

**NOTICE OF INTENT**

**Department of Health  
Bureau of Health Services Financing**

**Emergency Medical Transportation Services  
Licensing Standards  
(LAC 48.I.Chapter 60)**

The Department of Health, Bureau of Health Services Financing proposes to repeal and replace LAC 48:I.Chapter 60 in the Medical Assistance Program as authorized by R.S. 36:254, R.S. 40:1135.1 and R.S. 40:1135.2. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

In compliance with Act 789 of the 2012 Regular Session, Act 106 of the 2017 Regular Session and Act 557 of the 2018 Regular Session of the Louisiana Legislature, the Department of Health, Bureau of Health Services Financing proposes to repeal and replace the provisions governing the licensing standards for emergency medical transportation services in order to: 1) clarify and align these provisions with the corresponding legislative authorities governing emergency medical services; 2) ensure that the provisions are consistent with the standard language used in other healthcare licensing regulations; 3) promulgate the provisions in a clear and concise manner in the *Louisiana Administrative Code*.

**Title 48  
PUBLIC HEALTH—GENERAL  
Part I. General Administration**

### **Subpart 3. Licensing and Certification**

#### **Chapter 60. Emergency Medical Transportation Services**

##### **§6001. Overview**

A. In the non-hospital emergency setting, pre-hospital care minimizes systemic insult or injury and manages life threatening conditions through high-quality consistent emergency standards of care. Such care is dependent on continuous quality improvement, effective monitoring, medical oversight of pre-hospital protocols, and collaboration of medical physicians and licensed basic and advanced emergency medical personnel. These licensing standards constitute minimum guidelines that each licensed ambulance service or provider shall meet to ensure the safety of adult and non-adult patients in the emergent, pre-hospital setting.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

##### **§6003. Definitions**

Advanced Life Support (ALS)—an advanced level of pre-hospital, inter-hospital, and emergency service care which includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy,

administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care, and other techniques and procedures authorized in writing by the secretary pursuant to department regulations.

*Air Ambulance*—any aircraft, either fixed-winged or rotary-winged, designed and operated as a part of a regular course of conduct or business to transport a sick or injured individual, or which is advertised or otherwise held out to the public as such.

*Air Ambulance Service*—any person, firm, association, or government entity owning, controlling, or operating any business or service which furnishes, operates, conducts, maintains, advertises, engages in, proposes to engage in, or professes to engage in the business or service of transporting, in air ambulances, individuals who may need medical attention during transport.

*Ambulance*—any authorized emergency vehicle, equipped with warning devices, designed and operated as a part of a regular course of conduct or business to transport a sick or injured individual, or which is advertised or otherwise held out to the public as such.

1. For purposes of these provisions, ambulance shall not mean a hearse or other funeral home vehicle utilized for the transportation of the dead.

2. Transportation by ambulance is inclusive of ground transport vehicles or by aircraft, either fixed-winged or rotary-winged.

Ambulance Service/Provider or Emergency Medical Transportation Service (EMTS)—any person, firm, association, or government entity owning, controlling, or operating any business or service which furnishes, operates, conducts, maintains, advertises, engages in, proposes to engage in, or professes to engage in the business or service of transporting, in ambulances, air and/or ground transportation, individuals who may need medical attention during transport.

1. Ambulance services/providers, air and/or ground transportation, shall not include any of the following:

a. an agency of the federal government;

b. a volunteer nonprofit organization or municipal nonprofit organization operating an invalid coach or coaches;

c. an entity rendering assistance to a licensed ambulance or ambulances in the case of a major disaster;

d. a licensed hospital providing nonemergency noncritical, inter-hospital transfer and patient transportation for diagnostic and therapeutic purposes when such transportation originates at a licensed hospital;

e. an entity operating an air or ground transportation ambulance(s) from a location outside of the state to transport patients from a location outside of the state to a location inside the state or to transport a patient(s) from a medical facility inside of the state to a location outside of the state; or

f. an entity providing transportation to employees, who become sick or injured during the course of their employment, from a job site to the nearest appropriate medical facility.

*Appropriate Facility*—an institution generally equipped to provide the needed hospital or skilled nursing care for the illness or injury involved. In the case of a hospital, a physician or a physician specialist is available to provide the necessary care required to treat the patient's condition.

