COMMITTEE ON HOMELAND SECURITY, JUSTICE AND PUBLIC SAFETY

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Thirty-Sixth Legislature of the Virgin Islands

September 17, 2026

An act amending title 19 Virgin Islands Code creating the Emergency Medical Services System

PROPOSED BY:	Senator Marise C. James Sponsors: Clifford A. Joseph, Sr., Hubert L. Frederick Novelle E. Francis, Jr., Franklin D. Johnson and Avery L. Lewis Co-sponsor: Ray Fonseca

WHEREAS, a territory-wide program for emergency medical services is necessary to promote the health, safety, and welfare of the citizens of the Territory;

WHEREAS, pre-hospital emergency medical care is a primary and essential public service, and the presence of adequately equipped ambulances as well as trained pre-hospital emergency care providers may be the difference between life and death or permanent disability to those persons in the Virgin Islands making use of such services in an emergency;

WHEREAS, the services to be delivered by pre-hospital emergency care providers are complex and demanding, and training and other requirements appropriate for delivery of these services must be continuously reviewed and updated;

WHEREAS, effective delivery of emergency medical services and pre-hospital emergency medical care requires establishing an emergency medical services system, or "EMS System".

WHEREAS, the Virgin Islands has been operating without a structured system, but by enacting the Emergency Medical Services System Act, a comprehensive system can be established in the territory that will advance the quality of care being provided by pre-hospital emergency care providers, and by emergency medical services agencies so that effective, practical, and economical delivery of pre-hospital emergency medical care can occur throughout the Virgin Islands; and

WHEREAS, the Department of Health should continually assess, and revise as necessary, the functions of emergency medical services agencies and providers and other components of the emergency medical services system that it regulates under this chapter to: (1) improve the quality of emergency medical services provided in this Territory; (2) have the emergency medical services system adapt to the changing needs of the residents of this Territory; and (3) promote the recruitment and retention of persons willing and qualified to serve as emergency medical services providers in this Territory; Now, therefore,

Be it enacted by the Legislature of the Virgin Islands:

SECTION 1. Title 19 Virgin Islands Code is amended by adding a Part IX and a chapter 76 to read:

"PART IX. EMERGENCY MEDICAL SERVICES

Chapter 76. Emergency Medical Services System Act

§4201. Short title

This chapter may be cited as "The Virgin Islands Emergency Medical Services System Act".

§4202. Legislative Intent

The Emergency Medical Services System Act ("EMS System Act") is enacted to establish and maintain an effective and efficient emergency medical services system that is

accessible on a uniform basis to all residents of the Virgin Islands and visitors to the Territory. By establishing the EMS System Act, the Legislature intends to:

(1) effectuate delivery of quality pre-hospital emergency medical care in the Territory;

(2) creating a division responsible for regulating ambulance services and pre-hospital emergency medical care;

(3) creating a board responsible for planning, advising, maintaining, expanding, and improving emergency medical services within the Virgin Islands;

(4) provide for the appropriate licensure of persons providing pre-hospital medical care and licensure of organizations providing emergency medical services;

(5) provide for the establishment of educational requirements and permitted practices for persons providing pre-hospital emergency medical care;

(6) provide a system of regulation for pre-hospital emergency medical care that encourages pre-hospital emergency providers and emergency medical services agencies to provide the highest degree of care; and

(7) provide a flexible system for the regulation of pre-hospital emergency care providers and emergency medical services that protects public health and safety.

§4203. Definitions

(a) The Commissioner of Health has the authority to define varying types of facilities and agencies reasonably classified within the broader categories defined in this section and may issue rules with respect to these subtypes. The Commissioner of Health shall make the final determination of whether a facility or agency falls within a category or a subtype pursuant to this section.

(b) When used throughout this chapter, the terms “facility” and “agency” and their plural forms, unless contextually inappropriate or subject to specific exception, apply to all the facilities and agencies defined in this section as well as those subtypes defined by the

Commissioner of Health. The Commissioner of Health shall make the final determination of whether a provision is contextually inappropriate for a particular agency or facility.

(c) For the purposes of this chapter:

(1) "Advanced emergency medical services" means invasive emergency medical services exceeding the scope of practice of an emergency medical technician.

(2) "Advanced Life Support" or "ALS" means sophisticated interventions and procedures administered to stabilize critical patients who may have suffered a life-threatening event while preparing them for transport to a hospital in a pre-hospital setting, like an ambulance or another emergency vehicle.

(3) "Ambulance" means any privately or publicly owned vehicle specially designed, constructed or modified and equipped, and is used or intended to be used, and is maintained or operated, for the purpose of providing emergency medical services to, and transportation of patients. The term "ambulance" includes vehicles capable of operation on the ground, on water, or in air.

(4) "Ambulance service" means an entity that regularly engages in the business of providing emergency medical services and transportation of patients within the Territory. The term includes mobile and advanced life support services that may or may not transport patients. An ambulance service may transport patients to a non-medical facility, such as a mental health facility or chemical dependency program.

(5) "Ambulatory surgical facility" means any facility, other than a hospital or maternity center but including an office-based facility, at which outpatient surgical and related procedures are performed that have been classified due to their complexity or the degree of patient risk.

(6) "Basic emergency medical services" means noninvasive emergency medical services included within, but not exceeding, the scope of practice of an emergency medical technician.

(7) "Basic Life Support or BLS" means a set of life-saving medical procedures performed in the early stages of an emergency, generally administered by a first responder, healthcare provider, or any individual on the scene who has basic medical training, until more advanced medical care can be provided.

(8) "Board" or "EMS Board" means the Virgin Islands Board of Emergency Medical Services.

(9) "Certificate of Need" means a regulatory process that requires hospitals and healthcare providers to obtain government approval before making major capital expenditures, adding new services, or building new facilities as provided for in to title 19, chapter 15, section 223.

(10) "Commissioner" means the Commissioner of the Department of Health.

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

(12) "Department" means the Virgin Islands Department of Health.

(13) "Director" means the director of the Division.

(14) "Division" means the Territorial Office of Emergency Medical Services, which is responsible for the regulation and operation of the EMS system in the territory.

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

(16) "Emergency medical response vehicle" means a vehicle or conveyance used to respond to a medical emergency for the purpose of rendering medical assistance, including providing medical assistance, or the transportation of patients to a health care facility or other treatment facilities. The term "emergency medical response vehicle" includes:

(A) ambulances which operate as motor vehicles, watercraft, or aircraft.

(B) fire engines, motor vehicles, segways, other ground, water, or air vehicles used to transport emergency medical services providers, supplies, or equipment to an emergency.

(17) "Emergency medical services" or "EMS" means any of the following:

(A) The medical care, including medical assessment, monitoring, treatment, stabilization, transportation, and observation, that is provided to a person in responding to an actual or reported emergency to:

(i) prevent or protect against loss of life or deterioration in physiological or psychological condition, or,

(ii) address pain or morbidity associated with the person's condition.

(B) The performance of any act using judgment or skill, based upon the United States Department of Transportation's education standards and guideline training requirements, the National Highway Traffic Safety Administration's National Emergency Medical Service Scope of Practice Model and National

Emergency Medical Services Education Standards, and permitted practices and procedures for the levels of licensure of emergency medical services providers.

(C) The transportation of an individual with medical assessment, monitoring, treatment, stabilization, or observation of the individual who, due to the individual's condition, requires medical assessment, monitoring, treatment, or observation during the transport.

(18) "Emergency medical services agency" or "EMS agency" means an entity engaged in the business or service of one or more of the following:

(A) Responding to requests for emergency medical assistance to prevent loss of life or aggravation of physiological or psychological illness or injury;

(B) Transporting patients from an emergency to a health care facility or other treatment facilities; or

(C) Providing medical assistance to patients at an emergency or in transit from an emergency to a health care facility or other treatment facilities.

