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Sequence Number: 12-08-19
Rule ID(s): 9281
File Date: 12/16/19
Effective Date: 3/15/20

Proposed Rule(s) Filing Form

Proposed rules are submitted pursuant to Tenn. Code Ann. §§ 4-5-202, 4-5-207, and 4-5-229 in lieu of a rulemaking hearing. It is the intent of the Agency to promulgate these rules without a rulemaking hearing unless a petition requesting such hearing is filed within ninety (90) days of the filing of the proposed rule with the Secretary of State. To be effective, the petition must be filed with the Agency and be signed by ten (10) persons who will be affected by the amendments, or submitted by a municipality which will be affected by the amendments, or an association of ten (10) or more members, or any standing committee of the General Assembly. The agency shall forward such petition to the Secretary of State.

Pursuant to Tenn. Code Ann. § 4-5-229, any new fee or fee increase promulgated by state agency rule shall take effect on July 1, following the expiration of the ninety (90) day period as provided in § 4-5-207. This section shall not apply to rules that implement new fees or fee increases that are promulgated as emergency rules pursuant to § 4-5-208(a) and to subsequent rules that make permanent such emergency rules, as amended during the rulemaking process. In addition, this section shall not apply to state agencies that did not, during the preceding two (2) fiscal years, collect fees in an amount sufficient to pay the cost of operating the board, commission or entity in accordance with § 4-29-121(b).

Agency/Board/Commission:	Emergency Medical Services Board
Division:	
Contact Person:	Kyonzté Hughes-Toombs, Deputy General Counsel
Address:	665 Mainstream Drive, Nashville, Tennessee
Zip:	37243
Phone:	(615) 741-1611
Email:	Kyonzte.hughes-toombs@tn.gov

Revision Type (check all that apply):

___ Amendment
_X_ New
___ Repeal

Rule(s) (**ALL** chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please make sure that **ALL** new rule and repealed rule numbers are listed in the chart below. Please enter only **ONE** Rule Number/Rule Title per row)

Chapter Number	**Chapter Title**
1200-12-07	Community Paramedicine
Rule Number	**Rule Title**
1200-12-07-.01	Purpose
1200-12-07-.02	Scope of Practice
1200-12-07-.03	Definitions
1200-12-07-.04	Community Paramedic Applicant Requirements
1200-12-07-.05	Endorsement Renewal, Retirement, Reactivation, and Reinstatement
1200-12-07-.06	Community Paramedic Training Programs – Requirements for Approval
1200-12-07-.07	Community Paramedic Training Programs – Types of Approval; Renewal
1200-12-07-.08	Mobile Integrated Healthcare Programs – Approval

Place substance of rules and other info here. Please be sure to include a detailed explanation of the changes being made to the listed rule(s). 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 1200-12-07
Community Paramedicine
New Chapter

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1200-12-07-.01 Purpose

The purpose of mobile integrated healthcare is to focus on patient-centered navigation by integrating existing infrastructure and using emergency care resources more efficiently, and to improve access to primary care for medically underserved populations. As a vital component of mobile integrated healthcare, community paramedics will work with EMS services and other healthcare and social service providers to address specific local problems in the out-of-hospital environment. Community Paramedics are licensed EMS professionals that complete a formal standardized educational program approved by the EMS Board. The Community Paramedic has demonstrated competence in the provision of health education, monitoring, and services beyond the roles of traditional emergency care and transport and works in conjunction with medical direction.

Authority: T.C.A. §§ 68-140-302, 68-140-304, and 68-140-309.

