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Sequence Number: 10-04-12  
Rule ID(s): 5312  
File Date: 10/4/12  
Effective Date: 1/2/13

## Rulemaking Hearing Rule(s) Filing Form

*Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing. T.C.A. § 4-5-205*

Agency/Board/Commission: Department of Health  
Division: Emergency Medical Services  
Contact Person: Keith D. Hodges  
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Revision Type (check all that apply):

- Amendment  
 New  
 Repeal

Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. 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-.05	Air Ambulance Standards

(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://state.tn.us/sos/rules/1360/1360.htm>)

Rule 1200-12-01-.05 Air Ambulance Standards is amended by adding new subparagraph (2)(n) which shall read as follows:

- (n) In order to help ensure patient comfort and medical care as well as the safety of patients, crew members and ground personnel, each air ambulance the Board currently permits shall have an environmental control system with factory-installed or FAA approved add-on air conditioner and heater by March 31, 2014.
  - 1. Any air medical aircraft newly permitted by the Board after the effective date of this rule shall have an air conditioner and heater.
  - 2. In the event of a non-functioning air conditioner and/or heater, the aircraft operator shall be required to follow environmental performance criteria including, but not limited to, temperature ranges as approved by the Board.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 68-140-304 and 68-140-307.

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

Board Member	Aye	No	Abstain	Absent	Signature (if required)
Sullivan K. Smith, MD	X				
Timothy Bell	X				
Susan M. Breeden	X				
Ralph Books, MD	X				
Jeffrey L. Davis	X				
Richard Holliday	X				
Larry Hutsell	X				
Kevin Mitchell	X				
Dennis W. Parker	X				
James E. Ross	X				
Robert W. Thurman, Jr.	X				
Robert A. Webb	X				
Vacant					

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Emergency Medical Services Board on 06/20/2012, and is in compliance with the provisions of T.C.A. § 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 04/27/12

Rulemaking Hearing(s) Conducted on: (add more dates). 06/20/12

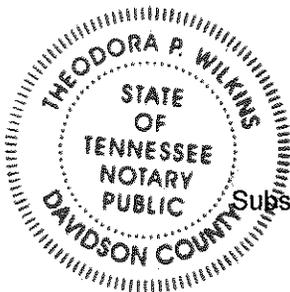
Date: June 21, 2012

Signature: Lucille F. Bond

Name of Officer: Lucille F. Bond

Assistant General Counsel

Title of Officer: Department of Health



Subscribed and sworn to before me on: June 21, 2012

Notary Public Signature: Theodore P. Wilkins

My commission expires on: 11/3/15

All rulemaking hearing 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.

Robert E. Cooper, Jr.

Robert E. Cooper, Jr.

Attorney General and Reporter

10-2-12

Date

Department of State Use Only

Filed with the Department of State on: 10/4/12

Effective on: 1/2/13

*Tre Hargett by T. Hargett, POA*  
Tre Hargett  
Secretary of State

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## Public Hearing Comments

One copy of a document containing responses to comments made at the public hearing must accompany the filing pursuant to T.C.A. § 4-5-222. Agencies shall include only their responses to public hearing comments, which can be summarized. No letters of inquiry from parties questioning the rule will be accepted. When no comments are received at the public hearing, the agency need only draft a memorandum stating such and include it with the Rulemaking Hearing Rule filing. Minutes of the meeting will not be accepted. Transcripts are not acceptable.

### PUBLIC HEARING COMMENTS

#### RULEMAKING HEARING

#### TENNESSEE BOARD OF EMERGENCY MEDICAL SERVICES

The rulemaking hearing for the Tennessee Board of Emergency Medical Services was held on June 20, 2012, in the Department of Health Conference Center's Iris Room on the First Floor of the Heritage Place Building in MetroCenter, Nashville, Tennessee. Lucille F. Bond, Assistant General Counsel, Department of Health, presided over the meeting.

#### Written Comments:

A written comment was received from Mark Meredith, MD, FAAP, Assistant Professor of Pediatric and Emergency Medicine at Monroe Carrell Children's Hospital at Vanderbilt expressing support of the rule.

The Board thanked him for his comment.

