Department of State
Division of Publications
312 Rosa L. Parks, 8th Floor Snodgrass/TN Tower
Nashville, TN 37243
Phone: 615.741.2650
Fax: 615.741.5133
Email: register.information@tn.gov

For Department of State Use Only

Sequence Number: 02-05-13
Notice ID(s): 1933
File Date: 2/1/13

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Department of Health
Division:	Emergency Medical Services
Contact Person:	Keith D. Hodges
Address:	220 Athens Way, Suite 210 Nashville, Tennessee 37243
Phone:	(615) 741-8218
Email:	keith.d.hodges@tn.gov

Any individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	ADA Coordinator at the Division of Emergency Medical Services
Address:	227 French Landing Drive, Suite 303 Heritage Place MetroCenter, Nashville, Tennessee 37243
Phone:	615-741-2584
Email:	

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Iris Conference Room, Heritage Place MetroCenter		
Address 2:	227 French Landing Drive		
City:	Nashville, Tennessee		
Zip:	37243		
Hearing Date :	3/27/2013		
Hearing Time:	9:00 a.m.	X CST/CDT	___ EST/EDT

Additional Hearing Information:

Revision Type (check all that apply):
✓ Amendment
___ New
___ Repeal

Rule(s) (**ALL** chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	**Chapter Title**
1200-12-01	General Rules
Rule Number	**Rule Title**
1200-12-01-.14	Categories for Ambulance Service and Mobile Pre-Hospital Emergency Care

Rule 1200-12-01-.14 Categories for Ambulance Service and Mobile Pre-Hospital Emergency Care is amended by deleting the rule in its entirety and substituting instead the following language, so that as amended, the new rule shall read:

1200-12-01-.14 Categories for Emergency Medical Services and/or Ambulance Service and Mobile Pre-Hospital Emergency Care. The following rules are promulgated to establish minimum standards and categorical capabilities for emergency medical services and/or ambulance services licensed in Tennessee and to govern emergency medical services provided to a patient.

(1) Definitions.

(a) "Advanced Life Support" means advanced emergency medical technicians, or other EMS personnel having a higher level of licensure, who treat life-threatening or aggravating medical emergencies under medical control.

(b) "Basic Life Support" means EMS personnel, authorized through the appropriate level of licensure, who treat life-threatening medical emergencies under medical control.

(c) "Base of Operations" means the principal location and physical structure (*i.e.* building), having a street address, city and zip code, from which ambulances and/or personnel operate to provide ambulance service within a service area.

(d) "Emergency Medical Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that it could put the patient's health in serious jeopardy, cause serious impairment to bodily function, or cause serious dysfunction of any body organ, system or part without immediate medical attention.

(e) "Emergency Run" means a transport or response, occurring or accomplished without delay, to the perceived need for care for an emergent, trauma or medical condition in order to prevent loss of life or aggravation of illness or injury, including but not limited to the following:

1. Cardiac arrest;

2. Difficulty breathing/shortness of breath/airway impairment;

3. Severe chest pain or heart attack;

4. Severe motor vehicle crashes/entrapment or pin-in;

5. Decreases in level of consciousness/diabetic emergencies;

6. Heat emergencies;

7. Severe lacerations or possible amputations; severe burns (thermal, chemical or electrical);

8. Possible stroke; and

9. Complications of childbirth.

(f) "Emergency Medical Service Director" means an individual who directs the planning, development, implementation, coordination, administration, monitoring and evaluation of services provided by a licensed ambulance service.

(g) "Emergency Medical Service Medical Director" ("Medical Director") means an individual who has an active, unencumbered license to engage in the practice of medicine pursuant

to title 63, chapter 6, or chapter 9, and who provides medical advice, direction, oversight, quality assurance and authorization to emergency medical services personnel at a licensed ambulance service, and/or emergency medical services educational institution.

(h) "Medical Control" means the instruction, advice or orders given by a physician in accordance with locally or regionally approved practices.

(i) "Minimum Standards" means the minimum requirements for ambulance and emergency medical services established by law, regulation, and prevailing standards of care.

(j) "Primary Service" means the EMS service within a specific area that has contracted with or been recognized by the local government to provide an initial response to scene emergencies.

(k) "Service Area" means the political and geographical area with a population that can be expected to use the services offered by a specific provider.

(l) "Specialty Care Transport" ("SCT") means the inter-facility transportation of a critically injured or ill patient by a ground ambulance vehicle, including the provision of medically necessary supplies and services, which requires a level of service beyond the scope of a paramedic.

(m) "Substation" means the physical structure from which ambulances and personnel operate on a day-to-day basis to provide ambulance services, which are supplementary to the services provided from the base of operations for the specified city or county.

(n) "Volunteer ambulance service" means a not-for-profit service that uses volunteer personnel and restricts emergency operations to scheduled events or serves as a relief organization under the constraint of the main or governmental emergency medical services provider within a service area.

(2) Ambulance Operations.

(a) Each base of operations must hold a State-issued service license for the county in which it is located.