1200-12-07-.02 Scope of Practice

A community paramedic is an experienced paramedic who has received additional training through a standardized curriculum, to serve communities more broadly in the areas of, primary care, public health, disease management, prevention and wellness, mental health and oral health. A community paramedic's scope of practice includes, at a minimum, all basic knowledge and skills of a paramedic as well as the psychomotor skills set identified in the current National EMS Scope of Practice Model and National EMS Education Standards for a Paramedic. Community paramedics are not independent practitioners and must practice under the supervision of an entity with an approved integrated healthcare program. The community paramedic's duties and scope of services shall be determined by local protocols established by the medical director as defined in 1200-12-07-.03. Community paramedics are subject to the same standards prohibiting unethical practices and conduct as all other emergency medical services personnel as outlined in 1200-12-01-.17.

Authority: T.C.A. §§ 68-140-302, 68-140-304, and 68-140-309.

1200-12-07-.03 Definitions

(1) Definitions. Within these rules, the following terms shall apply:

(a) "Approved Program" means a Community Paramedic training program approved by the Tennessee Emergency Medical Services Board;

(b) "Board" means the Tennessee Emergency Medical Services Board;

(c) "Community Paramedic" means an individual who:

1. Is licensed as a paramedic that delivers care in emergency and non-urgent pre-hospital settings with oversight of a physician;

2. Has received specialized training in physiology, disease processes, injury and illness prevention, and medical system navigation, in addition to general paramedic training; and

3. Meets the requirements for additional endorsement as a community paramedic as established by the Board;

(d) "Community Paramedicine" means the practice by emergency medical services personnel, primarily in an out-of-hospital setting, that may include the provisions of such services as patient evaluation, advice, treatment directed at preventing or improving a particular medical condition, or referrals to other community resources, which may be provided occasionally or at irregular intervals;

(e) "Medical Control" means the instruction, advice, or orders given by a physician in accordance with locally or regionally approved protocols related to the practice of a community paramedic;

(f) "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, who is knowledgeable of the mobile integrated healthcare program, and provides medical advice, direction, oversight, quality assurance and authorization to the community paramedicine personnel within a board-approved program;

(g) "Mobile integrated health care" (MIHC) means the provision of health care using patient-centered, mobile resources in the out-of-hospital environment under local medical control as part of a community-based team of health and social services providers to include, but not be limited to, home health organizations and community paramedics.

Authority: T.C.A. §§ 68-140-302, 68-140-304, and 68-140-309.

1200-12-07-.04 Community Paramedic Applicant Requirements

(1) Persons seeking endorsement as Community Paramedics in Tennessee shall:

(a) Comply with all rules governing paramedics under Chapter 1200-12-01;

(b) Hold a current, unencumbered Tennessee paramedic license with at least five years of work experience as a paramedic with an advanced life support EMS service;

(c) Using the prescribed form, complete and submit a Community Paramedic endorsement application accompanied by the Application Fee and Initial Endorsement Fee as outlined in 1200-12-07-.05(4) to the Division;

(d) Complete a Board-approved Community Paramedic Training Program;

(e) Demonstrate specialized training in physiology, disease processes, injury and illness prevention, and medical system navigation, in addition to general paramedic training;

(f) Pass a Board-approved Community Paramedic endorsement examination with a passing score as established by the Board, subject to the following:

1. Anyone who fails the examination three (3) times within two (2) years of completing a Board-approved Community Paramedic Training Program must show remediation from such program before they may take the examination again. After showing remediation, each person may take the examination up to three (3) more times within two (2) years of completing a Board-approved Community Paramedic Training Program.

2. Anyone who fails the examination six (6) times within two (2) years of completing a Board-approved Community Paramedic Training Program, or for any reason fails to be endorsed as a Community Paramedic within two (2) years of completing a Board-

approved Community Paramedic Training Program, must repeat all of their Community Paramedic training before they may take the examination again;

(g) Cause the result of a criminal background check to be submitted directly from the vendor identified in the Division's endorsement application materials to the administrative office of the Division. Such criminal background check shall include the sex offender and abuse registries for states in which the prospective student has lived during the previous seven (7) years. Persons whose names appear on either registry are not eligible for Community Paramedic endorsement. Such result shall be valid for one (1) year from the date it is received by the Division;

(2) Persons completing a Community Paramedic Training Program prior to the effective date of these rules may apply for endorsement, pending the rules becoming effective. Applicants must show documentation of completing a Community Paramedic Training Program that meets the Board-approved Community Paramedic curriculum, and must complete the qualifying examination referred to above;

(3) Only graduates of Tennessee Board-approved programs or those who have completed an equivalent curriculum in other states, as determined by the Board or the Division, are eligible for State community paramedic endorsement.

