a paramedic” as they appear therein and substituting in lieu thereof the words “an EMS provider” and by inserting after the words “in-transit” the words “basic and”.

**Section 9.** Amend § 9802 (11), Title 16, Delaware Code by deleting the words “a paramedic” as they appear therein and substituting in lieu thereof the words “an EMS provider”.

**Section 10.** Amend § 9802 (12), Title 16, Delaware Code by deleting the words “Office of Paramedic Administration, an agency within the” as they appear therein.

**Section 11.** Amend § 9802(16), Title 16, Delaware Code by deleting the existing § 9802(16) in its entirety and inserting in lieu thereof the following:



191 “(16) ‘State EMS Medical Director’ shall mean a physician who is board-certified by the American  
192 Board of Emergency Medicine and who shall be the chief physician for the statewide emergency  
193 medical system and under whose license all EMS providers shall operate for the purpose of delivering  
194 the standing orders of the statewide standard treatment protocol;”

195 **Section 12.** Amend § 9802(17), Title 16, Delaware Code by deleting the existing  
196 § 9802(17) in its entirety and replacing it as follows:

197 “(17) ‘Statewide ALS treatment protocol’ shall mean written and uniform treatment and care plans  
198 for emergency and critical patients statewide that constitute the standing orders of paramedics. The  
199 treatment protocol for advanced life support must be approved and signed by the State EMS Medical  
200 Director and the Director of the Division of Public Health, Department of Health and Social Services.  
201 The treatment protocol shall be prepared by the Board of Medical Practice. In preparing and, from  
202 time to time, amending the statewide ALS treatment protocol, the Board shall consult with the State  
203 EMS Medical Director and the ALS Standards Committee of the Board of Medical Practice.”

204 **Section 13.** Amend § 9802, Title 16, Delaware Code by renumbering the current §9802(8) through  
205 (13) as §9802(10) through (15) and inserting as new § 9802(8) and § 9802(9) the following:

206 “(8) ‘Emergency medical services (EMS) provider’ shall mean individual providers certified by the  
207 Delaware State Fire Prevention Commission or the Office of EMS, or emergency medical dispatchers  
208 certified by the National Academy of Emergency Medical Dispatch.

209 (9) ‘Emergency medical services (EMS) provider agency’ shall mean a provider agency certified  
210 by the Delaware State Fire Prevention Commission or the Office of EMS, or an emergency medical  
211 dispatch center under contract with the Department of Public Safety.”

212 **Section 14.** Amend § 9802, Title 16, Delaware Code by renumbering the current § 9802 (14)  
213 through (17) as § 9802 (17) through (20) and inserting as new § 9802(16) the following:

214 “(16) ‘Paramedic staff hour’ shall mean one full hour of a paramedic on duty.”

215 **Section 15.** Amend § 9802, Title 16, Delaware Code by inserting as new § 9802(21) the  
216 following:

“(21) ‘Statewide BLS treatment protocol’ shall mean written and uniform treatment and care plans for emergency and critical patients statewide that constitute the standing orders of basic life support providers. The treatment protocol shall be prepared by the Board of Medical Practice. The treatment protocol for basic life support must be approved and signed by the State EMS Medical Director, the BLS Medical Director, and the Director of the Division of Public Health, Department of Health and Social Services. The treatment protocol for basic life support shall be adopted and enacted by the State Fire Prevention Commission. In preparing and, from time to time, amending statewide BLS treatment protocol, the Board shall consult with the EMS Medical Director, the ALS Standards Commission and the State Fire Prevention Commission. The Statewide BLS treatment protocol shall be adopted by June 30, 2000, and in use by all EMS providers by January 1, 2001.”

**Section 16.** Amend § 9803, Title 16, Delaware Code by inserting as new § 9803(c) and § 9803(d) the following:

“(c) In order to provide statewide paramedic services, the counties shall provide the following minimum number of paramedic staff hours: 122,640 paramedic staff hours per year for New Castle County; 52,560 paramedic staff hours per year for Kent County; and 87,600 paramedic staff hours per year for Sussex County. The Secretary of the Department of Health and Social Services shall have the authority, subject to appropriation, to increase the minimum number of paramedic staff hours to ensure the efficient and effective operation of the statewide paramedic services program.

(d) Each operating paramedic unit should be continuously staffed by 2 paramedics. Notwithstanding this requirement, the Board of Medical Practice, following review and approval by the State EMS Medical Director and ALS Standards Committee, shall have the authority to grant approval to the county paramedic services to conduct pilot programs utilizing other staff configurations including but not limited to the number and type of staff on each operating ALS unit.”–

**Section 17.** Amend § 9805, Title 16, Delaware Code by deleting subsection (10) in its entirety and inserting in lieu thereof the following:

“(10) Monitoring paramedic staff hours in each county.”

**Section 18.** Amend § 9814(b), Title 16, Delaware Code by deleting the words “each county’s component of the statewide paramedic service” as they appear therein and substituting in lieu thereof the words “the minimum paramedic staff hours established for each county in § 9803 (c)”.