(b) No ambulance service shall position, post, stage or otherwise offer or make an ambulance available within the service area where the county, municipality or special purpose district or authority has current ordinances or resolutions preventing such without prior authorization of the governing body of the service area.

(c) Nothing shall preclude an ambulance provider with federal contracts from providing service as required under those contracts.

(3) Classification of Services.

(a) Each ambulance service license the Division issues must indicate the minimum clinical level of service that the ambulance service can provide.

1. The Division shall grant an ambulance service license only after it verifies that the service is in compliance with Division rules for immediate or scheduled patient transport.

2. The license shall designate the level of service the agency provides.

(i) Based on the result of the application and the applicant's compliance with the Division's rules and regulations throughout the inspection process, the EMS Division shall designate agencies that function at or above the Basic Life Support (BLS) service as a BLS service.

(ii) Based on the result of the application and the applicant's compliance with the Division's rules and regulations throughout the inspection process, the EMS Division shall designate agencies that function at or above the Advanced Life Support (ALS) service level as an ALS service.

(b) The Division shall recognize the following classes of service for licensing or authorization of ambulance and/or emergency medical services:

1. Primary emergency provider. Each ambulance service the local government designates as the primary provider by recognizing it as such or contracting with it to provide initial response to scene emergencies shall operate advanced and/or basic life support ambulances within the service area. The service may also provide ambulance transport services under its license for its county specific service area. It shall coordinate licensed volunteer ambulance services as well as coordinate and oversee emergency medical response agencies within its jurisdiction.

2. Licensed Ambulance Transport Services. Each licensed ambulance service shall operate ambulances for unscheduled or scheduled transportation of patients. The level of the licensed ambulance service must be consistent with their issued service license level.

3. Volunteer not-for-profit ambulance service using volunteer personnel shall restrict emergency operation to scheduled events or serve as a relief organization under the coordination of the primary emergency provider.

(c) Conditional Ambulance Services. The Division may place a new service or a service having deficiencies in a conditional license category for up to ninety (90) days from the date of the deficiency or issuance of the license.

(4) Personnel. Each ambulance or emergency medical service shall assign qualified persons to perform functions to ensure compliance with its licensure as follows:

(a) Medical Director. Each ambulance service shall retain a medical director who serves as medical authority for the ambulance service and functions as a liaison to the medical community, medical facilities, and governmental entities. His or her duties shall include, but not be limited to, the following:

1. Quality management and improvement of patient care, including the following:

(i) Development of protocols, standing orders, training, procedures, approval of medications and techniques permitted for field use by service personnel in accordance with regulations of the Division;

(ii) Quality management and improvement of field performance as may be achieved by direct observation, field instructions, in-service training or other means including, but not limited to:

(I) Ambulance run report review;

(II) Review of field communications tapes;

(III) Post-run interviews and case conferences;

(IV) Critiques of simulated or actual patient presentations; and

(v) Investigation of complaints or incidents reports.

2. The medical director shall have disciplinary and/or corrective action authority sufficient to oversee quality management and improvement of patient care as the service director of the ambulance service deems appropriate.

(b) Advanced Life Support Service Personnel. Each service licensed to provide advanced life support shall use a crew comprised of an advanced EMT and a paramedic on ninety-five percent (95%) of emergency runs.

(c) Basic Life Support Service Personnel. Each service licensed to provide basic life support shall use a crew comprised of two advanced EMTs on ninety-five percent (95%) of all runs.

(d) Advanced and Basic Life Support Services personnel who hold a current license as an EMT when this rule becomes effective shall be grandfathered. All individuals hired after the effective date of this rule shall comply with the requirements in subparagraphs (b) and (c) above.

(5) Each ambulance service shall require and document continuing education of at least fifteen (15) contact hours annually for ninety-five percent (95%) of emergency care personnel. Each service shall implement a competency-based evaluation program in accordance with board policy.

(6) Each ambulance service shall also conduct training for new procedures or remedial instruction as ordered by the medical director and or emergency medical service director.

(7) The training hours an EMS service provides may count toward the continuing education contact hours required for the renewal of personnel licenses, provided the service meets the following requirements:

(a) The service must have an individual who maintains at a minimum an authorization of an EMT instructor/coordinator authorized by the Division of EMS to maintain educational records and coordinate in-service education and for the service's personnel.

(b) The service must maintain all educational records for five (5) years.

(c) The service's educational records must contain:

1. A curriculum vitae establishing the instructor's expertise in the content for each lesson plan;

2. Lesson plans shall include, but not be limited to:

(i) A list of course objectives, and

(ii) A course outline;

3. Course evaluations by students;

4. An evaluation of each student's performance in the course; and

5. A sign-in sheet bearing the signatures of all students who attended the course.

(d) The service's training records will be randomly audited annually for compliance.

(8) The Division shall issue each service permits identifying the county in which ambulances or response units are based. The service owner may maintain records for such operations at a central location. The service owner shall maintain records to detail all activities at the county base of operations.