Authority: T.C.A. §§ 68-140-302, 68-140-304, and 68-140-309.

1200-12-07-.05 Endorsement Renewal, Retirement, Reactivation, and Reinstatement.

(1) Renewal of a community paramedic endorsement must be obtained every two years and is contingent on meeting the following requirements:

(a) Complying with all rules governing paramedics under Chapter 1200-12-01, including, but not limited to, Rule 1200-12-01-.04(1)(e), which establishes the scope of practice for paramedics and requires that all patient care provided by paramedics be under medical direction;

(b) Having a current, unencumbered paramedic license;

(c) Paying the applicable fees as outlined in 1200-12-07-.05(4); and

(d) Obtaining ten (10) continuing education contact hours in mobile integrated healthcare topics within the two-year period preceding renewal of the endorsement. Such hours are required in addition to the continuing education hours required for any other endorsement/license.

(2) Retirement of an Endorsement

(a) A licensee may retire a community paramedicine endorsement by meeting the requirements found in Rule 1200-12-01-.04(7)(a); and

(b) A licensee requesting reactivation of a retired endorsement shall meet the requirements of Rule 1200-12-01-.04(4)(d) and (8), and pay the Reactivation/Reinstatement Fee as outlined in Rule 1200-12-07-.05(4)(d).

(3) Reinstatement of an Expired/Lapsed Endorsement

(a) A licensee requesting reinstatement of an expired/lapsed endorsement shall pay the Reactivation/Reinstatement Fee in addition to the renewal fee;

(b) To reinstate an endorsement that has lapsed over sixty (60) days but less than two (2) years, a licensee must meet the requirements found in Rule 1200-12-01-.04(4)(d); and

(c) To reinstate an endorsement that has lapsed over two (2) years, a licensee must meet the requirements found in Rule 1200-12-01-.04(4)(d) and must reenroll in and complete a Board-approved community paramedicine training program.

(4) Community Paramedic - Fees for initial endorsement, renewal, reactivation, and reinstatement shall be remitted as follows:

(a)	Application Fee and Initial Endorsement Fee	$75.00	$75.00
(b)	Renewal Fee		$90.00
(c)	Late Fee (if renewal submitted within sixty (60) days of the date of renewal and renewal requirements were met prior to the renewal date)		$25.00
(d)	Reactivation/Reinstatement Fee		$100.00

Authority: T.C.A. §§ 68-140-302, 68-140-304, and 68-140-309.

1200-12-07-.06 Community Paramedic Training Programs – Requirements for Approval

(1) In order to be a Board-approved Community Paramedic Training Program, the program shall:

(a) Have a written statement of the educational philosophy and purpose of the program;

(b) Maintain a written agreement with hospitals and/or agencies that are capable of supporting Community Paramedic clinical training;

(c) Have a physician with an unencumbered Tennessee license to practice medicine who serves as medical director;

(d) Ensure that the program's funding, equipment, facilities and leadership are adequate for a sound educational program;

(e) Ensure that students who complete the program are competent, and support students taking endorsement examinations;

(f) Be effectively organized and well-administered;

(g) Utilize faculty that are experienced in the subject matter of the courses they teach, including but not limited to community health, home health, mental health, hospice, and other specialty areas;

(h) Evaluate teacher effectiveness according to criteria established by the program;

(i) Maintain an appropriate instructor/student ratio;

(j) Maintain the following records:

1. A copy of the program's complete curriculum;

2. Statements of course objectives for each course;

3. Copies of course outlines, class schedules, schedules of supervised clinical experience, and teaching plans;

4. Evidence of student competency in achieving the educational objectives of the program;

(k) Maintain the following student admission requirements:

1. Have five years' experience as a paramedic with an advanced life support EMS service;

2. Hold an unencumbered paramedic license;

3. Cause a letter of recommendation to be submitted directly from the applicant's employer to the program. If the applicant is unemployed, the applicant must cause two letters of recommendation to be submitted directly from former employers and/or supervisors to the program. Such letter(s) shall specify the applicant's title, duties and dates of employment, and shall attest to applicant's character;

4. Undergo a criminal background check, to be requested by the program, to include the sex offender and abuse registries for states in which the prospective student has lived during the previous seven (7) years. Persons whose name appears on either registry are not eligible for admission to a Board-approved Community Paramedic program;

(l) Comply with the Board-approved standards posted on the educational program section of the Board's website, as well as any applicable Board rules.

Authority: T.C.A. §§ 68-140-302, 68-140-304, and 68-140-309.

1200-12-07-.07 Community Paramedic Training Programs – Types of Approval; Renewal

(1) The Board may approve or deny approval of Community Paramedic training programs as follows:

(a) Initial approval may be granted for a period of one (1) year to a new program that has not been in operation long enough to complete its first class, but has otherwise demonstrated its eligibility for full approval: The program shall be reviewed after one year or when its first students complete the program, whichever comes first. A program's failure to meet the requirements for full approval after such time is grounds for denying full approval;

(b) Full approval may be granted for a period of five (5) years to a program that has met the applicable requirements;

(c) Conditional approval may be granted to a program that has failed to meet the applicable requirements and has been notified that it must meet the requirements within a specified time period.

(2) Renewal of approval shall be made by the Board on the recommendation of the Division, based on surveys, site visits, conferences, a review of documentation, the program's instructor/student ratio and instructor qualifications, and by compliance with this Chapter.

Authority: T.C.A. §§ 68-140-302, 68-140-304, and 68-140-309.

1200-12-07-.08 Mobile Integrated Healthcare Programs – Approval

(1) Approval

(a) An ambulance service or licensed healthcare organization wishing to establish a mobile integrated healthcare program must submit the following to the Division for approval:

1. A completed application

2. A letter from the medical director who has agreed to provide medical advice, direction, oversight, quality assurance, and authorization to the community paramedic personnel within an approved program.

(b) MIHC program approval is not transferable or assignable.

(c) In the event that deficiencies are noted after submission of a completed application, the applicant shall submit a plan of corrective action to the Division. Once the deficiencies have been corrected, the Division shall reconsider the application for approval.

(d) Changes of address, insurance agent or policies, program director, other program officials, MIHC medical director, or bankruptcy filings must be reported to the Division no later than five (5) business days after the change or the 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 new owner must submit a new application to the Division for approval.

Authority: T.C.A. §§ 68-140-302, 68-140-304, and 68-140-309.

* If a roll-call vote was necessary, the vote by the Agency on these rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)
Christopher Brooks, M.D.	X				
Jeff Beaman	X				
Kappu Deshpande, MSN, EMT-P	X				
Thomas A. Dunavant, AEMT	X				
Twila Rose, Paramedic	X				
Greg Patterson, AEMT	X				
Brian Robinson, AEMT	X				
James E. Ross, RN, AEMT				X	
Dennis Rowe, EMT-P	X				
Sullivan K. Smith, M.D.	X				
Timothy Strange, EMT-P	X				
Tyler White, RN	X				
Jeannie Yeatman, RN, EMT	X				

I certify that this is an accurate and complete copy of proposed rules, lawfully promulgated and adopted by the Emergency Medical Services Board (*board/commission/other authority*) on 12/12/2018 (*date as mm/dd/yyyy*), and is in compliance with the provisions of T.C.A. § 4-5-222. The Secretary of State is hereby instructed that, in the absence of a petition for proposed rules being filed under the conditions set out herein and in the locations described, he is to treat the proposed rules as being placed on file in his office as rules at the expiration of ninety (90) days of the filing of the proposed rule with the Secretary of State.