(19) "Emergency medical services agency medical director" or "EMS agency medical director" means a physician licensed in the Virgin Islands who is employed by, contracts with, or volunteers with an emergency medical services agency either directly or through an intermediary to:

(A) evaluate the quality of patient care provided by emergency medical services providers utilized by the emergency medical services agency, and

(B) provide medical guidance and advice to an emergency medical services agency.

(20) "Emergency Medical Services for Children" means the federal health initiative and specialized branch of emergency care whose primary mission is to reduce child and youth mortality and morbidity from severe illness or trauma by ensuring

emergency responders and hospitals are equipped with the pediatric-specific resources and training necessary for children.

(21) "Emergency medical services instructor" means a person engaged in the business or service of:

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

(B) administering one or more such examinations; or

(C) both.

(22) "Emergency medical services provider" or "EMS provider" means a person performing the duties of providing medical assistance, medical treatment, first aid, or lifesaving interventions, at an emergency or in transit from an emergency to a health care facility or other treatment facility, to a person who is ill, injured, wounded, or otherwise incapacitated. The term includes persons otherwise classified as "emergency medical responders", "emergency medical technicians", "advanced emergency medical technicians", "paramedics", "prehospital registered nurses", "prehospital physician extenders", "prehospital emergency medical services physicians" and individuals prescribed by the Department of Health to provide specialized emergency medical services.

(23) "Emergency medical services system" or ("EMS System") is a system of coordinated response and emergency medical services in a specific geographic area comprised of the following components: public and private agencies and organizations, communications and transportation networks, trauma systems, hospitals, trauma centers, and specialty care centers, rehabilitation facilities, highly trained professionals, volunteer and career prehospital personnel, physicians, nurses, and therapists, administrators and

government officials, and an informed public that knows what to do in a medical emergency.

(24) "Emergency medical services training facility" means an institution or entity engaged in the business or service of providing one or more courses of study or training designed to prepare interested persons for the oral, written, or practical examinations required for certification or re-certification as emergency medical services providers.

(25) "Emergency medical technician" means an individual who is trained to provide basic life support services and is certified by the Department in accordance with the current national standard curriculum for basic emergency medical technicians.

(26) "Emergency medical technician-Advanced" or "Advanced EMT" or "A-EMT" means an emergency medical technician who is specially trained to provide limited advanced life support services and is certified by the Department in accordance with the current national standard curriculum for basic emergency medical technicians.

(27) "Emergency medical technician — paramedic" or "EMT-paramedic" or "EMT-P"" means an emergency medical technician specially trained to provide advance life support services who is certified by the Department in accordance with the current national standard curriculum for basic emergency medical technicians.

(28) "First responder" or "Emergency medical responder" or "EMR" means an individual trained to provide emergency medical care prior to the arrival of an ambulance, in accordance with the knowledge and skill acquired through successful completion of an approved program for a first responder or an emergency medical responder and certified by the Department.

(29) "Flight emergency medical services provider" means a person performing the duties of providing medical assistance, medical treatment, first aid, or lifesaving interventions, in airborne transit from an emergency to a health care facility or other

treatment facility, or in airborne transit between facilities, to a person who is ill, injured, wounded, or otherwise incapacitated. The term "flight emergency medical services personnel" includes persons otherwise classified as emergency medical services providers, as well as nurses, respiratory therapists, physician assistants, and physicians.

(30) "Health care facility" means a hospital, maternity center, ambulatory surgical facility, physician's office, nursing home, hospice, skilled nursing facility, or other fixed location at which medical and health care services are performed. It does not include "pre-hospital emergency care settings" which utilize EMS personnel to render pre-hospital emergency care prior to the arrival of a transport vehicle, as defined in this chapter.

(31) "Hospice" means an agency, organization, facility, or distinct part thereof primarily engaged in providing a program of in-home, outpatient, or inpatient medical, nursing, counseling, bereavement, and other palliative and supportive services to terminally ill individuals and their families.

(32) "Hospital" means a facility having an organized medical staff that provides 24-hour inpatient care, including diagnostic, therapeutic, and other health-related services, for a variety of physical or mental conditions, and may, in addition, provide outpatient services, particularly emergency care. The term includes facilities for the diagnosis and treatment of disorders within the scope of specific medical specialties, but not facilities caring exclusively for the mentally ill.

(33) "Invalid coach" means a vehicle which is primarily maintained, operated, and intended to be used for routine transport of persons who are convalescent or otherwise non-ambulatory and do not ordinarily require emergency medical treatment while in transit.

(34) "Maternity center" means a facility or other place, other than a hospital or the mother's home, that provides antepartal, intrapartal, and postpartal care for both mother and child during and after a normal, uncomplicated pregnancy.

(35) "Medical command order" means an order given to an emergency medical services provider by an authorized medical command physician who meets qualifications prescribed by the Department.

(36) "Medical command physician" means a physician certified by the Department to give medical command orders to emergency medical services providers.

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

(38) "Medical monitoring" means performing continuous or periodic observations of an individual's condition or continuation of an ordered treatment plan for an individual to prevent pain, suffering, or exacerbation of a preexisting condition.

(39) "Medical observation" means performing continuous or periodic observations of an individual's stable condition to determine whether there is a change in that condition.

(40) "Medical resource center" means a public or private facility or organization that provides a range of health-related services, resources, and support to individuals and communities.

(41) "Member" means a member of the Virgin Islands Board of Emergency Medical Services.

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

(43) "National Emergency Medical Services Information System (NEMSIS)" establishes a uniform national standard for documenting patient care information from prehospital EMS activations.

(44) "National Registry of Emergency Medical Technicians (NREMT)" certifies EMS professionals to ensure they meet national standards of knowledge and competency.

(45) "Non-emergent transport (NEMT)" generally refers to the range of transportation services provided to individuals who need assistance getting to and from medical appointments when the situation is not life-threatening.

(46) "Nursing Home" means a long-term residential care facility providing custodial care (nonmedical assistance with activities of daily living such as bathing, dressing, eating) and basic health care.

(47) "Offline medical direction" means the function of a board-licensed physician or physician's assistant in providing:

(A) medical oversight and supervision for an emergency medical service agency or an emergency medical services provider; and

(B) review of patient care techniques, emergency medical service procedures, and quality of care.

(48) "Online medical direction" means the function of a board-licensed physician or physician assistant or the function of a designee of the physician or physician's assistant in providing direction, advice, or orders to an emergency care provider for interfacility emergency medical transportation or pre-hospital emergency medical or community-integrated health care as identified in a plan for offline medical direction.

(49) "Patient" means an individual who is sick, injured, wounded, or otherwise incapacitated and helpless and who needs immediate medical attention.

(50) "Physician" means a person who has a currently registered license to practice medicine or osteopathic medicine in the Virgin Islands.

(51) "Pre-hospital care" means those emergency medical services rendered to an emergency patient for analytic, resuscitative, stabilizing or preventative purposes, precedent to and during transportation of such patient to health care facilities.

(52) "Prehospital emergency medical services physician" or "prehospital EMS physician" means a physician who provides advanced medical care to critically ill or injured patients at the scene of an incident and during transport to the hospital and who is certified by the Department as a prehospital emergency medical services physician.

(53) "Prehospital physician extender" or "PHPE" means a physician assistant who has the knowledge and skills to provide advanced life support services and is certified by the Department.

(54) "Prehospital registered nurse" or "PHRN" means a professional registered nurse who has the knowledge and skills to provide advanced life support services and is certified by the Department.