#### Verbal Comments:

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Dr. Kevin Brinkmann, chairman of the Counsel on Pediatric Emergency Care, spoke in support of the rule as written.

The Board thanked him for his comment.

### **Regulatory Flexibility Addendum**

Pursuant to T.C.A. §§ 4-5-401 through 4-5-404, prior to initiating the rule making process as described in T.C.A. § 4-5-202(a)(3) and T.C.A. § 4-5-202(a), all agencies shall conduct a review of whether a proposed rule or rule affects small businesses.

(If applicable, insert Regulatory Flexibility Addendum here)

### **Regulatory Flexibility Analysis**

- (1) The proposed rules do not overlap, duplicate, or conflict with other federal, state, or local government rules.
- (2) The proposed rules exhibit clarity, conciseness, and lack of ambiguity.
- (3) The proposed rules are not written with special consideration for the flexible compliance and/or requirements because the licensing boards have, as their primary mission, the protection of the health, safety and welfare of Tennesseans. However, the proposed rules are written with a goal of avoiding unduly onerous regulations. The rules are written to amend the requirements for air ambulances in the state of Tennessee.
- (4) The compliance requirements throughout the proposed rules are as "user-friendly" as possible while still allowing the division to achieve its mandated mission in licensing and regulating emergency medical services. There is sufficient notice between the rulemaking hearing and the final promulgation of these rules to allow services and providers to come into compliance with the proposed rules.
- (5) Compliance requirements in the proposed rules are not consolidated or simplified for small businesses for the protection of the health, safety and welfare of Tennesseans.
- (6) The standards required in the proposed rules are very basic and do not necessitate the establishment of performance standards for small businesses.

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- (7) There are no unnecessary entry barriers or other effects in the proposed rules that would stifle entrepreneurial activity or curb innovation.

## STATEMENT OF ECONOMIC IMPACT TO SMALL BUSINESSES

**Name of Board, Committee or Council:** Tennessee Department of Health, Emergency Medical Services Board.

**Rulemaking hearing date:** June 20, 2012

**Types of small businesses that will be directly affected by the proposed rules:**

These rule changes only affect air ambulance services, not small businesses.

**Types of small businesses that will bear the cost of the proposed rules:**

The rule changes impact air ambulance services only. Economic impact was a considered when drafting the proposed rules with an effort to make sure that they have minimal additional costs for small businesses.

**Types of small businesses that will directly benefit from the proposed rules:**

None.

**Description of how small business will be adversely impacted by the proposed rules:**

The rule changes are not expected to adversely impact small businesses.

**Alternatives to the proposed rule that will accomplish the same objectives but are less burdensome, and why they are not being proposed:**

The Department of Health, Emergency Medical Services Board does not believe there are less burdensome alternatives to the proposed rule amendments.

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

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**Federal:** None.

**State:** The proposed rule amendment will have no state counterpart because the Department of Health, Emergency Medical Services Board is the only agency in Tennessee charged with regulating air ambulance services. The rule amendment is similar to those regulating heating and/or air conditioning in air ambulances in the eight contiguous states surrounding Tennessee.

## **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://state.tn.us/sos/acts/106/pub/pc1070.pdf>) of the 2010 Session of the General Assembly)

This amendment to the rule is not expected to have an impact on local governments.

## 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;

1200-12-01-.05 Air Ambulance Standards is amended by adding a new subparagraph(2)(n). The new rule requires each air ambulance that the board currently permits to have an environmental control system with factory-installed or FAA approved add-on air conditioner by March 31, 2014, in order to ensure patient comfort and medical care as well as safety of patients, crew members and ground personnel. The rule requires any air medical aircraft newly permitted after the effective date of the rule to have an air conditioner and heater. It further provides that the air craft operator will be required to follow environmental performance criteria approved by the board in the event of a non-functioning air conditioner. The old rule does not include the above.

- (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;

1. The Airline Deregulation Act ("ADA"), which is part of the Federal Aviation Act, particularly section 49 USC § 41713(b)(1), provides that a State, political subdivision of a state, or political authority of at least two states is not allowed to enact a law or regulation having the force and effect of law related to price, route, or services of an air carrier that may provide air transportation under this subpart.
2. Air ambulances are included in those air carriers under the jurisdiction of the FAA.
3. Authority for this amendment further comes from state statutes regarding the practice of Emergency Medical Services, most specifically, Tenn. Code Ann. §§ 68-140-304 and 68-140-307.