Date: 6-20-19

Signature: Kyonzté Hughes-Toombs

Name of Officer: Kyonzté Hughes-Toombs

Title of Officer: Deputy General Counsel
Department of Health

LISA WILLIAMS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF ROBERTSON

Subscribed and sworn to before me on: June 20, 2019

Notary Public Signature: Lisa Williams

My commission expires on: December 22, 2021

Agency/Board/Commission: Emergency Medical Services Board

Rule Chapter Number(s): 1200-12-07

All proposed rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Herbert H. Slatery III
Attorney General and Reporter

11/4/2019
Date

Department of State Use Only

Filed with the Department of State on: 12/16/19

Effective on: 3/15/20

Tre Hargett
Secretary of State

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Regulatory Flexibility Addendum

Pursuant to T.C.A. §§ 4-5-401 through 4-5-404, prior to initiating the rule making process, all agencies shall conduct a review of whether a proposed rule or rule affects small business.

(1) The extent to which the rule or rules may overlap, duplicate, or conflict with other federal, state, and local governmental rules.

The proposed rules do not overlap, duplicate, or conflict with other federal, state, and local governmental rules.

(2) Clarity, conciseness, and lack of ambiguity in the rule or rules.

The proposed rules are clear, concise and free of ambiguity.

(3) The establishment of flexible compliance and/or reporting requirements for small businesses.

The requirements set by these rules include the requirements in Public Chapter 370, passed in May 2017, and would only apply to those academic institutions and other entities that choose to offer the community paramedic educational program and/or operate a mobile integrated healthcare program in which community paramedic services are offered.

(4) The establishment of friendly schedules or deadlines for compliance and/or reporting requirements for small businesses.

There are some compliance standards for academic programs and other entities that choose to offer a mobile integrated healthcare/community paramedicine program. These standards are intended to insure that those individuals holding a community paramedic endorsement meet the basic qualifications and that those organizations offering community paramedic services within a mobile integrated healthcare program meet minimum standards.

(5) The consolidation or simplification of compliance or reporting requirements for small businesses.

The proposed rules create new compliance requirements for academic institutions and other entities that choose to offer the community paramedic educational program as well as compliance requirements for those ambulance services and licensed healthcare organizations that choose to offer community paramedic services within a mobile integrated healthcare program.

(6) The establishment of performance standards for small businesses as opposed to design or operational standards required in the proposed rule.

The proposed rules establish minimum standards for academic institutions and other entities that choose to offer a community paramedic educational program as well as for those ambulance services and licensed healthcare organizations that choose to offer community paramedic services within a mobile integrated healthcare program.

(7) The unnecessary creation of entry barriers or other effects that stifle entrepreneurial activity, curb innovation, or increase costs.

The proposed rules do not create any entry barriers or other effects that stifle entrepreneurial activity, curb innovation, or increase costs. These rules create compliance standards for academic programs and other entities that choose to offer a mobile integrated healthcare/community paramedicine program. These standards are intended to insure that those individuals holding a community paramedic endorsement meet the basic qualifications and that those organizations offering community paramedic services within a mobile integrated healthcare program meet minimum standards.

Name of Board, Committee or Council: Emergency Medical Services Board

1. **Type or types of small business and an identification and estimate of the number of small businesses subject to the proposed rule that would bear the cost of, and/or directly benefit from the proposed rule:**

   The proposed rules would affect those current academic institutions (there are 14) and 4 fire departments that currently offer EMS education and choose to offer additional courses so that students may obtain the community paramedic endorsement. Additionally, it is anticipated that ambulance services (there are currently about 180) and hospitals may request approval for community paramedic programs and/or may request approval to offer community paramedic services within a mobile integrated healthcare program. The institutions/entities would bear the cost of implementing a mobile integrated healthcare/community paramedic program and complying with the proposed rules.