*Auto-Injector*—a portable, disposable drug delivery device that contains a measured, single dose of epinephrine that is used to treat a person suffering a potentially life-threatening anaphylactic reaction.

*Basic Life Support (BLS)*—emergency medical care administered to the level of the licensed emergency medical responder scope of practice.

*Bureau*—the Department of Health, Bureau of Emergency Medical Services (BEMS).

Cessation of Business—occurs when an ambulance service is non-operational and voluntarily stops rendering services to the community.

Change of Ownership (CHOW)—the sale or transfer (whether by purchase, lease, gift or otherwise) of an ambulance service by a person/entity with controlling interest that results in a change of ownership, or control of 30 percent or greater of either the voting rights or assets of a provider, or that results in the acquiring person/corporation holding a 50 percent or greater interest in the ownership or control of the provider.

Commission—the Louisiana Emergency Medical Services Certification Commission.

Department—the Louisiana Department of Health (LDH).

Emergency Medical Response Vehicle (EMRV)—a marked emergency vehicle with fully visual and/or audible warning signals, operated by a certified ambulance service, whose primary purpose is to respond to the scene of a medical emergency to provide emergency medical stabilization or support, command, control, and communications, but which is not an ambulance designed or intended for the purpose of transporting a victim from the scene to a medical facility, regardless of its designation.

1. Included are such vehicles referred to, but not limited to, the designation as sprint car, quick response

vehicle, special response vehicle, triage trucks, staff cars, supervisor units, and other similar designations.

2. Emergency medical response vehicles shall not include fire apparatus and law enforcement patrol vehicles which carry first aid or emergency medical supplies, and which respond to medical emergencies as part of their routine duties.

*Emergency Medical Services (EMS)*—a system that represents the combined efforts of several professionals and agencies to provide pre-hospital emergency care to the sick and injured.

*EMS Medical Director*—a physician licensed by the Louisiana State Board of Medical Examiners who has responsibility and authority to ensure quality of care and provide guidance for all medical aspects of the EMTS.

*EMS Practitioner*—an individual who is a licensed emergency medical responder (EMR), a licensed emergency medical technician (EMT), a licensed advanced emergency medical technician (AEMT) or a licensed paramedic. EMS Practitioners are licensed by the LDH— BEMS.

*EMS Task Force*—composed of individuals, subject to the approval of the secretary of the department, who advises and makes recommendations to the BEMS and the department on matters related to EMS.

Emergency Vehicle—a vehicle that meets the requirements of emergency vehicle pursuant to the Louisiana Highway Regulatory Act.

Headquarters—an ambulance service's center of operation and control.

Health Standards Section (HSS)—the licensing and certification agency of the Department of Health.

Industrial Ambulance—any vehicle owned and operated by an industrial facility and used for transporting any employee who becomes sick, injured or otherwise incapacitated in the course and scope of his employment from a job site to an appropriate medical facility.

Infant—in accordance with the *Louisiana Safe Haven* statutes, a child not previously subjected to abuse or neglect, who is not more than 60 days old as determined within a reasonable degree of medical certainty by an examining physician.

LERN—the Louisiana Emergency Response Network.

Licensed Emergency Medical Services Practitioner—an individual who is a licensed emergency medical responder or who is nationally registered, has successfully completed an emergency medical services practitioner education program based on national EMS education standards, and is licensed as any of the following:



1. emergency medical technician;
2. advanced emergency medical technician; or
3. paramedic.

*Licensed Emergency Medical Responder*-any individual who has successfully completed an emergency medical responder education program based on *National EMS Education Standards* approved by the bureau and who is licensed by the bureau.

*Municipal Nonprofit Organization*-an organization owned by a parish, municipality or entity of a parish or municipality which in its regular course of business responds to a call for help and renders medical treatment and whose attendants are emergency medical personnel, a registered nurse or a physician.

*National EMS Education Standards*-the document that outlines the January 2009 *National EMS Education Standards*.

*Non-Operational*-an ambulance service that is not available for operation on designated days and hours as stated on the licensing application and as defined in operational requirements pursuant to this Chapter.

*Operational*-an ambulance service that has a functional communications center (either owned and operated, or contracted) on duty 24 hours a day, 365 days a year. There shall also be at least one staffed ambulance at the service's level of care on duty and able to respond to requests for service 24 hours a day,

365 days a year within the provider's service area unless excepted under other provisions of this Chapter.