(9) Licensing Procedures

(a) No person, partnership, association, corporation, or state, county or local government unit, or division, department, board or agency thereof, shall establish, conduct, operate, or maintain in the state of Tennessee any ambulance, invalid vehicle service or vehicle operated with a patient cot for transfer of persons without having a license.

1. A license shall only be issued to the applicant named and only for the base of operations and substations listed in the application for licensure.

2. Licenses are not transferable or assignable and shall expire annually on June 30.

3. The license shall be conspicuously posted at the base of operations.

(b) Initial Licensure

1. In order to make application for a new license, applications shall have service names that are unique and the business name shall be registered with the Department of State, Division of Business Services.

2. The applicant shall submit an application on a form prepared by the department. The service shall report the names, titles and summary of responsibilities of the service director and those persons who will be supervising the ambulance service as officers, directors or other ambulance service officials, and information as to any misdemeanor or felony convictions, or disciplinary sanctions against licenses, certifications, or other authorizations to practice a health care occupation or profession, that have been imposed against them in this or any other state.

3. Each applicant for a license shall pay the annual license fee and permit fees based on the number of ambulances or permitted invalid vehicles. The fees must be submitted with the application and are non-refundable.

4. The issuance of an application form is in no way a guarantee that the completed application will be accepted or that a license will be issued by the Division. Patients shall not be transported until a license has been issued. Applicants shall not hold themselves out to the public as being an ambulance service until the license has been issued. A license shall not be issued until the service is in substantial compliance with these rules and regulations, including submission of all information required by T.C.A. § 68-140-306, or as later amended, and of all information required by the Division.

5. The applicant shall not use subterfuge or other evasive means to obtain a license, such as filing for a license through a second party when an individual has been denied a license, had a license disciplined, or has attempted to avoid the inspection and review process in this or any other state.

6. An applicant shall allow the premises, the service, and its vehicles to be inspected by a representative of the Division.

7. In the event that deficiencies are noted, the applicant shall submit a plan of corrective action to the Division. Once the deficiencies have been corrected, then the Division shall reconsider the application for licensure. If vehicles have failed inspection, a repeat inspection fee must be submitted to the Division.

(c) License Renewal

1. In order to renew a license, each service shall subject its premises, operational procedures, records, equipment, personnel and vehicles to periodic inspections by representatives of the Division for compliance with these rules. If deficiencies are noted, the licensee shall submit an acceptable plan of corrective action, remedy the deficiencies and pay any applicable repeat inspection fees. In addition, each licensee shall submit a renewal form approved by the Division and any applicable renewal fees prior to the expiration date of the license.

2. Upon reapplication, the licensee shall submit its base of operations, stations, and vehicles to inspections by representatives of the department for compliance with these rules.

3. EMS services must show documented proof of annual mandatory random drug screening for employees.

4. An ambulance service may renew the service license within sixty (60) days following the license expiration date upon payment of the renewal fee, in addition to a late penalty established by the board for each month or fraction of a month that payment for renewal is late, provided that the late penalty shall not exceed twice the renewal fee. If the ambulance service license is not renewed within sixty (60) days following the license expiration date, then the licensee shall reapply for licensure in accordance with the rules established by the board.

(d) Changes of address, insurance agents or policies, service director, officers, or other service officials, EMS medical director, or bankruptcy filings must be reported to the Division no later than five (5) business days of the change or date of effective action.

(e) A proposed change of ownership, including a change in a controlling interest, must be reported to the Division a minimum of thirty (30) days prior to the change. The Division must receive a new application and fee before the license may be issued.

Authority: T.C.A. §§ 68-140-304, 68-140-306 and 68-140-307.

Rule 1200-12-01-.15 Ambulance Service Records is amended by adding a new subparagraph (2)(d), so that as amended, the new subparagraph (2)(d) shall read as follows:

(d) Each licensed service shall file a written report with the Division within five (5) business days of any incident that results in serious injury to a patient that could not reasonably be expected as a result of the patient's condition. A serious injury is one that results in exacerbation, complication or other deterioration of a patient's condition. Such reportable incidents include, but are not limited to, the following:

1. Medication errors resulting in serious injury;

2. The failure to provide treatment in accordance with the service treatment protocols resulting in serious injury; or

3. A major medical or communications device failure or other equipment failure or user error resulting in serious injury or delay in response or treatment.

Authority: T.C.A. §§ 68-140-304, 68-140-306, and 68-140-307.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: 2-1-13

Signature:

Name of Officer: Keith D. Hodges

Title of Officer: Assistant General Counsel
Department of Health

Subscribed and sworn to before me on: 2/1/13

Notary Public Signature: Theodora P. Wilkins

My commission expires on: 11/3/15

THEODORA P. WILKINS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Department of State Use Only

Filed with the Department of State on: 2/1/13

Tre Hargett
Secretary of State

RECEIVED
2013 FEB -1 PM 3:21
OFFICE OF SECRETARY OF STATE