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# Notice of Rulemaking Hearing

*Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204. For questions and copies of the notice, contact the person listed below.*

<b>Agency/Board/Commission:</b>	Department of Health
<b>Division:</b>	Emergency Medical Services
<b>Contact Person:</b>	Keith D. Hodges
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*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:*

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

**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, TN		
Zip:	37243		
Hearing Date :	12/05/2012		
Hearing Time:	10:00 am	<input checked="" type="checkbox"/> XCST/CDT	<input type="checkbox"/> EST/EDT

**Additional Hearing Information:**

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**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
1200-12-01-.15	Ambulance Service Records

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 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 an advanced emergency medical technician, or other EMS personnel authorized through higher level of licensure, treating life-threatening or aggravating medical emergencies under medical control and pursuant to the rules of the Division.
- (b) "Basic Life Support" means EMS personnel authorized through appropriate level of licensure, treating life-threatening medical emergencies under medical control, pursuant to the rules of the Division.
- (c) "Base of Operations" means the principal location, street address, city, and zip code of the physical structure (building) owned, rented, or leased by the service and from which ambulances and/or personnel operate to provide ambulance service within the city or county, where the service is licensed and upon approval of the primary service provider within a service area.
  - 1. "Operations" means the response of a permitted EMS unit to a request for service within the city or county.
  - 2. No ambulance provider shall position, post, stage or otherwise offer or make an ambulance available within the service area of a primary provider without prior authorization of the primary service provider within that service area.
  - 3. Nothing shall preclude an ambulance provider with federal contracts from providing service within scope of those contracts.
- (d) "Emergency Medical Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that they could be expected to result in placing the patient's health in serious jeopardy; serious impairment to bodily function; or, serious dysfunction of any body organ or part without immediate medical attention.
- (e) "Emergency Run" means a response, occurring or accomplished without delay, to the perceived need for immediate medical care 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" 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 and authorization to emergency medical services personnel at a licensed ambulance service, and/or emergency medical services educational institution, including, but not limited to, quality assurance..
- (h) "Medical Control" means the instruction and advice provided by a physician and the orders by a physician or nurse authorized under written agreement which define the treatment of a patient, where direct communication, written protocols, or standing orders are provided, and such procedures are in accordance with locally or regionally approved medical practices.
- (i) "Minimum Standards" means the minimal essential requirements for ambulance and emergency medical services established by law, regulation, and prevailing standards of care.
- (j) "Occasional use" shall mean the isolated, unplanned use of a vehicle for patient transfer which is not maintained as an ambulance when such use is likely to expedite care for the patient.
- (k) "Patient Attendant" means the crew member caring for the patient being transported. The patient attendant shall be the provider holding the highest level of licensure consistent with the standard of care for the patient's condition.
- (l) "Primary Service" means the EMS service within a specific area that has contracted with or been recognized by the local government to provide initial response to scene emergencies.
- (m) "Qualifying Officials" mean persons supervising the ambulance service as officers, directors, administrators, or other ambulance service officials.
- (n) "Rescue operation" means the use of specialized equipment and procedures to free persons from confinement, entrapment, impingement from locations inaccessible to conventional means of vehicle travel. Rescue operation includes the search for such persons, their removal and/or transportation to safety as necessary.
- (o) "Rescue vehicle" means a vehicle operated by an association, squad, service, department, or any other persons equipped to provide extrication, fire suppression, or specialized services that is not maintained with fixed litters for the transport of patients, in accordance with T.C.A. 68-39-516 (3).
- (p) "Service Area" means the political and geographical area with a population that can be expected to use the services offered by a specific provider.

- (q) "Specialty Care Transport" ("SCT") means inter-facility transportation of a critically injured or ill patient by a ground ambulance vehicle, including the provision of medically necessary supplies and services, requiring a level of service beyond the scope of the paramedic.
  - (r) "Substation" means the physical structure from which ambulances and personnel operate on a day-to-day basis to provide ambulance service which is supplementary to the services provided from the base of operations for the specified city or county.
  - (s) "Volunteer ambulance service" means a not-for-profit service using volunteer personnel restricting emergency operation to scheduled events or serving as a relief organization under the constraint of the main purveyor or governmental Emergency Medical Services provider within a service area.
- (2) Classification of Services.
- (a) Each ambulance service license the Division issues must indicate the minimum clinical level of service which 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 upon the result of application and the adherence to rules and regulations demonstrated through the inspection process, the EMS Division shall designate agencies which function at or above the Basic Life Support service (BLS) as a BLS service.
      - (ii) Based upon the result of application and the adherence to rules and regulations demonstrated through the inspection process, the EMS Division shall designate agencies which function at or above the Advanced Life Support service (ALS) 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 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 the 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.