- (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;

Vanderbilt Life Flight, Air Evac, Tennessee Emergency Medical Services for Children, Wings, Memphis Medical Center Air Ambulance Service and all other air ambulance services

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

Judicial decisions hold that states' attempts to regulate air ambulance aviation safety by imposing requirements such as installation of specific navigational equipment and additional safety training, are preempted by federal law. See, e.g., *Air Evac EMS, Inc. v. Robinson*, 486 F.Supp.2d 713 (M.D. Tenn. 2007); *Med-Trans Corp. v. Benton, et al.*, 581 F.Supp.2d 721 (E.D.N.C. 2008). However, air ambulance laws and regulations that relate specifically to ensuring proper patient care are not preempted. *Med-Trans Corp., supra*, 581 F.Supp.2d at 740-41. Furthermore, on November 12, 2010, the General Counsel for the U.S. Department of Transportation opined in writing that federal law would not preempt the Tennessee EMS Board's proposed rule – intended to improve patient care – that would require all air ambulances operating in Tennessee to provide a cabin climate control system that conforms to the FAA's safety standards.

- (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;

There is estimated to be no increase or decrease in revenues or expenditures because of this rule amendment.

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

Donna G. Tidwell, Director, Office of the Division of Emergency Medical Services, and Keith D. Hodges, Assistant General Counsel, Tennessee Department of Health, possess substantial knowledge and understanding of the new rule.

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

Donna G. Tidwell, Director, Office of the Division of Emergency Medical Services, and Keith D. Hodges, Assistant General Counsel, Office of General Counsel, Tennessee 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

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

None

(Rule 1200-12-01-.04, continued)

**Authority:** T.C.A. §§4-5-202, 4-5-204, 68-140-504, 68-140-506, 68-140-508, 68-140-509, 68-140-511, 68-140-517, 68-140-518, 68-140-520, 68-140-525, and 42 USC §247d-6d. **Administrative History:** Original rule filed March 20, 1974; effective April 19, 1974. Amendment filed February 4, 1976; effective March 5, 1976. Repeal and new rule filed February 8, 1983; effective May 16, 1983. Amendment filed November 30, 1984, effective February 12, 1985. Amendment filed August 22, 1985; effective September 21, 1985. Amendment filed February 21, 1986; effective May 13, 1986. Amendment filed September 18, 1986; effective December 29, 1986. Amendment filed April 8, 1987; effective May 23, 1987. Amendment filed June 30, 1987; effective August 14, 1987. Amendment filed October 22, 1987; effective December 6, 1987. Amendment filed January 17, 1989; effective March 3, 1989. Amendment filed September 24, 1990; effective November 8, 1990. Amendment filed October 21, 1993; effective January 4, 1994. Amendment filed April 13, 1994; effective June 27, 1994. Amendment filed August 5, 1996; effective October 19, 1995. Amendment filed August 29, 2003; effective November 12, 2003. Amendment filed December 16, 2005; effective March 1, 2006. Amendments filed April 13, 2006; effective June 27, 2006. Amendment filed September 21, 2007; effective December 5, 2007. Emergency rule filed October 27, 2009; effective through April 25, 2010. Emergency rule filed October 27, 2009, expired; On April 26, 2010, the rule reverted to its previous status.

**1200-12-01-.05 AIR AMBULANCE STANDARDS.** All air ambulance service providers and crew members operating in Tennessee must comply with Chapter 140 of Title 68 of the Tennessee Code Annotated and this Rule. Failure to comply shall subject the service provider and/or its personnel to disciplinary action pursuant to T.C.A. 68-140-511.