2. **Projected reporting, recordkeeping and other administrative costs required for compliance with the proposed rule, including the type of professional skills necessary for preparation of the report or record:**

   Any reporting, recordkeeping and other administrative costs will be related to offering the community paramedic courses and/or offering community paramedic services as part of a mobile integrated healthcare program. This amount would vary by academic institution and/or entity. No professional skills are required to comply with the proposed rules.

3. **Statement of the probable effect on impacted small businesses and consumers:**

   Mobile integrated healthcare/community paramedicine will expand the scope of services of a licensed paramedic with the additional community paramedicine endorsement. Ambulances services and licensed healthcare organizations with community paramedics as employees would be able to offer expanded services, which could lead to increased reimbursement for services provided. The availability of community paramedics will expand access to care for consumers, particularly those consumers that live in rural areas with limited access to healthcare services.

4. **Description of any less burdensome, less intrusive or less costly alternative methods of achieving the purpose and/or objectives of the proposed rule that may exist, and to what extent, such alternative means might be less burdensome to small business:**

   There are no less burdensome, less intrusive or less costly alternative methods of achieving the purpose and objectives of the proposed rules.

5. **Comparison of the proposed rule with any federal or state counterparts:**

   Federal: No counterpart

   State: Thirty-three (33) states and the District of Columbia have mobile integrated healthcare/community paramedicine programs, whether by statute or as pilot programs. All are similar.

6. **Analysis of the effect of the possible exemption of small businesses from all or any part of the requirements contained in the proposed rule.**

   Whether an academic institution, ambulance service, or other entity offers a mobile integrated healthcare program and/or a community paramedic program is voluntary. Allowing ambulance services to employ community paramedics who are not properly educated and trained according to the rules would defeat the purpose of the rule, which is to expand access to quality healthcare services. Quality healthcare requires practitioners who are appropriately educated and trained.

Impact on Local Governments

Pursuant to T.C.A. §§ 4-5-220 and 4-5-228 "any rule proposed to be promulgated shall state in a simple declarative sentence, without additional comments on the merits of the policy of the rules or regulation, whether the rule or regulation may have a projected impact on local governments." (See Public Chapter Number 1070 (http://publications.tnsosfiles.com/acts/106/pub/pc1070.pdf) of the 2010 Session of the General Assembly)

The proposed rules should have a positive impact on local governments (i.e. county governments) that operate ambulance services and choose to offer a community paramedic educational program and/or hire licensed community paramedics as part of a mobile integrated healthcare program.

Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to T.C.A. § 4-5-226(i)(1).

(A) A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

This new rule chapter sets out the basic requirements that must be met in order to be enrolled in a community paramedic program, to be approved as a community paramedic program, and to be endorsed as a community paramedic.

Specifically, this new rule chapter addresses: Purpose; Scope of Practice; Definitions; Community Paramedic Applicant Requirements; Endorsement Renewal, Retirement, Reactivation, and Reinstatement; Community Paramedic Training Programs – Requirements for Approval; Community Paramedic Training Programs – Types of Approval; Renewal; and Mobile Integrated Healthcare Programs – Approval.

(B) A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

Tenn. Code Ann. § 68-140-309(d).

(C) Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

The Emergency Medical Services community is awaiting promulgation of these rules.

(D) Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule or the necessity to promulgate the rule;

None.

(E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars ($500,000), whichever is less;

N/A

(F) Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Kyonzté Hughes-Toombs, Deputy General Counsel, Department of Health.

(G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Kyonzté Hughes-Toombs, Deputy General Counsel, Department of Health.

(H) Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

Office of General Counsel, Department of Health, 665 Mainstream Drive, Nashville, Tennessee 37243, (615) 741-1611, kyonzte.hughes-toombs@tn.gov.

(I) Any additional information relevant to the rule proposed for continuation that the committee requests.

None.