(55) "Protocols" means a set of written policies, procedures, and directions from an emergency medical services medical director to an emergency care provider concerning the medical procedures to be performed in specific situations.

(56) "Qualified health care professional" means a person licensed and qualified in accordance with title 27 Virgin Islands Code and with rules promulgated pursuant to that title, to engage in the act of prescribing and of rendering medical care and advice under the circumstances presented.

(57) "Skilled Nursing Facility" means an institution or a distinct part of an institution primarily engaged in providing:

(a) skilled nursing care and related services for residents who require medical or nursing care, or

(b) rehabilitation services for the rehabilitation of injured, disabled, or sick persons.

(58) "Standing Order" means a direct order from the emergency medical service medical director or medical command physician to perform certain tasks for a patient under a specific set of circumstances.

(59) "Territorial Medical Director" means a licensed physician with specialized pre-hospital care training, to include board certification in emergency medicine, designated by the Department of Health to provide overall medical direction to the territorial EMS system.

(60) "Treatment facility" means an urgent care center, treatment center, clinic, or other facility or office where medical or psychological services are performed that has been authorized by the Commissioner to receive patients transported by emergency medical services entities or providers.

§4204. Applicability and exemptions

(a) Except as otherwise provided in this chapter, this chapter is applicable to every:

(1) person performing the duties of emergency services providers, compensated or uncompensated, within the Virgin Islands;

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

(3) person and entity providing emergency medical services training and instruction, public or private, for-profit, or not-for-profit, within the Virgin Islands.

(b) This chapter is not applicable to:

(1) the unexpected rendering of immediate care by a private citizen, or the unexpected use of a privately-owned vehicle or aircraft that is not ordinarily used to transport persons who are sick, injured, wounded, or otherwise incapacitated or helpless, in the performance of a lifesaving act;

(2) vehicles or aircraft rendering services as an ambulance in case of a major catastrophe or emergency when licensed ambulances based in the localities of the catastrophe or emergency are incapable of rendering the services required;

(3) agencies, vehicles, or training facilities owned or operated by the United States government;

(4) agencies operating within the Virgin Islands pursuant to mutual aid agreements;

(5) validly licensed non-emergent transport vehicles operated solely for the transportation of non-emergency patients to and from treatment facilities as outpatients; provided, that this exemption does not apply to any vehicle that is in any way held out as an emergency medical response vehicle and provided further, that the exemption in this paragraph does not dispense with certification under section 4211; and

(6) physicians, physician assistants, registered nurses, licensed practical nurses, or advanced practice registered nurses, who hold current Virgin Islands licenses and are exclusively engaged in the practice of their respective professions provided, that this exemption does not relieve a flight medical clinician or the employing agency of compliance with section 4213 or dispense with an agency or vehicle authorization required by this chapter; and

(7) persons authorized to perform pre-hospital emergency care in other states and territories when incidentally working in the Virgin Islands in response to an emergency; and

(8) students under the supervision of a licensed pre-hospital emergency care provider performing emergency medical services that are an integral part of the training provided by an approved training institute.

§4205. Duties of the Department

(a) The Commissioner shall plan, guide, assist and coordinate the development of a territory-wide EMS System.

(b) The Department, through the Division, is the lead agency for regulation of emergency medical services in this Territory. The Division has the authority to:

(1) coordinate a program for planning, developing, maintaining, expanding, improving, and upgrading emergency medical services throughout the Territory;

(2) establish, by regulation, standards and criteria governing the award and administration of contracts pursuant to title 31, Chapter 23 of the Virgin Islands Code for initiation, maintenance, and improvement of the EMS System;

(3) require the collection and maintenance of standardized patient data utilizing the NEMSIS standard in EMS patient care reports by EMS agencies that cover all phases of the EMS incident, including, but not limited to, the dispatch report and contact, treatment, and transport of a patient in the EMS System;

(4) collect, as necessary and appropriate, data and information regarding patients who utilize emergency departments without being admitted to the facility and patients admitted to a facility through the emergency department or through a trauma center, in a manner that protects and maintains the confidential nature of patient records;

(5) prepare and revise a territorial-wide EMS System plan under section 4208;

(6) approve training programs and accredit educational institutions for EMS training of EMS providers;

(7) inspect EMS agencies for compliance with this chapter and regulations adopted under this chapter;

(8) prescribe minimum requirements for liability insurance to be carried by licensed agencies except that this requirement is not applicable to public agencies;

(9) provide technical assistance to EMS agencies and other entities for the purpose of assuring effective planning and execution of EMS;

(10) administer contracts and grants authorized under this chapter and other grants pertaining to EMS;

(11) maintain a quality improvement program for the purpose of monitoring and improving the delivery of EMS;

(12) recommend 911, and other EMS agency dispatchers' protocols with respect to the type and quantity of EMS resources to dispatch to emergencies;

(13) investigate, based upon complaints and information received, possible violations of this chapter and regulations under this chapter and take disciplinary actions, seek injunctions, and refer matters for criminal prosecution;

(14) enter into agreements with any of the territorial departments or agencies for the purpose of carrying out the provisions of this chapter;

(15) enter into agreements with other states and territories that may include the acceptance of EMS resources from other states and territories that do not fully satisfy the requirements of this chapter, or regulations adopted under this chapter; and

(16) accept from any person, services, equipment, supplies, materials, or funds by way of bequest, gift, or grant for the purposes of promoting emergency medical care, and

which funds must be remitted to the Commissioner of Finance for credit to the Health Revolving Fund of the Department.

(c) The data and information collected under subsection (b)(4) must include essential information only, be reasonable in detail, and collected pursuant to regulations issued by the Division. The data and information must be limited to specific planning, research, and quality improvements and not be duplicative of data and information already available to the Division. The information gathering and retention must be compliant with applicable federal law.

(d) The Division shall encourage health-care facilities, including long-term care and assisted living facilities, to provide or procure inter-facility transport services independent of the 911 emergency system for their non-emergent needs; provided, that this does not limit the authority of the Medical Director of the Fire and Emergency Medical Services Department.

§4206. Regulations

(a) The Division shall adopt regulations to implement the provisions of this chapter, including:

(1) creating licensure and certification requirements for emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics, which must include all criteria and qualifications for each classification determined to be necessary for the protection of public health and safety;

(2) implementing temporary licensure and licensure by endorsement under section 4222, including primary-source verification of credentials, equivalent education and competency, continuing education, medical direction, and orientation to territorial protocols; and

(3) providing procedures for qualified emergency medical services providers employed on recurring, rotational, seasonal, or other temporary assignments to obtain

licensure by endorsement under section 4222 without establishing residence in the Virgin Islands."; and by adding the following subsection (c):

"(c) A reference in this chapter to the EMS Board does not independently establish the Board or prescribe its composition or governance. Until the Board is established by law and has a quorum, the Division may perform its duties under this chapter but may not exercise a power assigned exclusively to the Board. During that period, the Division may adopt nationally recognized competency evaluations and education standards under sections 4212 and 4217 through duly promulgated regulations. The Commissioner shall obtain provider and clinical input when preparing the plan under section 4208 and shall submit the plan to the Board for review within 90 days after the Board attains a quorum. This subsection does not alter the Board's membership, appointments, powers, or governance under its enabling law.