- (1) Definitions - As used in this Rule, the following terms shall have the following meanings:
  - (a) "Air Medical Communications Specialist" means any person employed by an air ambulance service coordinating acknowledgement of medical requests, medical destination, and medical communications during an air medical response and patient transfer.
  - (b) "Medical Crew Member" means any person employed by an air ambulance service for the purpose of providing care to patients transported by and receiving medical care from an air ambulance service.
  - (c) "Special Medical Equipment" means any device which shall be approved by the air ambulance service medical director for the medical care of an individual patient on an air ambulance.
  - (d) "Specialty Crew Member" means any person the air ambulance service medical director assigns for a regular medical crew member for a specialty mission.
  - (e) "Specialty Mission" means an air ambulance service assignment necessitating the medical director to substitute special medical care providers and/or equipment to meet the specified needs of an individual patient.
  - (f) "Utilization Review" means the critical evaluation of health care processes and services delivered to patients to ensure appropriate medical outcome, safety and cost effectiveness.
- (2) Medical Equipment and Supplies. The medical director for the emergency medical service shall ensure that the following medical equipment and supplies are provided on each fixed-wing or helicopter flight mission:
  - (a) Litter or stretcher with at least three sets of restraining straps;

(Rule 1200-12-01-.05, continued)

- (b) An installed and a portable suction apparatus, each of which has the capacity to deliver adequate suction, including sterile suction catheters and a rigid suction tip for both adult and pediatric patients;
- (c) Bag/valve/mask resuscitator(s) with clear masks and an oxygen reservoir with connections capable of achieving 95% fraction inspired oxygen to provide resuscitation for both adult and pediatric patients;
- (d) Airway devices for adult and pediatric patients including the following:
  - 1. Oropharyngeal airways;
  - 2. Endotracheal tubes;
  - 3. Laryngoscope with assorted blades and accessory items for intubation; and,
  - 4. Alternative advanced airway devices as approved by the service medical director;
- (e) Resuscitation board suitable for cardiac compression, unless a rigid stretcher or spine board is employed for patient transfer;
- (f) Medical oxygen equipment on board capable of adjustable flow from 2 to 15 liters per minute including the following:
  - 1. Masks and supply tubing capable of administering variable oxygen concentrations from 24% to 95% fraction inspired oxygen for both adult and pediatric patients;
  - 2. Medical oxygen to allow for treatment during 150% of estimated transport time; and,
- (g) Sanitary supplies including the following:
  - 1. Bedpan (fixed-wing flight mission only);
  - 2. Urinal (fixed-wing flight mission only);
  - 3. Towelettes (fixed-wing flight mission only);
  - 4. Tissues (fixed-wing flight mission only);
  - 5. Emesis bags;
  - 6. Plastic trash disposable bags; and,
  - 7. Non-latex gloves;
- (h) Sheets and blankets for each patient transported;
- (i) Patient assessment devices for adult and pediatric patients, including:
  - 1. Flashlight and/or penlight;
  - 2. Stethoscope and Doppler stethoscope;
  - 3. Sphygmomanometer and blood pressure cuffs;

(Rule 1200-12-01-.05, continued)

4. Electro-cardiographic monitor/recorder and defibrillator, with transcutaneous pacemaker, having a back-up power source;
  5. Pulse oximetry;
  6. Capnography, both continuous and portable;
  7. Transport ventilator; and
  8. Clinical thermometer or temperature strips;
- (j) Trauma supplies, including:
1. Sterile dressings;
  2. Roller bandages;
  3. Device for chest decompression;
  4. Surgical airway device as approved by medical direction; and
  5. Semi-rigid immobilization devices;
- (k) Intravenous fluids and administration devices;
- (l) Appropriate medications including the advanced life support medications described in Rule 1200-12-01-.03; and
- 
- (m) Neonatal transport equipment that shall conform to the standards adopted in the Tennessee Perinatal Care System Guidelines for Transportation, Tennessee Department of Health, Women's Health and Genetics Section, Fifth Edition, 2006 or successor publication.
1. Isolette shall be capable of being opened from its secured position within the aircraft.
- (n) In order to help ensure patient comfort and medical care as well as the safety of patients, crew members and ground personnel, each air ambulance the Board currently permits shall have an environmental control system with factory-installed or FAA approved add-on air conditioner and heater by March 31, 2014.
1. Any air medical aircraft newly permitted by the Board after the effective date of this rule shall have an air conditioner and heater.
  2. In the event of a non-functioning air conditioner and/or heater, the aircraft operator shall be required to follow environmental performance criteria including, but not limited to, temperature ranges as approved by the Board.
- (3) In addition to the medical equipment and supplies required on either a fixed wing or helicopter flight mission as described in paragraph (2) above, the medical director for the emergency medical service shall ensure that the following medical equipment and supplies are provided on each helicopter flight mission:
- (a) Medical oxygen equipment capable of adjustable flow from 2 to 15 liters per minute which shall include:

(Rule 1200-12-01-.05, continued)

1. Portable medical oxygen system with a usable supply of at least 300 liters of oxygen; and
  2. A backup source of oxygen that shall be delivered via a non-gravity dependent delivery source which may be the required portable tank if it is carried in the patient care area during flight;
- (b) Trauma supplies, including:
1. Lower extremity traction device; and
  2. Semi-rigid cervical collars.
- (4) Each air ambulance service shall offer its instruction materials to other EMS providers within its response area to familiarize them with its requirements for control of helicopter access and ground to air communications on the scene.
- (5) Air Ambulance Personnel Qualifications and Duties
- (a) Medical Director Qualifications and Duties
1. Each helicopter air ambulance service shall employ a Medical Director who is responsible for providing medical direction for the helicopter air ambulance service.
  2. The Medical Director for a helicopter air ambulance service must be a physician having the following qualifications:
    - (i) Currently licensed in the State of Tennessee;
    - (ii) Board certified or eligible for Board certification by a professional association or society in General or Trauma Surgery, Family Practice, Internal Medicine, Pediatrics, Emergency Medicine, or Aerospace Medicine;
    - (iii) Certification in Advanced Cardiac Life Support (unless Board certified or eligible for Board certification in Emergency Medicine);
    - (iv) Certification in Advanced Trauma Life Support; and
    - (v) Certification in Pediatric Advanced Life Support or equivalent (unless Board certified or eligible for Board certification in Emergency Medicine), including the following:
      - (I) Certification in a Neonatal Resuscitation Program; and
      - (II) Possess adequate knowledge regarding altitude physiology/stressors of flight.
  3. Duties of the Medical Director for a helicopter air ambulance service shall include the following:
    - (i) Active involvement in the Quality Improvement process;
    - (ii) Active involvement in the hiring, training and continuing education of all medical personnel for the service; and

(Rule 1200-12-01-.05, continued)

- (iii) Responsibility for on-line medical control or involved in orienting and collaborating with physicians providing on-line medical direction according to the policies, procedures and patient care protocols of the medical transport service.
  - 4. The service Medical Director shall establish mission specific and clinical procedures. He shall require each medical crew member to complete and maintain documentation of initial and annual training in such procedures, which shall at least include didactic and hands-on components for the following clinical procedures:
    - (i) Pharmacological Assisted Intubation – Adult and Pediatric;
    - (ii) Emergency cricothyrotomy;
    - (iii) Alternative airway management – Adult and Pediatric;
    - (iv) Chest decompression; and
    - (v) Intraosseous Access – Adult and Pediatric.
- (b) The medical crew shall include:
  - 1. Each patient transported by a fixed-wing ambulance shall be accompanied by either a physician, a registered nurse, or an EMT-P licensed in the State of Tennessee.
  - 2. Each transport of patients by a helicopter air ambulance shall require staffing by a regular medical crew which as a minimum standard shall consist of one Registered Nurse licensed in the State of Tennessee and another licensed medical provider (i.e., EMT-P, Respiratory Therapist, Nurse, or Physician licensed in the State of Tennessee). The composition of the medical team may be altered for specialty missions upon order of the medical director of the air ambulance service.
  - 3. On a fixed-wing flight mission only, the air ambulance service medical director may allow transport of patients in the presence of only one medical professional; the minimum level of licensure in such a situation would be that of EMT-P.
- (c) Medical crew training and qualifications
  - 1. The service medical director shall make a determination that each regular medical crew member serving on an air ambulance is physically fit for duty by ensuring the service has documentation that each regular crew member has had a pre-employment and annual medical examination.
  - 2. A Registered Nurse serving as a medical crew member on an air ambulance shall meet the following qualifications:
    - (i) Have three years of registered nursing experience in critical care nursing, or two years fulltime flight paramedic experience and one year critical care nursing experience;
    - (ii) Possess a current Tennessee nursing license, unless exempted by T.C.A. § 63-7-102(8);

