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File Date: 2/21/18

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:	Emergency Medical Services Board
Division:	
Contact Person:	Paul Richardson, Assistant General Counsel
Address:	665 Mainstream Drive, Nashville, Tennessee 37243
Phone:	615-741-1611
Email:	Paul.Richardson@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
Address:	710 James Robertson Parkway, Andrew Johnson Building, 5th Floor, Nashville, Tennessee 37243
Phone:	(615) 741-6350
Email:	Tina.M.Harris2@tn.gov

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

Address 1:	Metro Center		
Address 2:	665 Mainstream Drive, Iris Conference Room		
City:	Nashville		
Zip:	37228		
Hearing Date :	06/27/2018		
Hearing Time:	9:00 A.M.	X CST/CDT	___EST/EDT

Additional Hearing Information:

Revision Type (check all that apply):

X 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-.02	Ambulance Safety, Design, and Construction Standards
1200-12-01-.13	EMT, AEMT and Paramedic Education Programs

1200-12-01-.14	Categories for Emergency Medical Services and/or Ambulance Service and Mobile Pre-hospital Emergency Care
1200-12-01-.21	Destination Determination

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1200-12-01-.02	Ambulance Safety, Design, and Construction Standards
1200-12-01-.13	EMT, AEMT and Paramedic Education Programs
1200-12-01-.14	Emergency Medical Services Standards and Categories for Licensed Ambulance Service and Mobile Prehospital Emergency Care
1200-12-01-.21	Destination Determination

Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to http://sos-tn-gov-files.s3.amazonaws.com/forms/Rulemaking%20Guidelines_September2016.pdf.

Chapter 1200-12-01
General Rules

Amendments

Rule 1200-12-01-.02 Ambulance Safety, Design, and Construction is amended by deleting subparagraph (3)(h) and paragraph (4) in their entirety and substituting instead the following language, so that as amended the new subparagraph shall read:

(h) Each ambulance service placing ambulances in service or obtaining an initial permit in the state of Tennessee shall ensure that ambulances are manufactured and maintained according to the ambulance safety, construction and design standards that were adopted by the board as of the date of final manufacture. Current board-approved standards are posted on the Division's web page at http://tn.gov/health/article/ems-about, or at any successor web address, and are hereby incorporated into this rule as if they were fully set out and stated herein. The effective date of any changes in the posted standards will be determined by the board.

(4) Specialty Care Vehicle Requirements

Vehicles used exclusively for the provision of specialty care response and/or transport shall conform with the board-approved ambulance safety, construction and design standards, with the following exceptions:

(a) Additional markings, legends, or logos may be used to identify the provider and purpose for specialty care vehicles, except that no letter shall exceed six inches in height. Legends identifying the specialty care provided, such as "Neonatal Intensive and Critical Care Transport," may be substituted for the word "Ambulance" in exterior markings.

(b) Vehicle electrical systems shall be sufficient to sustain specialized equipment as verified by manufacture's certificate. Units shall be equipped with a back-up power system sufficient to operate life support equipment in the event the main power system fails.

(c) Patient compartments, based on the vehicles' specialty care response, shall conform with the current Tennessee Perinatal Care System Guidelines for Transportation posted at https://www.tn.gov/content/dam/tn/health/documents/GuidelinesTransportationPAC.pdf or any successor site.

Authority: T.C.A. §§ 68-140-504, 68-140-506, 68-140-507, and 68-140-526.

Rule 1200-12-01-.13 EMT, AEMT and Paramedic Education Programs is amended by deleting part (2)(h)5 and only subpart (2)(h)5(i) including items in their entirety, and substituting instead the following language, and is further amended by inserting new subpart (2)(h)5(ii) and renumbering the remaining part accordingly, so that as amended, the new part and subparts shall read:

5. Student Admissions and Conduct.

(i) EMS Educational Institution admission requirements shall be clearly defined and published by the institution, and shall be non-discriminatory with respect to race, color, creed, sex, age, handicaps, or national origin.

(ii) Persons seeking admission to an EMT, AEMT, or Paramedic education program shall:

(I) Meet the admission requirements of the EMS educational institution;

(II) Possess an academic or equivalent high school diploma or general education equivalent (GED); or

(III) Be a high school senior who is eligible for dual enrollment for college credit, and who will be eighteen (18) years of age within ninety (90) days of completing the training for which admission to a program is sought.

Authority: T.C.A. §§ 68-140-304, 68-140-504, 68-140-506, 68-140-508, and 68-140-509.

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

1200-12-01-.14 Emergency Medical Services Standards and Categories for Licensed Ambulance Service and Mobile Prehospital 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) "Division" means the Division of Emergency Medical Services of the Tennessee Department of Health

(e) "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.