(4) Prescribing licensure and certification requirements for veterans, active-duty service members, and Guard and Reserve personnel to ensure that the military emergency medical training, emergency medical curriculum completed, and clinical experience are recognized and endorsed as satisfying some or all the applicable standards of the Division;

(5) setting standards and requirements for the licensure, registration, and operation of EMS agencies; which must include standards and requirements for the premises, vehicles, equipment, maintenance, sanitation, inspections, personnel, training, medical direction, records maintenance, hours and scope of operation, practices and procedures to be provided by employees or members of each classification of service, and other criteria for licensure established by the Division; No emergency medical

service agency shall be licensed to provide practices or procedures without the use of personnel licensed to provide the practices or procedures;

(6) authorizing emergency medical services to provide differing practices and procedures depending upon the qualifications of pre-hospital emergency care providers available at the time-of-service delivery;

(7) authorizing pre-hospital emergency care providers to perform any practice or procedure that they are authorized to perform with an emergency medical service agency other than the service with which they are affiliated when requested by the other service and when the patient for whom they are to render services is in danger of loss of life;

(8) providing for the approval of training agencies and establishing minimum standards for services provided by training agencies;

(9) providing for the minimum qualifications of a physician medical director in addition to the licensure required by Title 27;

(10) providing for the use of emergency medical service medical directors, model protocols, offline medical direction, standing orders, operating procedures, and guidelines that may be necessary or appropriate to carry out the purposes of this chapter, which may be modified by the emergency medical service medical director for use by any pre-hospital emergency care provider or emergency medical service agency before or after adoption;

(11) establishing criteria for approval of organizations issuing cardiopulmonary resuscitation certification which must include criteria for instructors, the establishment of certification periods and minimum curricula, and other aspects of training and certification;

(12) establishing renewal and reinstatement requirements for pre-hospital emergency care providers and establish continuing competency requirements, and

continuing education sufficient to meet continuing competency requirements, which requirements may also include one or more of the continuing competency activities which a licensed person may select as an alternative to continuing education and the reinstatement requirements for pre-hospital emergency care providers must provide for reinstatement at the same or any lower level of licensure for which the pre-hospital emergency care provider is determined to be qualified;

(13) creating licensure, renewal, and reinstatement requirements for emergency medical service instructors, must include the practices and procedures for licensure, renewal, and reinstatement;

(14) establishing criteria for advanced emergency medical technicians, emergency medical technicians, or paramedics performing activities within their scope of practice at a hospital or health clinic, which criteria must include, a requirement that the activities must only be performed at the discretion of and with the approval of governing authority of such hospital or health care facility; and

(15) establishing grounds and procedures for denial, non-renewal, suspension, and revocation of a license or certification.

(b) Regulations adopted by the Division must be promulgated pursuant to title 3 Virgin Islands Code, chapter 35.

§4207. Emergency medical services patient care reports

(a) An EMS agency shall ensure that its responding EMS providers complete an EMS patient care report for each response made in which it encounters a patient or a person who has been identified as a patient to the EMS agency, unless the Department by regulation exempts certain types of patient contact from the reporting requirement. The Department shall employ an electronic EMS patient care reporting process that solicits standardized data and patient information. The Department may require an EMS agency to complete a different standardized

report or different fields in a standardized report based upon the type of resources the EMS agency uses in responding. For extraordinary reasons, as determined by the Department, the Department shall permit, on a case-by-case basis, an EMS agency to file a hard-copy report.

(b) The report must contain essential information solicited in reasonable detail on the form or other reporting process developed by the Department. The Department may also use the reporting process to collect data to enhance its ability to carry out its responsibilities under section 4205.

(c) If a patient is transported to a hospital or from a hospital to another health care facility, the EMS agency must provide to that hospital or other health care facility information about the patient and the procedures or treatment that EMS performed on the patient that is solicited through the reporting process to become part of the patient's medical record.

(d) (1) Patient information collected by an EMS agency must remain confidential. The EMS agency or a health care facility may not release patient information except as follows:

(A) to the patient who is the subject of the report or to a person who is authorized to exercise the rights of the patient with respect to securing the report;

(B) pursuant to a court order, including a subpoena when issued pursuant to a court order, except that disclosure pursuant to a subpoena is not permitted when the disclosure is not otherwise authorized by law;

(C) to a health care provider to whom a patient's medical record may be released under the law;

(D) for billing purposes;

(E) for quality improvement activities;

(F) to the department for the purpose of investigating possible violations of this chapter or related regulations; or

(G) to a government agency or its agent, as authorized by the Department, for the purpose of the agency performing official government duties;

(2) Notwithstanding the duty of confidentiality and applicable territorial and federal law, the Department may release the report for specific research or EMS planning purposes, subject to Department approval and supervision to ensure that use of the report is strictly limited to the purposes of the research.

(3) No civil or criminal liability for damages or other relief or penalty arises or is enforceable against any person or organization for providing patient data pursuant to this section.

§4208. Comprehensive Emergency Medical Services System Plan

(a) The Division, with the assistance of the Virgin Islands Board of Emergency Medical Services, shall prepare a territory-wide EMS System plan. This plan must include both short-range and long-range goals and objectives. The EMS System plan must be made available to the Governor, the Legislature, and all concerned agencies, entities, and individuals.

(b) The EMS System plan must contain:

(1) An inventory of EMS resources available within this Territory;

(2) An assessment of the effectiveness of the existing EMS System and a determination of the need for changes to the EMS System;

(3) Performance measures for delivery of EMS to all persons in this Territory;

(4) Methods to be used in achieving the stated performance measures;

(5) A schedule for achievement of the stated performance measures;

(6) A method for monitoring and evaluating whether the stated performance measures are being achieved; and

(7) the estimated costs for achieving the stated performance measures;

(c) (1) The Division shall collect and analyze EMS data for the purpose of:

(A) revising the Territorial EMS System plan, including the status of the Territorial EMS System, the degree of compliance with requirements of this chapter and the effectiveness of EMS System in reducing morbidity and mortality associated with medical emergencies; and

(B) planning future EMS System initiatives.

(2) Persons regulated by the Division under this chapter and dispatchers of EMS agencies shall provide data, without charge, as reasonably requested by the Department and EMS Board, to aid them in developing and revising the Territorial EMS System plan and in conducting investigations under this chapter as authorized by the Department.

(d) The Department shall publish annually comprehensive and specific reports of activity and plan implementation.

(e) The Department shall use the Territorial plan for contract and grant purposes.

(f) Nothing in the Territorial plan may be construed to vest the Department with any regulatory authority.

§4209. Emergency medical services agencies and ambulance services; license required

(a) Except as otherwise provided in this chapter, no person or entity may operate an emergency medical services agency or ambulance service in the Virgin Islands, whether public or private, for-profit or not-for-profit, without an agency license issued by the Commissioner. A governmental entity shall obtain the certification required by subsection (b). A certificate of need is additionally required only to the extent independently required by applicable territorial law and not preempted by federal law. A certificate of need does not substitute for an agency license or certification.

(b) Unless otherwise specified, all provisions of this chapter, including those contained within this section, apply to any entity of the Government of the Virgin Islands engaging or

seeking to engage in the operation of an emergency medical services agency or ambulance service, except that entity is required to obtain a certification from the Commissioner.

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

(d) An applicant for a license shall:

(1) apply to the Commissioner on a form approved by the Commissioner;

(2) submit supporting documentation as required by the Commissioner, including all certificates of approval, authority, occupancy, or need that are required as a precondition to lawful operation in the Virgin Islands; and

(3) pay the applicable fee established by the Commissioner, except that no license fee is required of any emergency medical services agency or ambulance service operated by the Government of the Virgin Islands.

(e) A license to operate an emergency medical services agency or ambulance service must be issued for a period not to exceed two years.

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

(g) The medical director of an emergency medical service agency or ambulance service must be a physician licensed to practice medicine in the Virgin Islands. The medical director has responsibility for medical oversight of all operations of the agency or service.

(h) Each person performing the duties of emergency medical services providers while employed by or otherwise affiliated with an emergency medical services agency or ambulance

service shall practice under the licensure authority of the service's medical director except when directed by another physician or other qualified health care professional.