- (3) Personnel. Each ambulance or emergency medical service shall assign qualified persons to perform functions to insure compliance with its licensure as follows:
- (a) Emergency Medical Service Medical Director (Medical Director). Each ambulance service shall retain a medical director who serves as medical authority for the ambulance service and to function as a liaison with the medical community, medical facilities, and governmental entities. His 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 provided 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 utilize a crew comprised of an Advanced EMT and a Paramedic on ninety-five percent (95%) of emergency response runs and/or transports.
  - (c) Basic Life Support Service Personnel. Each service licensed to provide basic life support shall provide a crew comprised of two Advanced EMTs on ninety-five percent (95%) of all transports.
  - (d) Personnel of Advanced and Basic Life Support Services who hold a current license as an EMT when the rule becomes effective shall be grandfathered. All individuals hired after the effective date of this rule shall comply with the requirement in Subparagraphs (b) and (c) above.
- (4) 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 the board policy.
- (5) 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.
- (6) Training hours an EMS service provides may be used for continuing education contact hours for renewal of personnel license provided they meet the following requirements:
- (a) The service must have an individual whose job description includes responsibilities of coordinating in-service education and maintaining educational records for EMS service personnel.

- (b) The service must maintain all educational records for five (5) years.
  - (c) Educational records must contain:
    - 1. Curriculum Vitae for instructor; each lesson plan;
    - 2. Lesson plan to include, but not limited to:
      - (i) Course objectives, and
      - (ii) Course outline;
    - 3. Course evaluations by students;
    - 4. Documented evaluation of individual student cognitive and skills competencies; and
    - 5. Student sign-in roster.
  - (d) Training records will be randomly audited annually for compliance.
- (7) 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.
- (8) Licensing Procedures
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- (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 or invalid vehicle service or vehicle operated with a patient cot for transfer of persons without having a license.
    - 1. A license shall be issued only to the applicant named and only for the base of operation 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 or has had a license disciplined or has attempted to avoid inspection and review process in this or any other state.
6. An applicant shall allow the service, premises, 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 and shall remedy the deficiencies and pay applicable repeat inspection fees. In addition, each licensee shall submit a renewal form approved by the Division and applicable renewal fee prior to the expiration date of the license.
2. Upon reapplication, the licensee shall submit to an inspection of the base of operations, stations, and vehicles to inspections by representatives of the department for determination of compliance with these rules.
3. EMS services must show documentation 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.

1. For the purposes of licensing, the licensee of a service has the ultimate responsibility for the operation of the service, including the final authority to make or control operational decisions and legal responsibility for the business

management. A change of ownership occurs whenever this ultimate legal authority for the responsibility of the operation is transferred.

2. A change of ownership occurs whenever there is a change in the legal structure by which the service is owned and operated.
3. Transactions constituting a change of ownership include, but are not limited to, the following:
  - (i) Transfer of the service's legal title;
  - (ii) Lease of the service's operations;
  - (iii) Dissolution of any partnership that owns, or owns a controlling interest in the service;
  - (iv) One partnership is replaced by another through the removal, addition or substitution of a partner;
  - (v) Removal of the general partner or general partners, if the service is owned by a limited partnership;
  - (vi) Merger of a service owner (a corporation) into another corporation where, after the merger, the owner's shares of capital stock are cancelled;
  - (vii) The consolidation of a corporate service owner with one or more corporations; or,
  - (viii) Transfers between levels of government.
4. Transactions which do not constitute a change of ownership include, but are not limited to, the following:
  - (i) Changes in the membership of a corporate board of directors or board of trustees;
  - (ii) Two (2) or more corporations merge and the originally-licensed corporation survives;
  - (iii) Changes in the membership of a non-profit corporation;
  - (iv) Transfers between departments of the same level of government; or,
  - (v) Corporate stock transfers or sales, even if it is a controlling interest.
5. Management agreements are generally not changes of ownership if the owner continues to retain ultimate authority for the operation of the service. However, if the ultimate authority is surrendered and transferred from the owner to a new manager, then a change of ownership has occurred.

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 incidents that result in serious injury to a patient that would not ordinarily 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. Failure to provide treatment in accordance with the Service Treatment Protocols resulting in serious injury; or
3. 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.

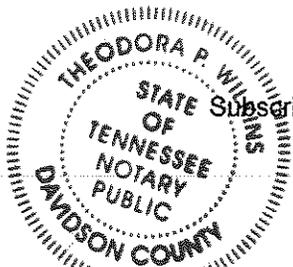
Date: September 21, 2012

Signature: [Handwritten Signature]

Name of Officer: Keith D. Hodges

Assistant General Counsel

Title of Officer: Department of Health



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Subscribed and sworn to before me on: 9/21/12

Notary Public Signature: Theodora P. Wilkins

My commission expires on: 11/3/15

Filed with the Department of State on: 10/3/12

Tre Hargett by [Handwritten Signature]

Tre Hargett  
Secretary of State

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