(Rule 1200-12-01-.05, continued)

- (iii) Obtain certification as an Emergency Medical Technician within twelve (12) months of employment; and
  - (iv) Obtain advance nursing certification within twelve (12) months of employment through one of the following programs:
    - (I) Certified Emergency Nurse; or
    - (II) Critical Care Registered Nurse; or
    - (III) Certified Flight Registered Nurse.
- 3. An EMT-Paramedic serving as a medical crew member on an air ambulance shall meet the following qualifications:
  - (i) Possess a current Tennessee EMT-P license and have three years experience as an EMT-P in an advanced life support service;
  - (ii) Obtain advanced paramedic certification within twenty-four (24) months of employment through one of the following programs:
    - (I) Critical Care Paramedic; or
    - (II) Certified Flight Paramedic.
- 4. Each medical crew member on an air ambulance shall have and maintain certification in Advanced Cardiac Life Support, Pediatric Advanced Life Support or equivalent (Emergency Nursing Pediatric Course, PEPP), and in neonatal resuscitation.
- 5. Each medical crew member on an air ambulance shall attend and maintain training in one of the following:
  - (i) Trauma Nurse Advanced Trauma Course;
  - (ii) International Trauma Life Support;
  - (iii) Prehospital Trauma Life Support; or,
  - (iv) Trauma Nurse Core Course.
- (d) Each fixed wing air ambulance service shall have an air medical consultant who shall be a physician licensed within the jurisdiction of the base of operations and shall advise on the restrictions and medical requirements for patient transport.
- (e) Each helicopter air ambulance service shall have a Medical Control Physician who shall be available to provide on line medical control continuously via radio or telephone who shall be board certified or eligible for board certification by a professional association or society in General or Trauma Surgery, Internal medicine, Pediatrics, Emergency Medicine, Family Practice, or Aerospace Medicine.
- (f) Air Medical Communications specialist qualifications and duties:
  - 1. Each air medical communications specialist shall meet the following qualifications:

(Rule 1200-12-01-.05, continued)

- (i) At a minimum, be licensed as an Emergency Medical Technician; or
    - (ii) Be a higher level licensed health care professional with at least two years of emergency medical or emergency communications experience; and
  2. Have initial and recurrent training for medical coordination and telecommunications.
  3. Air medical communications specialists shall be certified through the National Association of Air Medical Communication Specialists (NAACS) or obtain such certification within twelve (12) months of employment.
    - (i) Air medical communication specialists shall coordinate helicopter air ambulance service flights.
  4. Air medical communications specialists shall not be required to work more than sixteen (16) hours in any one twenty-four (24) hour period.
- (g) Duty time for medical crew members on an air ambulance shall not exceed twenty-four (24) consecutive hours or more than forty-eight (48) hours within a seventy-two (72) hour period. The air ambulance service shall provide the medical flight crew adequate rest and meal time. Personnel must have at least eight (8) hours of rest with no work-related interruptions prior to any scheduled shift of twelve (12) hours or more in the air transport environment.
- (6) Flight Coordination

- (a) Each air ambulance service operations office director shall maintain an Operations Manual detailing policies and procedures and shall ensure that it is available for reference in the operations office. Personnel shall be familiar and comply with policies contained within the manual which shall include:
  1. Criteria for medical conditions including indications or contraindications for transfer;
  2. Procedures for call verification and advisories to the requesting party;
  3. Radio and telephone communications procedures;
  4. Policies and procedures for accidents and incidents;
  5. Procedures for informing the requesting party of operations procedure, ambulance arrival, termination of mission and delayed responses, including the following:
    - (i) Estimated Time of Arrival includes time of operations acceptance to time of landing on scene; and
    - (ii) Any deviation from ETA greater than 5 minutes will be reported to the requesting agency;
  6. Procedures shall be established for communications failure or overdue transports;
  7. Emergency protocols for alerting search and rescue; and