*Physician*—a physician licensed to practice medicine by the Louisiana State Board of Medical Examiners.

*Safe Haven*—a mechanism whereby any parent may relinquish the care of an infant to the state in safety, anonymity and without fear of prosecution, pursuant to *Louisiana Safe Haven* statutes.

*Scope of Practice*—the procedures, actions and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional licensure in accordance with state laws, rules and regulations. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency.

*Volunteer Nonprofit Organization*—an organization which in its regular course of business responds to a call for help and renders medical treatment, whose attendants are emergency medical personnel, a registered nurse, or a physician and which is chartered as a nonprofit organization under Section 501c of the U.S. Internal Revenue Code, as a volunteer fire department by the Louisiana State Fire Marshal's Office, or as a nonprofit organization by the Louisiana Secretary of State.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6005. Licensing Requirements and Types of Licenses**

A. All ambulance services shall be licensed by the Department of Health (LDH). It shall be unlawful to operate or maintain an ambulance service in the state of Louisiana without possessing a license from the department. The Department of Health is the only licensing agency for ambulance services in the state of Louisiana.

B. No person, firm, corporation, association or government entity shall conduct, manage, operate or maintain an ambulance service in Louisiana without a valid current license from the department.

C. No person shall conduct, maintain or operate an ambulance which does not carry with it, in fully operational condition, equipment consistent with the scope of practice for emergency medical technicians established in R.S. 40:1133.14. Each ambulance service provider shall develop and maintain a written policy identifying the personnel and equipment required to comply with the provisions of this Chapter.

D. Ground ambulance services shall be licensed separately from air ambulance services. In those air ambulance services that are joint ventures, the license shall be issued to the provider of medical care and services.

E. A separately licensed ambulance service shall not use a name which is substantially the same as the name of another ambulance service licensed by the department unless the applicant is part of the same corporation or is chain affiliated and includes a geographic or other distinct identifier.

F. A license issued to an ambulance service shall:

1. be issued to the person or entity named in the license application;

2. be valid only for one service's headquarters and its substations to which it is issued, and only for the specific geographic address of that headquarters;

3. be valid for one year from the date of issuance, unless revoked, suspended, modified or terminated prior to that date or unless a provisional license is issued;

4. expire on the last day of the twelfth month after the date of issuance, unless timely renewed by the service;

5. not be subject to sale, assignment, donation or other transfer, whether voluntary or involuntary; and

6. be posted in a conspicuous place in the ambulance service's headquarters at all times.

G. The department has the authority to issue the following types of licenses.

1. A full license is issued only to those applicants that are in substantial compliance with all applicable federal,

state, and local laws, regulations and policies. The license shall be valid until the expiration date shown on the license, unless the license is modified, revoked, suspended or terminated.

2. A provisional license may be issued to those providers or applicants that do not meet the criteria for full licensure. The license shall be valid for a period not to exceed six months.

a. An acceptable plan of correction is required from a provider for any survey where deficiencies have been cited, regardless of whether the department takes other action against the facility for the deficiencies cited in the survey.

b. The provider shall submit the plan of correction to the department for approval within the prescribed timeframe, and the provider shall be required to correct all such noncompliance or deficiencies prior to the expiration of the provisional license.

c. The department may conduct a follow-up inspection prior to the expiration of the provisional license. If at the follow-up inspection, the provider or applicant has corrected all non-compliance or violations, the department may issue a full license. The full license shall be valid until the ambulance service's license anniversary date.

d. For an applicant applying for initial licensure, if the follow-up inspection reveals that the ambulance service failed to correct all violations, the applicant shall be required to begin the initial licensing process again by submitting a new initial licensing packet and required fee in order to become licensed.

e. For an existing ambulance provider, if the follow-up inspection reveals that the provider has failed to correct all violations, the department may re-issue a provisional license or allow the provisional license to expire.

f. A provisional license may be issued by the department for the following non-exclusive reasons:

i. the applicant or service has more than five violations of ambulance service regulations during one inspection;

ii. the applicant or service has more than three substantiated complaints in a one-year period;

iii. the department, medical director, or the quality improvement program have identified medical care that places patient(s) at risk;

iv. the applicant or service fails to correct violations within 60 days of being cited, or at the time of a follow-up inspection, whichever occurs first;

v. the applicant fails to submit assessed fees after notification by the department; or

vi. there is documented evidence that the applicant has bribed, intimidated or harassed someone to use the services of any particular ambulance service.