(f) "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.

(g) "Emergency Medical Service Director" ("Service Director") means an individual who directs the

planning, development, implementation, coordination, administration, monitoring and evaluation of services provided by a licensed ambulance service.

(h) "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.

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

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

(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) Notwithstanding any other provision, 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.

(b) 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.

(c) The Division recognizes the following classes of service for licensing or authorization of ambulances and/or emergency medical services:

1. Category A: 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 24 hours a day. 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.

(i) Level 1: 100% of Emergency runs shall be made with an Advanced Life Support-equipped ambulance and staffed with a paramedic and a minimum of an EMT.

(ii) Level 2: 90% of Emergency runs shall be made with an Advanced Life Support-equipped ambulance and staffed with a paramedic and a minimum of an EMT.

(iii) Level 3: 100% Emergency runs shall be made with a Basic Life Support-equipped ambulance and staffed with two AEMTs.

(iv) Level 4: 90% of Emergency runs shall be made with a Basic Life Support-equipped ambulance and staffed with an AEMT and an EMT.

2. Category B: 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.

(i) Level 1: 100% of transports shall be made with an Advanced Life Support-equipped ambulance and staffed with a paramedic and a minimum of an EMT.

(ii) Level 2: 90% of transports shall be made with an Advanced Life Support-equipped ambulance and staffed with a paramedic and a minimum of an EMT.

(iii) Level 3: 100% of transports shall be made with a Basic Life Support-equipped ambulance and staffed with a two AEMT 100% of time.

(iv) Level 4: 90% of transports shall be made with a Basic Life Support-equipped ambulance and staffed with a minimum of two EMTs.

3. Category C: Volunteer not-for-profit ambulance services using volunteer personnel shall restrict emergency operations to scheduled events or serve as a relief organization under the coordination of the primary emergency provider. Volunteer ambulance services may, in times of disaster, be used in their communities as deemed necessary by local authorities and/or primary service providers. All Category C services shall be Category B, Level 4 transport services at a minimum.

(d) 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. Placing the license in a conditional license category is not disciplinary action.

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

Each ambulance service shall retain an Emergency Medical Services Medical Director ("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:

(a) Quality management and improvement of patient care, including the following:

1. 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;

2. Quality management and improvement of field performance as may be achieved by direct observation, field instruction, 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.

(b) 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.

(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) EMS/Ambulance Services who do not use educational institutions or other educational accrediting bodies to provide continuing education contact hour credit for in-service training hours for renewal of personnel licenses may count such in-service training hours as continuing education contact hours as required for 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 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) Service permits issued by the Division shall be specific to the county in which the service has its base of operations. 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 as a business in the state of Tennessee any ambulance, invalid vehicle service or vehicle operated with a patient cot for transport 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, applicants 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 Division. 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 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 Division for compliance with these rules.

3. Ambulance services must show documented proof of annual mandatory random drug

screening for licensed 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 after 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, 68-140-307, 68-140-504, 68-140-506, and 68-140-507.

Rule 1200-12-01-.21 Destination Determination is amended by deleting the rule in its entirety, but not the rule title, and substituting instead the following language, so that as amended, the new rule shall read:

(1) Trauma patients – The goal of the pre-hospital component of the trauma system and destination determination rules is to minimize injury through the safe and rapid transport of the injured patient. The patient shall be taken directly to the center most appropriately equipped and staffed to handle the patient's injury, as defined by the region's trauma system. These destinations shall be clearly identified and understood by regional pre-hospital personnel and shall be determined by triage protocols or by direct medical direction. Ambulances shall bypass those facilities not identified by the region's trauma system as appropriate destinations, even if they are closest to the incident.

(2) Following the designation of a trauma center in any region, persons in that region who have suffered a traumatic injury as determined by triage at the scene shall be transported according to the following rules:

(a) Adult (i.e. persons fifteen (15) years of age or older) and pediatric (i.e. persons under fifteen (15) years of age) trauma patients shall be triaged and transported according to the flow chart labeled "2011 Guidelines for Field Triage of Injured Patients," or any successor publication. Copies of the charts are available from the Division of EMS.

1. Step One and Step Two adult patients shall be transported to a Level 1 Trauma Center.

2. Step One and Step Two pediatric patients shall be transported to a Comprehensive Regional Pediatric Center ("CRPC") or to an adult Level 1 Trauma Center if no CRPC is available. In regions with two CRPC's or one CRPC and another facility with Level 1 adult trauma capability, local destination guidelines shall ensure that pediatric trauma patients are transported to the facility most appropriate for their injuries.