(Rule 1200-12-01-.05, continued)

8. Utilization of the Air Medical Communication Safety Questionnaire (as approved by the board).
- (7) Telecommunications
- (a) The operations center for an air ambulance service operating in Tennessee shall include radio and telephone equipment to enable personnel to contact the helicopters and crew. Telecommunications devices shall include the following:
    1. EMS Communications on the established frequencies of 155.205 MHz, 155.340 MHz, and/or upon such specific channels or frequencies as may be designated within each region as approved and published as a supplement to the State EMS Telecommunications Plan;
    2. Direct telephone circuits accessible by air communication; and
    3. Recording equipment for both telephone and radio messages and instant message recall.
- (8) Helicopter Air Ambulance Response and Destination Guidelines and Procedures.
- (a) Medical necessity shall govern air ambulance service response, including medical responsibility and destination coordination, to emergency medical situations.
  - (b) Medical Necessity.
    1. The medical director for the helicopter air ambulance service shall determine whether there is a medical necessity to transport a patient by air ambulance. Medical necessity will be met if the following conditions occur:
      - (i) At the time of transport the patient has an actual or anticipated medical or surgical need requiring transport or transfer that would place the patient at significant risk for loss of life or impaired health without helicopter transport; or
      - (ii) Patient meets the criteria of the trauma destination guidelines; or
      - (iii) Available alternative methods may impose additional risk to the life or health of the patient; or,
      - (iv) Speed and critical care capabilities of the helicopter are essential; or,
      - (v) The patient is inaccessible to ground ambulances; or,
        - (I) Patient transfer is delayed by entrapment, traffic congestion, or other barriers; or,
        - (II) Necessary advanced life support is unavailable or subject to response time in excess of twenty (20) minutes.
      - (vi) Specialty Missions with specialized medical care personnel, special medical products and equipment, emergency supplies, and special assistance for major casualty incidents or disasters, or mutual aid to other aero medical services are medically necessary when their availability might lessen aggravation or deterioration of the patient's condition.

(Rule 1200-12-01-.05, continued)

- (c) The incident commander or his designee will coordinate the transfer of medical responsibility to the medical flight crew by emergency services responsible for the patient at the scene of the incident.
  - 1. If a helicopter air ambulance lands on a scene and it is determined through patient assessment and coordination between ground and air medical personnel that it is not medically necessary to transport the patient by helicopter, the appropriate ground EMS agency will transport the patient.
  - 2. Interfacility transfers shall not be initiated unless an appropriate physician at the receiving facility has accepted the patient for transfer.
- (d) Patient destination shall be established pursuant to Rule 1200-12-01-.21.

(9) Records and Reports

- (a) The air ambulance service shall maintain records including the following:
  - 1. A record for each patient transported including:
    - (i) Name of the person transported;
    - (ii) Date of transport;
    - (iii) Origin and destination of transport;
    - (iv) Presenting illness, injury, or medical condition necessitating air ambulance service;
    - (v) Attending and medical personnel;
    - (vi) Accessory ground ambulance services;
    - (vii) Medical facilities transferring and receiving the patient;
    - (viii) Documentation of treatment during transport; and
    - (ix) A copy shall be provided to the receiving facility.
  - 2. Each air ambulance service shall report the number of air ambulance transfers performed annually on the form provided for such purposes to the Division of Emergency Medical Services.
- (b) Each air ambulance service shall retain patient records for at least ten years.

(10) Utilization Review (UR)

- (a) The air ambulance service management shall ensure appropriate utilization review process based on:
  - 1. Chart review of medical benefits delivered to a random sample of patients, including the following:
    - (i) Timeliness of the transport as it relates to the patient's clinical status;

(Rule 1200-12-01-.05, continued)

- (ii) Transport to an appropriate receiving facility;
  - (iii) On scene transports (Rotor Wing) – the following types of criteria are used in the triage plan for on-scene transports:
    - (I) Anatomic and physiological identifiers;
    - (II) Mechanism of injury identifiers;
    - (III) Situational identifiers;
    - (IV) Pediatric and Geriatric Patients;
  - (iv) Specialized medical transport personnel expertise available during transport are otherwise unavailable;
2. Structured, periodic review of transports shall be performed at least semi-annually and result in a written report; and
  3. The service shall list criteria used to determine medical appropriateness. It will maintain records of such reviews for two years.