3. If an existing licensed ambulance provider has been issued a notice of license revocation, suspension, modification or termination and the provider's license is due for annual renewal, the department shall deny the license renewal. The denial of license renewal of such a license does not affect in any manner the license revocation, suspension, modification or termination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6007. Initial Licensing**

A. All requirements of the application process for licensing shall be completed by the applicant before the application will be processed by the department.

1. No application will be reviewed until the required application fee is paid.

B. An application packet may be obtained from the department or electronically obtained from the department's HSS website.

1. A completed application packet for an ambulance service shall be submitted to, and approved by, the department prior to an applicant providing any ambulance service.

C. The license application shall be submitted to the department on forms provided for that purpose.

1. The application shall provide documentation that the applicant meets the appropriate requirements for an ambulance provider as specified by regulations established by the department.

a. An incomplete application shall be returned to the applicant.

D. An applicant seeking a license as an ambulance provider shall indicate the:

1. type of license requested;

a. ground transportation; and/or

b. air ambulance; and

2. the highest level of care that the service may function consistent with its equipment and personnel and in accordance with the U.S. Department of Transportation National Highway Traffic Safety Administration's National Standard



Emergency Medical Services (EMS) Curriculum and the Louisiana EMS Certification Commission's rules;

a. sprint or other emergency medical response vehicle (EMRV);

b. basic level ambulance;

c. paramedic level ambulance; or

d. air ambulance service;

i. fixed wing; and/or

ii. rotary aircraft.

E. An applicant seeking a license as an ambulance provider shall:

1. provide at least one unit for 24 hours a day, 365 days a year at the highest level of care for which the service applies for and becomes licensed to provide;

2. for ambulance services that serve more than one parish, provide at least one unit at the highest level of care for 24 hours a day, 365 days a year in each parish served;

3. for an air ambulance service, provide the level of care at the licensed paramedic level.

a. The department may require the submission of work schedules and individual credentials to verify;

F. The completed application shall be submitted with the required information and the following supporting documentation:

1. a notarized certificate of insurance verifying proof of required commercial automobile or aircraft liability insurance;

2. proof that the provider has a medical director and that such director is a physician licensed to practice medicine by the Louisiana State Board of Medical Examiners and who has responsibility and authority to ensure quality of care and provide guidance for all medical aspects of EMS;

3. all medical protocols signed by the physician/medical director with their prescribed approvals by the parish or component medical society, and/or LERN as applicable;

4. copies of key personnel certifications and professional licensure(s), inclusive of the director of operations and the medical director;

5. for providers of advanced life support, verification that the provider possesses a Louisiana controlled substance license and a U.S. Drug Enforcement Administration controlled substance registration;

6. the unit numbers, vehicle identification numbers and other identifying vehicle registration information for each unit assigned to the area or each aircraft in service;

a. for ground transportation providers, a copy of the certificate of registration from the Office of Motor Vehicles;

b. for air ambulances providers, a copy of the Federal Aviation Administration (FAA) Part 135 Commercial Air Taxi Certificate;

7. proof that the ambulance service holds a Clinical Laboratory Improvement Act (CLIA) certificate commensurate with the level of testing performed;

8. documentation that the applicant seeking licensure as an ambulance provider is in compliance with the criminal history check requirements of R.S. 40:1203.1- 1203.5;

9. a copy of all necessary local permits and licenses to operate in a service area; and

10. any other documentation required by the department for licensure.

G. Service Area. An applicant for an EMTS license shall declare his service area in writing. The department may require the applicant to provide a map of the service area.

H. The applicant shall be prepared to be fully operational for an initial inspection within 90 days after payment of the application fee. If the applicant is unable to do so, the application may be closed.

1. If the application is closed and the applicant is still interested in becoming an ambulance service provider, he/she shall submit a new initial application packet, including a new initial fee to start the licensing process.

I. Prior to the initial license being issued to the provider, an initial licensing inspection shall be conducted to assure compliance with licensing standards and applicable federal, state or local statutes, laws, ordinances, rules and regulations.