(i) Notwithstanding any other provision of this chapter, the Department may not condition the medical licensure or certification of a federally authorized air ambulance carrier on a determination of economic need, protection of an existing provider from competition, or a territorial allocation of air carrier routes or service areas, to the extent such conditions are preempted by federal law. The Department retains authority to regulate medical personnel, medical equipment, clinical quality, and patient care to the extent permitted by federal law. A ground ambulance operation associated with an air ambulance service remains subject to applicable ground ambulance requirements.

§4210. Emergency medical response vehicles: EMS Vehicle certification required

(a) Except as otherwise provided in this chapter, an ambulance or other emergency medical response vehicle may not be operated in the Virgin Islands without an EMS vehicle certification issued by the Commissioner for its authorized use and level of service. Vehicle certification establishes compliance with applicable medical equipment, staffing, sanitation, and patient care requirements and does not independently constitute a certificate of need. The addition or replacement of a vehicle does not, solely by reason of that addition or replacement, require a separate certificate of need under this chapter. This subsection does not dispense with a modification of an agency's certificate of need independently required by other applicable law, subject to section 4209(i).

(b) An applicant for an EMS vehicle certification to operate an emergency medical response vehicle shall establish to the satisfaction of the Commissioner that the vehicle, including its emergency medical response equipment and supplies, meets all applicable requirements set forth in this chapter and in regulations promulgated pursuant to this chapter.

(c) An applicant for a certification shall:

(1) apply to the Commissioner on a form approved by the Commissioner;

(2) submit supporting documentation as required by the Commissioner, including all certificates of approval, authority, motor vehicle registration, or need that are required as a precondition to lawful operation in the Virgin Islands; and

(3) pay the applicable fee established by the Commissioner, except that no certification fee is required for any emergency medical response vehicle operated by the Government of the Virgin Islands.

(d) The Commissioner may not issue a certificate for an emergency medical response vehicle intended to transport patients unless the Commissioner finds that the vehicle is and will be always, when in such use, be in compliance with all applicable laws and ordinances relating to health, sanitation, and safety.

(e) A ground emergency medical response vehicle that transport patients must be staffed by not less than two persons, each of whom must be certified pursuant to this chapter and to rules promulgated pursuant to this chapter at a level equal to or greater than a basic emergency medical technician.

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

(g) An EMS vehicle certification for the operation of an emergency medical response vehicle shall be issued for not more than one year and only for the person named and the vehicles described in the application.

(h) An EMS vehicle certification is issued to the named operator for the identified vehicle and may not be sold, assigned, or transferred without the Commissioner's written

approval. This restriction applies to the certification and does not prohibit or require prior Department approval of the sale, lease, transfer of title, or disposal of the vehicle itself. A purchaser, lessee, or other transferee may not place the vehicle into EMS operation unless appropriately authorized under this chapter. The certified operator shall notify the Department within 10 business days after permanently withdrawing or transferring the vehicle and shall surrender or remove certification indicia as directed by the Department. A transfer application may rely on a current inspection if the Department verifies that the vehicle's condition, equipment, and authorized use have not materially changed.

(i) No emergency medical response vehicle certification may be sold, transferred, or assigned without the approval of the Commissioner. Approval may be granted only upon a demonstration that the vehicle and its operation will conform to all licensing or certification requirements set forth in this chapter and in rules promulgated pursuant to this chapter.

(j) Invalid coaches and non-emergent transport are not ambulances or emergency medical service vehicles.

§4211. Non-Emergent Transport and Invalid Coach vehicles: certification required

(a) Except as otherwise provided in this chapter, a non-emergent transport vehicle or invalid coach may not be operated in the Virgin Islands without a vehicle certification issued by the Commissioner for its authorized use. This certification is distinct from a certificate of need otherwise required by law.

(b) An applicant for an EMS vehicle certification to operate a non-emergent transport vehicle or invalid coach shall establish to the satisfaction of the Division that the vehicle, including its equipment and supplies, meets all applicable requirements set forth in this chapter and in regulations promulgated pursuant to this chapter.

(c) An EMS vehicle certification for the operation of a non-emergent transport vehicle or invalid coach shall be issued for not more than one year and only for the person named and the vehicles described in the application.

(d) A certification issued under this section may not be sold, assigned, or transferred without the Commissioner's written approval. Section 4210(h) governing commercial vehicle transactions, notification, and certification transfers, applies to vehicles certified under this section.

§4212. Emergency medical services providers: license required

(a) Except as otherwise provided in this chapter, no person may perform the duties of emergency medical services provider in the Territory, whether for compensation or not for compensation, without first having obtained a license from the Commissioner.

(b) Except as otherwise provided in this chapter, no person possessing a license to perform the duties of emergency medical services provider may perform the duties of emergency medical services provider in the Territory, whether for compensation or not for compensation, at a higher classification level than that at which he or she has been licensed.

(c) An applicant for licensure as an emergency medical services provider shall establish to the satisfaction of the Commissioner that the applicant meets all requirements set forth in this chapter and in rules promulgated pursuant to this chapter.

(d) An applicant for licensure shall:

(1) apply to the Commissioner on a form approved by the Commissioner;

(2) submit supporting documentation as required by the Commissioner, including proof of required education, training, competency evaluation, physical and mental health, and criminal history; and

(3) pay the applicable fee established by the Commissioner; provided, that nothing in this section prohibits a private entity or government agency from paying the application fee on behalf of a current or prospective employee.

(e) An emergency medical services provider license shall be issued for not more than two years.

(f) An emergency medical services provider license is valid only for the applicant. An emergency medical services provider license may not be sold, assigned, or transferred.

(g) The Division shall adopt classifications of emergency medical services providers, including permissible scopes of performance and licensure requirements for each classification. The Division may adopt nationally recognized standards or develop standards specific to the emergency medical services needs of the Virgin Islands.

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

(i) A person possessing an emergency medical services provider license shall be recertified, not less than once every two years, to continue performing the duties of emergency medical services provider.

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

requirements and evaluations or develop requirements and evaluations specific to the emergency medical services needs of the Virgin Islands.

(k) Notwithstanding subsection (h), an applicant who qualifies for endorsement under section 4222 may satisfy a competency evaluation requirement through verification of a substantially equivalent evaluation completed in another jurisdiction. Additional evaluation may be required only as provided in section 4222(b).

§4213. Flight emergency medical services personnel: license required

(a) A person providing medical care aboard an air ambulance shall hold the professional license or other lawful authority to practice applicable to the person's profession and duties in the Virgin Islands. An emergency medical services provider may qualify through licensure under this chapter, including section 4222, or through an applicable privilege to practice expressly authorized by law. A physician, nurse, physician assistant, or respiratory therapist shall possess the authority required by the law governing that profession. A specialty certification does not independently authorize professional practice.

(b) The Department shall establish, by regulation, minimum medical qualifications and continuing competency requirements appropriate to flight medical duties, the level of care provided, and the patient population served. The requirements must address relevant clinical experience, critical care competencies, altitude physiology, aircraft-specific medical orientation, emergency procedures, infection prevention, and patient and crew safety, consistent with applicable federal law.

(c) In establishing and applying these requirements, the Department shall recognize relevant specialty credentials, including Flight Paramedic Certification and Critical Care Paramedic Certification administered by the International Board of Specialty Certification, Certified Flight Registered Nurse certification administered by the Board of Certification for Emergency Nursing, and other nationally recognized credentials or documented equivalent

education and competency appropriate to the person's profession and assigned duties. The Department may require supplemental training for a material deficiency identified in writing.