(11) Quality Improvement (QI)

- (a) The service shall have an established Quality Improvement program, including, at a minimum, the medical director(s) and management.
- (b) The service shall conduct an ongoing Quality Improvement program designed to assess and improve the quality and appropriateness of patient care provided by the air medical service.
- (c) The service shall have established patient care guidelines/standing orders. The QI committee and medical director(s) shall periodically review such guidelines/standing orders.
- (d) The Medical Director(s) is responsible for ensuring timely review of patient care, utilizing the medical record and pre-established criteria.
- (e) Operational criteria shall include at least the following quantity indicators:
  - (i) Number of completed transports;
  - (ii) Number of air medical missions aborted and canceled due to weather; and
  - (iii) Number of air medical missions aborted and canceled due to patient condition and use of alternative modes of transport.
- (f) For both QI and utilization review programs, the air ambulance service shall record procedures taken to improve problem areas and the evaluation of the effectiveness of such action.
- (g) For both QI and utilization review programs, the air ambulance service shall report results to its sponsoring institution(s) or agency (if applicable) indicating that there is integration of the medical transport service's activities with the sponsoring institution or agency (if applicable).

(Rule 1200-12-01-.05, continued)

- (12) **Compliance.** Compliance with the foregoing regulations shall not relieve the air ambulance operator from compliance with other statutes, rules, or regulations in effect for medical personnel and emergency medical services, involving licensing and authorizations, insurance, prescribed and proscribed acts and penalties.
- (13) **Separation of Services.** Air ambulance service shall constitute a separate class of license and authorization from the Board and Department.

**Authority:** T.C.A. §§4-5-202, 4-5-204, 68-140-504, and 68-140-507. **Administrative History:** Original rule filed March 20, 1974; effective April 19, 1974. Amendment filed November 30, 1984; effective February 12, 1985. Amendment filed February 4, 1988; effective March 20, 1988. Amendment filed June 28, 1988; effective August 12, 1988. Amendment filed August 11, 1993; effective October 25, 1993. Amendment filed January 7, 1997; effective March 23, 1997. Repeal and new rule filed January 7, 1997; effective March 23, 1997. Repeal and new rule filed June 30, 2011; effective September 28, 2011.

#### **1200-12-01-.06 SCHEDULE OF FEES.**

- (1) The fees are as follows:
  - (a) Application fee for licensure or certification - A fee to be paid by all applicants as indicated, including those seeking licensure by reciprocity. It must be paid each time an application for licensure is filed.
  - (b) Endorsement/verification - A fee paid for each level of certification or endorsement as may be recognized by the Board within each category of personnel license.
  - (c) Examination fee - A fee paid each time an applicant requests to sit for any initial, retake, or renewal test or examination, written or practical.
  - (d) License fee - A fee to be paid prior to the issuance of the initial license.
  - (e) License Renewal fee - A fee to be paid by all license holders. This fee also applies to personnel who may reinstate an expired or lapsed license.
  - (f) Reinstatement fee - A fee to be paid when an individual fails to timely renew a license or certification.
  - (g) Replacement license or permit fee - A fee to be paid when a request is made for a replacement when the initial license has been changed, lost, or destroyed.
  - (h) Volunteer non-profit ambulance services eligible for reduced license fees under paragraph (5) shall be provided by all volunteer personnel and shall not assess any fees for their services, and shall be primarily supported by donations or governmental support for their charitable purposes.
- (2) All fees shall be established pursuant to the rules approved by the Board.
- (3) All fees for initial licensing or certification shall be submitted to the Division of Emergency Medical Services to the attention of the Revenue Control office. Fees shall be payable by check or money order payable to the Tennessee Department of Health.
- (4) **Emergency Medical Services Personnel Fees** – Personnel applying for licensure, certification, authorization, renewal, or reinstatement shall remit application processing and license fees as follows.
  - (a) Fees for licensed personnel