J. Until the initial license is issued to the provider by the department, no patient shall be provided ambulance service by the applicant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6009. Service Areas**

A. An ambulance provider's service area is that territory in which the ambulance provider renders services, has vehicles posted or domiciled in each service area and is legally authorized by the local government to provide services.

B. Expansion of Service Area. If an ambulance provider wishes to expand into additional service areas, such notice shall be given to the department at least 72 hours in advance.

1. This notification shall include:

a. a description of the territory added;

b. the unit numbers and vehicle identification numbers of vehicles assigned to the area; and

c. the address and telephone number of any substations within the designated service area.

2. The provider shall also provide a copy of all necessary local permits and licenses.

C. Withdrawal from Service Area. If an ambulance service withdraws from a territory, it shall notify the department at least 30 days in advance. The EMTS shall provide the department with evidence that it has notified the appropriate local authorities that it will no longer be providing ambulance service in the area.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6011. Governing Body**

A. The EMTS provider shall have a governing body that is legally responsible for establishing and implementing policies regarding the management and operation of the ambulance service.

1. The governing body shall develop, approve, implement and re-evaluate policies and procedures which define and describe the:

a. scope of services offered;

b. maintenance and availability of equipment and supplies necessary to perform such services;

c. employment and supervision of qualified personnel authorized to carry out the performance of emergency services; and

d. maintenance of the vehicles to ensure such are in safe and working order.

2. The policies and procedures shall be revised as necessary and reviewed at least annually.

B. The governing body shall be responsible for the:

1. overall operation of the ambulance service, inclusive of monitoring and evaluating the performance of the administration of the ambulance service;

2. performance of the personnel providing direct emergency care; and

3. the performance of the vehicles.

C. The governing body shall appoint, in writing, a director of operations responsible for the management and daily operation of the ambulance service, inclusive of supervision to

ensure ready availability and replacement of needed equipment and supplies for each service run.

D. The governing body of the ambulance service shall appoint a qualified designee charged with the general administration of the ambulance service in the absence of the director of operations.

E. The governing body shall notify the department in writing when a change occurs in the director of operations or the medical director's position within 30 calendar days from the date the change occurs. The notice shall include the identity of the individual, the individual's qualifications and the specific date the change occurred.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6013. Fees**

A. Any remittance submitted to the department in payment of a required fee shall be in the form/manner specified by the department.

B. Fee amounts shall be determined by the department in accordance with R.S. 40: 1135.4 et seq.

C. Fees paid to the department are not refundable.

D. A fee is required to be submitted with:

1. initial application;
2. a renewal application;
3. change of controlling ownership;
4. change of name or physical address; and
5. each application for a permit to add a vehicle to the service.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6015. Inspections, Surveys or Investigations**

A. Initial Inspections. An applicant shall successfully complete an initial inspection by the department which includes:

1. an inspection of all vehicles to determine that they are safe and in working order and are equipped with all of the prescribed medical equipment, as required by these provisions and in accordance with state and local laws and regulations:

a. safe and working order shall be determined pursuant to the provisions of R.S. 32:1 et seq. and the Louisiana Motor Vehicle Inspection Manual, in addition to the provisions of this Chapter and R.S. 40:1135.1 et seq.;



b. for aircraft, safe and working order shall be determined by FAA rules, in addition to the provisions of this Chapter and R.S. 40:1135.1 et seq.;

c. each vehicle successfully completing the inspection shall receive a permit (evidenced by a department issued decal) authorizing it to be operated as part of the applicant's fleet;

2. an inspection of all personnel credentials to verify that they meet the requirements of law;

3. an inspection, and when deemed necessary by the department, verification of the information required in this Chapter and that such information remains current;

4. verification that the provider has complied with all applicable federal, state, and local statutes and rules, and has obtained all necessary and applicable licenses, permits and certifications, including certificates of need or certificates of public convenience and necessity; and

5. for providers rendering advanced life support, verification that the provider possesses a Louisiana controlled substance license and a U.S. Drug Enforcement Administration controlled substance registration.

B. Other Inspections. The department may conduct the following types of inspections.

1. Licensing Inspection. Licensing inspection is a periodic survey or investigation conducted as necessary to assure compliance with ambulance provider licensing standards.

2. Follow-Up Inspection. A follow-up inspection may be conducted whenever necessary to assure correction of non-compliance. When applicable, the department may clear deficiencies by administrative desk review.