(d) Each licensed air ambulance agency shall maintain a credentialing and competency verification program approved by its medical director. The agency shall document the qualifications, orientation, authorized duties, and continuing competency of each flight medical clinician and make those records available for Department inspection.

(e) Compliance with this section must be verified through agency licensure, personnel records, and inspection. The Department may not require an additional individual flight medical license or certification separate from the underlying professional license or lawful practice privilege. This subsection does not limit enforcement of the qualifications and competency requirements established under this section.

(f) This section applies to medical personnel and does not authorize the Department to license pilots or regulate aircraft operation, airworthiness, or flight safety matters reserved to federal authorities.

§4214. Requirements — Military training or experience

An applicant with military training or experience satisfies the training or experience requirements of this chapter unless the Commissioner determines that the military training or experience is not substantially equivalent to the standards of this Territory.

§4215. Certificate of advanced first aid qualification

The Commissioner shall recognize a current certificate of advanced first aid qualification for those who provide proof of advanced Red Cross training or its equivalent.

§4216. Emergency medical services training facilities: certification required

(a) Except as otherwise provided in this chapter, no person or entity may operate an emergency medical services training facility in the Territory, whether public or private, for-profit, or not-for-profit, without first having obtained a certification from the Commissioner.

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

(c) An applicant for a certification shall:

(1) apply to the Commissioner on a form approved by the Commissioner;

(2) submit supporting documentation as required by the Commissioner, including all certificates of approval, authority, occupancy, or need that are required as a precondition to lawful operation in the Virgin Islands; and

(3) pay the applicable fee established by the Commissioner, except that no certification fee is required of any emergency medical services training facility operated by the Government of the Virgin Islands.

(d) A certification to operate an emergency medical services training facility is issued for not more than two years.

(e) A certification to operate an emergency medical services training facility is only valid for the persons and premises named as applicants. Recertification is required for any change in the ownership of a facility.

(f) An emergency medical services training facility must conform to curriculum and competency evaluation standards developed by the Division. The Division may adopt nationally recognized standards or develop standards specific to the emergency medical services needs of the Virgin Islands.

(g) The medical director of an emergency medical services training facility must be a physician licensed to practice medicine in the Virgin Islands. The medical director has responsibility for medical oversight of all operations of the facility.

§4217. Emergency medical services instructors: certification required

(a) Except as otherwise provided in this chapter, no person may perform the duties of an emergency medical services instructor in the Territory, whether for compensation or not for compensation, without first having obtained a certification from the Commissioner.

(b) No person may obtain certification as an instructor for a classification of emergency medical services provider without first having been certified pursuant to this chapter as emergency medical services provider at an equal or higher classification or having been licensed as a health care professional with a greater scope of practice. Each instructor shall maintain the requisite provider certification, as specified in this section, in good standing throughout the instructor's certification.

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

(d) An applicant for certification shall:

(1) apply to the Commissioner on a form approved by the Commissioner;

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

(3) pay the applicable fee established by the Commissioner; Nothing in this section prohibits a private entity or government agency from paying the application fee on behalf of a current or prospective employee.

(e) An emergency medical services instructor certification is issued for not less than two years.

(f) An emergency medical services instructor certification is only valid for the person named as applicant. An emergency medical services instructor certification may not be sold, assigned, or transferred.

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

(h) To continue performing the duties of emergency medical services instructor, a person possessing an emergency medical services instructor certification shall be recertified not less than once every two years.

(i) The Division shall require each applicant for emergency medical services instructor recertification to successfully complete continuing professional education or supplemental training or to successfully complete one or more competency evaluations demonstrating knowledge of the skills required for acceptable performance of the duties of instruction. The Division and the Board may adopt nationally recognized training requirements and evaluations or develop requirements and evaluations specific to the emergency medical services needs of the Virgin Islands.

§4218. Fees

The Division shall establish and collect fees to recover the costs of regulating emergency medical services agencies, emergency medical response vehicles, emergency medical services providers, emergency medical services training facilities and emergency medical services instructors.

§4219. Liability insurance required for vehicles, facilities, and agencies

(a) No license may be issued pursuant to this chapter to any emergency medical response vehicle used to transport patients unless there is insurance coverage for the vehicle,

issued by an insurance company or companies licensed to do business in the Territory, providing for the payment of damages for the following:

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

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

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

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

(d) The provisions of this section are not applicable to vehicles, facilities, and agencies owned and operated by agencies of the Government of the Virgin Islands.

(e) The Division shall promulgate regulations further specifying the insurance coverage limits required of all vehicles, facilities, and agencies licensed or certified pursuant to this chapter.

(f) The cancellation or other termination of any insurance policy required pursuant to this section is grounds for immediate termination of the licenses or certifications issued for the vehicles, facilities, and agencies covered by the policy, unless another insurance policy

complying with the provisions of this section is obtained and is in effect at the time of the cancellation or termination.

§4220. Provisional and restricted licenses and certifications

(a) The Commissioner may issue provisional licenses or certifications to new emergency medical services agencies or training facilities to afford the Commissioner sufficient time and evidence to evaluate whether a new agency or facility can comply with the provisions of this chapter, rules promulgated pursuant to this chapter, and other applicable provisions of law.

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

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

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

(c) If the Commissioner finds that the public interest would be served, the Commissioner may issue provisional certifications to emergency medical services providers who do not fully meet the requirements specified in this chapter or in rules promulgated pursuant to this chapter.

(d) Provisional licenses or certifications are valid for not more than 180 days and may be renewed for not more than an additional 180 days.

(e) Temporary licensure pending endorsement under section 4222 is governed by section 4222 and may not be limited, renewed, or replaced under this section to avoid its requirements.

§4221. Licenses and certifications issued pursuant to prior authority

Except as otherwise provided in this chapter, any emergency medical services agency, ambulance or other emergency medical response vehicle, emergency medical technician or paramedic, emergency medical services instructor or preceptor, or emergency medical services training facility currently licensed or certified are considered licensed or certified pursuant to this chapter, but are subject to the renewal requirements established by this chapter and by rules promulgated pursuant to this chapter.

§4222. Reciprocity for emergency medical services provider certified in other 26 jurisdictions

(a) The Commissioner shall issue a license by endorsement at the appropriate classification level to an applicant who:

(1) holds a current, unrestricted emergency medical services provider license or equivalent state-issued certification from a state or United States territory;

(2) demonstrates, through primary-source verification, education, training, examination, and continuing competency substantially equivalent to the requirements for the corresponding territorial classification;

(3) satisfies applicable criminal history review, professional conduct, application, and fee requirements under this chapter; and

(4) discloses pending disciplinary proceedings and prior adverse actions concerning a professional license or certification.

(b) Current National Registry of Emergency Medical Technicians certification may be accepted as evidence of competency. An applicant under this section may not be denied licensure solely because the applicant does not maintain current National Registry certification if the applicant otherwise demonstrates the substantial equivalence required by subsection (a). The Commissioner may require a targeted competency evaluation or supplemental education to address a material deficiency identified in writing but may not require repetition of substantially equivalent education or testing without a written explanation of the deficiency to be addressed.

(c) An applicant is not required to establish residence in the Virgin Islands. A license issued under this section is valid for the same period and is subject to the same renewal, scope-of-practice, medical-direction, and disciplinary requirements as a license issued under section 4212. Recurring or rotational employment does not, by itself, require a new application during the term of a valid license.

(d) Pending final action on a complete application for endorsement, the Commissioner shall issue a temporary license after verifying the applicant's current, unrestricted credential, the absence of an adverse action that would disqualify the applicant, compliance with applicable criminal history requirements, and affiliation with an agency authorized to operate in the Virgin Islands under a medical director licensed in the Virgin Islands. The temporary license must identify the authorized classification and any conditions necessary to address a documented competency deficiency or patient safety concern.