3. Local or regional medical control may establish criteria to allow for non-transport of clearly uninjured patients.

4. Medical control shall determine patient destinations within thirty (30) minutes by ground transport of a Level 1 Trauma Center or CRPC.

(b) Exceptions apply in the following circumstances:

1. For ambulances, Step One and Step Two adult and pediatric trauma patients shall be transported to the most rapidly accessible Level 1 Trauma Center or CRPC, taking safety and operational issues into consideration. Step Three and Four patients shall be transported to a trauma center which need not be the highest level center or as determined by the ambulance's Medical Control.

2. Air ambulances shall not transport chemical or radiation contaminated patients prior to decontamination.

3. If the trauma center chosen as the patient's destination is overloaded and cannot treat the patient, medical control shall determine the patient's destination. If medical control is not available, the patient's destination shall be determined pursuant to regional or local destination guidelines.

4. A transport may be diverted from the original destination:

(i) If a patient's condition becomes unmanageable or exceeds the capabilities of the transporting unit; or

(ii) If medical control deems that transport to a Level 1 Trauma Center is not necessary.

(c) Transports made under any of the exceptions listed above shall be reviewed through the EMS provider's quality improvement process and by the medical director of the EMS provider.

(d) Medical control can be accomplished by a trauma or emergency physician on duty at a designated trauma center or by protocols established in conjunction with a regional Level 1 Trauma Center.

(3) Patients with time sensitive illnesses shall be transported to the most appropriate facility based on their condition or illness according to the following destination guidelines:

(a) Any patient who does not have a time sensitive illness shall be transported to the most appropriate facility in accordance with regional or local destination guidelines.

(b) Any patient transport may be diverted from the original destination if the patient's condition becomes unmanageable or exceeds the capability of the transporting unit, in which case the patient should be treated at the closest appropriate facility.

(c) There are circumstances in adult emergency care as determined by local medical control where it may be appropriate to bypass a basic or a primary care facility for a higher level of care. Examples of such circumstances include, but are not limited to the following:

1. Acute Cardiac event such as STEMI

2. Acute change of mental status

3. Cardiac arrest

4. Significant toxin ingestion history

5. Massive gastrointestinal (GI) bleed

6. Life threatening dysrhythmias

7. Compromised airway

8. Signs or symptoms of shock

9. Severe respiratory distress

10. Respiratory arrest

11. Acute cerebrovascular event

(4) Pediatric Medical Emergency – Pediatric patients represent a unique patient population with special care requirements in illness and injury. Tennessee has a comprehensive destination system for pediatric

emergency care facilities as defined in rule 1200-08-30-.01.

(a) There are circumstances in pediatric emergency care as determined by local medical control where it would be appropriate to bypass a basic or a primary care facility for a general or comprehensive regional pediatric center.

1. Examples of such circumstances include, but are not limited to the following

(i) On-going seizures

(ii) A poorly responsive infant or lethargic child

(iii) Cardiac arrest

(iv) Significant toxin ingestion history

(v) Progressive respiratory distress (cyanosis)

(vi) Massive gastrointestinal (GI) bleed

(vii) Life threatening dysrhythmias

(viii) Compromised airway

(ix) Signs or symptoms of shock

(x) Severe respiratory distress

(xi) Respiratory arrest

(xii) Febrile infant less than two months of age

2. Pediatric medical emergency transport may be diverted from the original destination if the patient's condition becomes unmanageable or exceeds the capability of the transporting unit, in which case the patient may be triaged at the closest facility.

3. Pediatric medical emergency air ambulance transports must go to a Comprehensive Regional Pediatric Center.

(b) Pediatric trauma patients should be taken to trauma facilities as provided in paragraph (2).

(5) Any patient who does not qualify for transport to a Trauma Center or a Comprehensive Regional Pediatric Center should be transported to the most appropriate facility in accordance with regional or local destination guidelines.

(6) Adults or children with specialized health care needs beyond those already addressed should have their destination determined by Medical Control, or by regional or local guidelines, or by previous arrangement on the part of patient (or his/her family or physician).

(7) A transport may be redirected or an alternate destination requested. If so, non-transport of the patient, or transport of the patient to an alternate destination shall not violate this rule and shall not constitute refusal of care.

Authority: T.C.A. §§ 68-140-504, 68-140-505, 68-140-509, and 68-140-521.

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: 2/21/18

Signature:

Name of Officer: Paul Richardson

Title of Officer: Assistant General Counsel, Department of Health

Subscribed and sworn to before me on: 2-21-18

Notary Public Signature:

My commission expires on: My Commission Expires January 26, 2021

SUZANNE MECHKOWSKI NOTARY PUBLIC STATE OF TENNESSEE SUMNER COUNTY

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Tre Hargett
Secretary of State

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