**Section 19.** Amend § 9806, Title 16, Delaware Code by deleting said section in its entirety and replacing it as follows:

“§ 9806. EMS medical directors.

(a) There shall be 5 part-time EMS medical directors: 1 State EMS Medical Director, 3 county EMS medical directors, and 1 SFPC Medical Director. Each county medical director shall reside in the county in which the county director serves as director. The State EMS Medical Director shall supervise the 3 county directors and the SFPC Medical Director. The SFPC Medical Director shall serve as an advisor for BLS to the State Fire Prevention Commission. Each county medical director shall be available at all times to advise supervising physicians, EMS providers and EMS provider agencies.

(b) As part of their responsibilities, the 3 county EMS medical directors shall:

- (1) Provide medical oversight and prospective, concurrent and retrospective medical quality control of advanced life support, basic life support and emergency medical dispatch;
- (2) Establish and ensure compliance with standing orders and treatment protocols;
- (3) Provide review and evaluate the medical interventions of the paramedics;
- (4) Coordinate with and advise the Office of EMS, State Fire Prevention Commission and provider agencies of any deficiencies within the system with suggested remedies;
- (5) Monitor the EMS providers for skill degradation and recommend appropriate remedies to the Office of EMS, the State Fire Prevention Commission and the provider agencies;
- (6) Offer technical assistance to all EMS providers within the county they serve as medical director; and
- (7) Have authority to suspend EMS providers immediately from patient treatment for a period not to exceed 30 days, if they determine that it is necessary in order to prevent a clear and immediate danger to the public health.

(c) Each EMS medical director shall be employed by the State, by contract or otherwise, and shall be a board certified emergency physician actually involved in the practice of emergency medicine.

(d) The EMS medical directors shall be appointed by the Director of the Division of Public Health who shall consult with the Board of Medical Practice as part of the selection process.”

**Section 20.** Amend § 9702, Title 16, Delaware Code by renumbering the current § 9702(8) through (16) as § 9702(10) through (18) and inserting as new § 9702(8) and (9) the following:

“(8) ‘Early Defibrillation Provider’ shall mean a member or employee of an Early Defibrillation Service certified to operate Semi-Automatic External Defibrillator (SAED) equipment under the requirements set forth in regulations promulgated by the Department of Health and Social Services.

(9) ‘Early Defibrillation Service’ shall mean any agency, organization or company, certified as such by the State Office Of Emergency Medical Services, that employs or retains providers certified in the use of semi-automatic defibrillation equipment.”

**Section 21.** Amend § 9702, Title 16, Delaware Code by renumbering the current § 9702(17) and (18) as § 9702(20) and (21) and inserting as new § 9702(19) the following:

“(19) ‘Semi-Automatic External Defibrillator’ shall mean a device capable of analyzing a cardiac rhythm, determining the need for defibrillation, automatically charging and advising a provider to deliver a defibrillation electrical impulse.”

**Section 22.** Amend § 9705, Title 16, Delaware Code by inserting as new § 9705(p) the following:

“(p) Semi-Automatic External Defibrillators.

(1) The Department of Health and Social Services shall promulgate

regulations specific to the use of semi-automatic external  
defibrillators and shall seek input and review from the Board of  
Medical Practice, the Delaware EMS Oversight Council, and the  
Delaware State Fire Prevention Commission.

(2) The Office shall coordinate a statewide effort to promote and implement widespread  
use of semi-automatic external defibrillators and cardio-pulmonary resuscitation to  
increase the number of publicly available SAEDs to 100 by January 1, 2002, and 200  
by January 1, 2004. In addition, the Office shall coordinate a statewide effort to  
provide, train and maintain a minimum of five qualified individuals for each publicly  
available SAED.

(3) All law enforcement vehicles on patrol shall be equipped with a semi-automatic  
external defibrillator by January 1, 2001, subject to appropriations.

**Section 23.** Amend § 6801, Title 16, Delaware Code by inserting as new § 6801(16) the  
following:

“(16) One practicing paramedic, certified and employed in the State of  
Delaware. The chief or director of each county paramedic service shall  
submit one name for selection to the Board of Medical Practice.”

**Section 24.** Amend § 9705 (k), Title 16, Delaware Code by inserting the following sentence at  
the end of said subsection: “EMS agency certification will be contingent upon agency participation in the  
Statewide EMS data collection system maintained by the Office.”.

**Section 25.** Amend § 9705(l), Title 16, Delaware Code by deleting said subsection in its  
entirety and inserting in lieu thereof the following:

“(l) *Public information, prevention and education.* – The Office shall provide programs of public  
information and education designed to inform residents of Delaware and visitors to the State of  
the availability of, proper use of and access to emergency medical services. The Office shall also  
support prevention activities designed to address key categories of illness and injury as identified  
through data collection. The Office will serve as a clearinghouse for illness and injury prevention

activity, and will work to coordinate EMS prevention efforts statewide. These programs shall include elements related to citizen involvement in the administration of pre-hospital care, such as cardio-pulmonary resuscitation and first aid, and information concerning the availability of training programs in Delaware. In addition, the Office shall monitor public information and education programs offered by other EMS providers in Delaware. All EMS provider agencies shall provide a report on their prevention and education activities conducted during the previous year to the Office by January 15 of each year. The Office shall publish an annual report outlining the status of prevention and public education activities throughout the State by May 15 of each year.”