(e) A temporary license is valid for not more than 180 days or until the Commissioner issues a final decision on the endorsement application, whichever occurs first. If the applicant provides all requested information timely and the application remains pending solely because of administrative delay, the temporary license continues until a final decision is served. The Commissioner shall provide written notice of any continuation and may impose or modify

conditions only upon written findings related to competency or patient safety. Temporary authority may be suspended or revoked under the procedures provided in this chapter.

(f) A temporary license may not be repeatedly issued in lieu of a decision on licensure by endorsement. The absence of a temporary license does not authorize practice.

(g) This section does not enact the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact. If the Virgin Islands subsequently enacts and the Compact, an eligible clinician's Compact privilege must be recognized in accordance with the Compact, notwithstanding a duplicative individual licensure requirement under this chapter. Agency and vehicle authorizations and licenses for other health professions remain subject to applicable law.

§4223. Limitations on liability

The following applies:

(1) No medical command physician, medical command facility medical director or medical command facility, which in good faith provides online medical direction or a medical command to an EMS provider or student enrolled in an EMS course of instruction approved by the Department, is liable for civil damages because of issuing the instruction, absent a showing of gross negligence or willful misconduct.

(2) No qualified physician or qualified physician surrogate who provides online medical directions or gives orders, either orally or by communication equipment, to any EMS provider at an any emergency, no EMS provider following such orders within the limits of his or her licensure, and no EMS provider trainee in an approved training program following such orders, is liable either civilly or criminally by reason of having issued or followed such orders but is subject to the rules of law applicable to negligence.

(3) No EMS agency, EMS agency medical director or EMS provider who in good faith attempts to render or facilitate emergency medical care authorized by this

chapter is liable for civil damages because of an act or omission, absent a showing of gross negligence or willful misconduct. This paragraph also applies to students enrolled in approved courses of instruction and supervised pursuant to rules and regulations.

(4) No EMS agency medical director may incur any liability because of the use of any unmodified protocol, offline medical direction, standing order, operating procedure, or guideline provided by the Board pursuant to title 27, chapter 22.

(5) No approved EMS training institute or any entity participating as part of any approved educational program offered by the institute as authorized by this chapter is liable for any civil damages as a result of primary and continuing educational practice by duly enrolled students under proper supervision, absent a showing of gross negligence or willful misconduct.

(6) No EMS provider who, in good faith, attempts to render emergency care authorized by this chapter at an emergency while enroute to a place of employment may receive any form of reprimand or penalty by an employer because of late arrival at the place of employment. An employer may require written verification from the EMS provider who shall obtain written verification from either the police officer or another person who is in charge at the emergency.

(7) No EMS agency medical director or territorial medical director who in good faith gives instructions to or provides primary and continuing educational training to an EMS provider is liable for civil damages for issuing the instructions, education, or training, absent a showing of gross negligence or willful misconduct.

(8) Neither the Department, the Territorial EMS Medical Director, nor any other official or employee of the Department or the EMS Board is liable for civil damages arising out of an EMS provider or a student enrolled in an EMS course of instruction approved by the Department following protocols approved under this chapter.

(9) No EMS provider or EMS agency is subject to civil liability based solely on failure to obtain consent in rendering EMS to any person, regardless of age, where the person is unable to give consent for any reason, including minority, and where there is no other person reasonably available who is legally authorized to give or refuse to give consent, if the EMS provider has acted in good faith and without knowledge of facts negating consent.

(10) No EMS provider or EMS agency is subject to civil liability based solely on refusal to provide treatment or services requested by the patient or the person responsible for making medical care decisions for the patient if the treatment or services requested are not prescribed or authorized by territory-wide protocols established under this chapter and the EMS provider has:

(A) contacted a medical command physician who refused to authorize the requested treatment or service; or

(B) made a good faith effort to contact a medical command physician and was unable to do so.

(11) No dispatcher of EMS who in good faith collects information about a patient from a caller or makes dispatch assignments based upon the information collected is subject to civil liability based upon the information collected or a dispatch assignment, absent a showing of gross negligence or willful misconduct.

(12) Nothing in this subsection grants immunity from liability arising out of the operation of any motor vehicle, aircraft, or boat or while the operator was impaired by alcoholic liquor or any controlled substance.

§4224. Persons objecting to treatment; effect

The Emergency Medical Services System Act or the regulations may not be construed to authorize or require giving any medical treatment to a person who objects to the treatment on

religious or other grounds or to authorize the transportation of the person to a medical healthcare facility.

§4225. Powers and duties of the Commissioner

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

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

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

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

(1) application, licensure, and renewal requirements and procedures;

(2) an official register of licensed or certified emergency medical services agencies and emergency medical services training facilities; and

(3) trauma and emergency care data as required by this chapter and by regulations promulgated pursuant to this chapter.

(e) Within 15 business days after receiving an application under this chapter, the Department shall acknowledge receipt and either notify the applicant that the application is complete or provide a written notice identifying each deficiency then reasonably ascertainable and the information required to correct it. Additional information may be requested by the Department in writing, when necessary, to resolve a material issue subsequently identified.

(f) Within 60 days after an application is complete, the Commissioner shall approve the application or serve a notice of contemplated adverse action under section 4230. If an inspection is required, the Department shall offer an inspection within 30 days after the application is complete. The Commissioner may extend the decision period not more than 30 days upon written notice stating the specific reason and the date by which action will be taken. Delay attributable to an applicant's failure to provide reasonably requested material information is excluded from these periods.

(g) A deficiency notice, denial, or condition on approval must identify the applicable legal requirement and the material facts supporting the determination. The Department may not withhold a decision solely because an applicant has requested clarification of a requirement or sought administrative or judicial review.

(h) Failure to meet a deadline does not constitute approval or authorize unlicensed practice. An applicant may seek an order compelling a decision in the Superior Court after the applicable decision period expires. This subsection does not limit other remedies available by law.

(i) The periods in this section govern licenses and certifications created by this chapter. Separate certificate-of-need proceedings remain subject to the procedures and deadlines governing those proceedings. The Department shall publish an annual report stating application volumes, pending applications by credential category, median processing times, and staffing and inspection capacity, without identifying confidential applicant or patient information.

§4226. License and certification renewal

(a) An application for renewal of a license or certification must be submitted to the Commissioner not later than 90 days before the expiration of the license or certification, on a form approved by the Commissioner, accompanied by the appropriate renewal fee established by the Commissioner. An application for renewal submitted later than 90 days before expiration shall be subject to a late fee.

(b) A license or certification for which a timely and substantially complete renewal application has been filed remains in effect until the Commissioner approves the renewal or serves a final order denying renewal after the opportunity for a hearing required by section 4230. The Department shall acknowledge the continuation in writing. This subsection does not prevent a summary suspension under section 4229 or other disciplinary action authorized by this chapter.

(c) A renewed license or certification may not be assigned an expiration date that precedes issuance or provides fewer than 12 months of validity after issuance solely because of Department processing delay. This subsection does not limit a shorter provisional or restricted credential issued on documented grounds under section 4220.

§4227. Denial, suspension, and revocation of license or certification

(a) The Commissioner, subject to the right to a hearing as provided in section 4230, may deny issuance of, deny renewal of, suspend, or revoke a license or certification to operate

an emergency medical services agency, an emergency medical response vehicle, or an emergency medical services training facility to a person or entity which is found to have:

(1) failed to comply with the applicable provisions of this chapter or of regulations promulgated pursuant to this chapter;

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

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

(b) The Commissioner, subject to the right to a hearing as provided in section 4230, may deny issuance of, deny renewal of, suspend, or revoke a certification to perform the duties of emergency medical services provider or of an emergency medical services instructor to an individual who is found to have:

(1) failed to comply with the applicable provisions of this chapter or of regulations promulgated pursuant to this chapter;

(2) failed to comply with any other federal or territorial law applicable to the duties of emergency medical services provider or an emergency medical service instructor;

(3) filed a false document or made a false statement to the Government regarding qualifications for the emergency medical services provider or instructor position;

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

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

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

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

§4228. Complaint Investigations

(a) The Department shall promptly investigate complaints that it receives concerning any person or entity which the Department licenses, certifies, approves, permits or designates pursuant to this chapter.