**Section 26.** Amend § 10002, Title 16, Delaware Code by adding as a new § 10002(4) the following:

“(4) ‘Emergency Medical Dispatch (EMD) Center’ shall mean any dispatch center that receives 911 calls requesting emergency medical assistance, processes those calls, or dispatches emergency medical services resources.”

**Section 27.** Amend Chapter 100, Title 16, Delaware Code by adding a new § 10006 to read as follows:

“§ 10006. Establishment of 911-Emergency Medical Dispatch System.

(a) There is hereby established a statewide 911 Emergency Medical Dispatch System

whereby all 911 Emergency Report Centers in this State providing emergency medical dispatch shall, through a contract with the Department of Public Safety:

(1) Provide systematized caller interrogation questions; systematized pre-arrival instruction; and use and adhere to State EMD dispatch protocols matching the dispatchers evaluation of injury or illness severity with vehicle response mode and configuration;

(2) Electronically collect data regarding calls for assistance and all times related thereto, EMD dispatch protocol information, and ANI/ALI information;

(3) Measure all time increments in increments of seconds;

- (4) Electronically transfer all required information collected to a central database maintained by OEMS on a real time basis;
- (5) Use computerized case entry, case management and quality inspection software approved by OEMS;
- (6) Have the capability of handling multiple (two or more) calls simultaneously, including the ability to provide pre-arrival instructions consistent with the medical protocols. This capability must exist twenty-four hours per day throughout the entire year; and
- (7) Have the capability to one-button transfer all data related to a call for medical assistance to the county PSAPs and must utilize that capability. Specifically, when a local PSAP determines that a call for assistance requires ALS, an immediate one-button transfer of all data must be made to the county PSAP. The transferred data must include the first call pickup time (time call received by local PSAP) and the time the local PSAP transferred the call to the EMD.
- (8) Be accredited by the National Academy of Emergency Medical Dispatch (NAEMD) by January 1, 2003.
- (b) All 911 Emergency Report Centers in this state receiving 911 calls and transferring them to a center providing emergency medical dispatch shall, through a contract with the Department of Public Safety:
- (1) Electronically collect data regarding calls for assistance including all times related thereto and ANI/ALI information;
- (2) Measure all time increments in increments of seconds; and
- (3) Have the capability to one-button transfer all data related to a call for medical assistance to the county PSAPs and must utilize that capability. The transferred data must include the first call pickup time (time call received by local PSAP) and the time the local PSAP transferred the call to the EMD.

376           **Section 28.** Amend § 9706, Title 16, Delaware Code by deleting the word “DEMSAC” as it  
377 appears therein and replacing it with the word “DEMSOC”.

378           **Section 29.** Amend § 9808(f), Title 16, Delaware Code by deleting the words “unit  
379 deployment” as they appear therein and replacing them with the words “number of paramedic staff  
380 hours”. Further amend § 9808(f), Title 16, Delaware Code by deleting the last sentence in its entirety.

381           **Section 30.** Amend § 9803(a), Title 16, Delaware Code by deleting the words “of Paramedic  
382 Administration” as they appear therein.

383           **Section 31.** Amend § 9808, Title 16, Delaware Code by deleting the words “of Paramedic  
384 Administration” as they appear therein.

#### SYNOPSIS

This bill addresses several weaknesses in the current Delaware Emergency Medical Services (EMS) System in order to achieve optimal performance and to ensure the protection of the health and safety of all Delawareans. The bill consolidates oversight of the EMS system by creating the Delaware Emergency Medical Services Oversight Council (DEMSOC) which replaces the current Delaware Emergency Medical Services Advisory Council (DEMSAC) and Paramedic Advisory Council (PAC). DEMSOC will monitor Delaware’s EMS system to ensure that all components of the system are functioning in a coordinated, effective and efficient manner. The bill strengthens the authority of the State Fire Prevention Commission (SFPC) to oversee the operation and functioning of the Basic Life Support (BLS) or ambulance service providers. The bill removes the current limitation on the operation of Advanced Life Support (ALS) that requires county paramedic agencies to provide a specific numbers of units at all times and replaces it with a minimum number of paramedic staff hours. The bill also allows the county paramedic agencies to conduct pilot programs using staff configurations other than 2 paramedics per unit subject to approval by the Board of Medical Practice. The bill improves medical oversight of the system by consolidating responsibility for all components of the system at the county level and creating a SFPC Medical Director to serve as an advisor to the SFPC. The bill requires the Office of Emergency Medical Services (OEMS) to coordinate a statewide effort to promote and implement widespread use of semi-automatic external defibrillators (SAEDs) and to maintain a minimum number of individuals trained to use SAEDs. Finally, the bill establishes minimum requirements for the operation of Emergency Medical Dispatch (EMD) centers to ensure timely and appropriate handling of calls for medical assistance.