(b) The Department shall notify the Territorial EMS Director of any complaints it receives involving personnel or participants.

(c) The Department shall conduct any inspections, interviews, and reviews of records that it considers necessary to investigate complaints.

(d) All persons and entities that are licensed, certified, approved, permitted, or designated pursuant to this chapter shall fully cooperate with any Department complaint investigation, including providing patient medical records requested by the Department. Any patient medical record received or reviewed by the Department may not be disclosed publicly in such a manner as to identify individual patients, without the consent of the patient or the patient's legally authorized representative. Patient medical records may be disclosed to a party in administrative proceedings brought by the Department pursuant to this chapter, but a patient's identity must be masked before disclosure of the record during any public hearing unless otherwise authorized by the patient or the patient's legally authorized representative.

§4229. Summary suspension

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

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

(c) The person, or owner or operator of the agency, vehicle, or facility, has five business days after service of the notice of summary suspension to request a hearing. If requested, the hearing must be conducted by a neutral hearing officer appointed by the Commissioner. A hearing must be held not later than five business days of a timely request, and a decision must be issued not later than five business days after the record is closed.

§4230. Hearings and Judicial Review

(a) Except in the case of a summary suspension as provided in section 4229, before the Commissioner denies an application for initial or renewal licensure or certification, or suspends or revokes a license or certification, or imposes a civil fine, the Commissioner shall give the person, or the owner or operator of the agency, vehicle, or facility, against whom the action is contemplated, written notice of the contemplated action. The Commissioner shall issue a Notice of Intent to fine, suspend, revoke, non-renew, or deny a license or certification and provide the party with an opportunity to request an administrative hearing. The Notice of Intent must be effected by certified mail or by personal service, must set forth the reasons for the proposed action, and must provide the affected person or entity fifteen days in which to request a hearing.

(b) If requested, the hearing must be conducted by a neutral hearing officer appointed by the Commissioner. Based on the hearing, or upon default of the respondent, the Commissioner shall issue a final order specifying the findings, conclusions, and decision. A copy of the final order must be sent to the respondent by certified mail or served personally upon the respondent.

(c) A person or entity aggrieved by a decision of the hearing officer may appeal the decision to the Superior Court of the Virgin Islands.

§4231. Violations; Fines

(a) The Division may impose fines on any emergency medical services provider, emergency medical services instructor, emergency medical services agency, an emergency medical response vehicle, or an emergency medical services training facility.

(b) The Division shall adopt regulations that establish a system of fines related to the type and level of violation or repeat violation, including:

(1) a fine not exceeding $10,000 for a violation that created a condition or occurrence presenting a substantial probability that death or serious harm to an individual will or did result therefrom; and

(2) a fine not exceeding $5,000 for a violation that creates or created a condition or occurrence that threatens the health, safety, or welfare of an individual.

(c) A Notice of Intent to Impose Fine may be issued in conjunction with or in lieu of a Notice of Intent to Suspend, Revoke, Non-renew or Deny License or Certification, and must conform to the requirements specified in section 4230.

§4232. Prosecutions

(a) Criminal prosecutions for violations of this chapter must be brought by the Attorney General of the Virgin Islands in the name of the Government of the Virgin Islands.

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

§4233. Injunctions

(a) The Attorney General of the Virgin Islands may bring an action in the Superior Court of the Virgin Islands, in the name of the Government of the Virgin Islands, to enjoin any violation of this chapter.

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

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

§4234. Pending actions and proceedings; existing orders

No judicial or administrative proceeding commenced by or against any emergency medical services agency, emergency medical response vehicle owner or operator, emergency

medical services training facility or instructor, emergency medical technician, or paramedic abates by reason of the taking effect of this chapter. Each action or proceeding is continued with substitution as to parties and government agencies as appropriate.

§4235. Advertising

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

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

§4236. Emergency medical services for children

The Commissioner shall establish, in collaboration with a licensed hospital within the Virgin Islands specializing in pediatric care, a program of emergency medical services for children.

§4237. Trauma care system

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

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

(c) The Commissioner may establish and maintain a database of information regarding trauma and emergency medical care services provided within the Virgin Islands. All hospitals, health care facilities, and treatment facilities receiving emergency medical care patients, and

all entities providing emergency medical care services, shall provide data to the Commissioner as specified in rulemaking promulgated pursuant to this chapter.

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

SECTION 2. (a) This act takes effect 30 days after enactment for planning, consultation, rulemaking, development of forms and inspection standards, receipt and processing of applications, reporting, and other administrative preparations. Newly imposed prohibitions against operation or practice without a license or certification under chapter 76, and sanctions based solely on failure to obtain that newly required credential, become operative 365 days after enactment, subject to subsection (d).

(b) No later than 180 days after enactment, the Commissioner shall submit an implementation plan to the Governor and the President of the Legislature identifying staffing, training, inspection, information system, and funding requirements; application and inspection workloads; and a schedule for implementing each credential category. The Department shall solicit public and private provider input in preparing the plan.

(c) No later than 270 days after enactment, the Department shall promulgate the regulations and publish the application forms, fee schedules, inspection checklists, and submission instructions necessary to administer the new requirements. A new credential requirement may not be enforced before the applicable final regulations and application materials have been publicly available for at least 90 days.

(d) If a credential category cannot be implemented within the period prescribed by subsection (a), the Commissioner may extend that category’s operative date once for not more

than 180 days. At least 30 days before the scheduled operative date, the Commissioner shall publish written findings identifying the specific impediments, corrective actions, and fixed revised date, and submit the findings to the Governor and the President of the Legislature. No further extension is authorized without legislative action.

(e) An agency, vehicle, facility, or individual holding a valid territorial credential immediately before the applicable operative date may continue within its existing lawful scope under section 4221. If a new or replacement credential is required, the holder shall apply within 60 days after the necessary final regulations and application materials become available. A timely applicant may continue the previously authorized activity while the application is pending, subject to existing requirements and conditions and the suspension and disciplinary provisions of chapter 76.

(f) An application pending on enactment does not itself authorize operation or practice. Within 60 days after enactment, the Department shall notify each pending applicant in writing of the application's status, outstanding material requirements, and available interim authorization procedures. A provider not protected by subsection (e) may operate only under independently valid authority or an express provisional or temporary credential issued under applicable law. A provisional or temporary credential shall specify its scope, conditions, and expiration or continuation terms.

(g) No provision of this section excuses compliance with previously applicable law, authorizes practice beyond an existing lawful scope, prevents action against an imminent danger to health or safety, or extinguishes a pending investigation or proceeding. Section 4234 applies to pending actions and proceedings.

SECTION 3. The initial territory-wide EMS System plan required by section 4208 must be completed no later than one year after enactment and updated at least once every two years. Board participation is governed by section 4206(c). The Department shall report

implementation progress to the Governor and the President of the Legislature every 90 days until all credential categories are operational.

BILL SUMMARY

This bill establishes the Emergency Medical Services System ("EMS System") making the Department of Health the lead authority responsible for the regulation of pre-hospital emergency medical services providers ensuring that such services are available and accessible to all residents and visitors within the territory.

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