3. Complaint Inspection. In accordance with R.S. 40:2009.13 et seq., a complaint inspection may be conducted to investigate allegations of non-compliance. Complaint inspections are unannounced.

4. Fleet Addition Inspections

a. Any ambulance service adding a ground transportation ambulance, air ambulance or sprint (EMRV) vehicles to the EMTS fleet shall provide written notification to the department in advance of the addition. The notification shall include:

- i. vehicle identification number;
- ii. copy of the certificate of registration from the Office of Motor Vehicles or the Federal Aviation Administration;
- iii. proof of commercial automobile or aircraft liability insurance; and
- iv. vehicle inspection fee.

b. Once a temporary notice of approval for the vehicle fleet addition is received, the vehicle may be placed in service.

i. The temporary notice of approval shall be carried in the vehicle until the fleet addition vehicle inspection is completed and a state-issued permit is received.

ii. The vehicle or aircraft shall be inspected for the requirements of the Louisiana Motor Vehicle Inspection Act, FAA Part 135 and this Chapter.

NOTE: The decal shall be affixed to a non-obstructive viewing area of the vehicle.

c. Any vehicle borrowed, leased or rented by the service for less than 90 days shall not be subject to a vehicle inspection fee.

i. All vehicles shall be subject to compliance with this Chapter and are issued a temporary notice of approval for use.

ii. The temporary approval shall be carried in the vehicle at all times.

C. When a vehicle is required to be inspected, but is not available, it is the responsibility of the provider to arrange for the vehicle to be available to the surveyor for inspection within 30 days of the on-site survey.

D. For EMTS providers based in Louisiana, who border an adjacent state and use vehicles from the bordering state, such

vehicles are not required to have a Louisiana license plate, but such shall be in accordance with the adjacent state's rules, laws and regulations in operation of the EMTS vehicle. These vehicles shall be available for inspection for compliance with Louisiana inspection requirements pursuant to this Chapter.

E. Department of Health surveyors and staff shall be:

1. given access to all areas and relevant files of the provider during any inspection or investigation; and

2. allowed to interview any person with ownership interest, staff or patient, as necessary or required to conduct the inspection or investigation.

F. The EMTS provider shall receive a written statement of findings of any deficiencies cited based on an inspection or investigation which includes notice of the required plan of correction, as applicable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

#### **§6017. Statement of Deficiencies**

A. Any statement of deficiencies issued by the department to the ambulance service provider shall be available for disclosure to the public 30 days after the provider submits an

acceptable plan of correction or 90 days after the statement of deficiencies is issued to the provider, whichever occurs first.

B. Unless otherwise provided in statute or in these licensing provisions, a provider shall have the right to an informal reconsideration of any deficiencies cited as a result of a survey or investigation.

1. Correction of the violation, noncompliance or deficiency shall not be the basis for the reconsideration.

2. The informal reconsideration of the deficiencies shall be requested in writing within 10 calendar days of receipt of the statement of deficiencies, unless otherwise provided in these standards.

3. The request for informal reconsideration of the deficiencies shall be made to the department's Health Standards Section and will be considered timely if received by HSS within 10 calendar days of the provider's receipt of the statement deficiencies.

4. If a timely request for an informal reconsideration is received, the department shall schedule and conduct the informal reconsideration.

NOTE: Informal reconsiderations of the results of a complaint investigation are conducted as desk reviews.

5. The provider shall be notified in writing of the results of the informal reconsideration.

6. Except as provided for complaint surveys pursuant to R.S. 40:2009.13 et seq., and as provided in these licensing provisions for initial license denials, revocations and denial of license renewals in accordance with the provisions of §6027, the decision of the informal reconsideration team shall be the final administrative decision regarding the deficiencies.

7. The request for an informal reconsideration of any deficiencies cited as a result of a survey or investigation does not delay submission of the required plan of correction within the prescribed timeframe.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6019. Changes**

A. The Department of Health shall be notified, in writing, within five working days of the occurrence of any changes in:

1. physical address of the headquarters;
2. agency name;
3. telephone number and/or e-mail address;
4. 24-hour contact procedure;
5. ownership;

6. physical address, e-mail address or telephone number of any substation or the addition of any substation;

7. director of operations (a completed key personnel change form is required);

8. medical directors (a completed key personnel change form is required);

9. insurance coverage;

10. cessation of business in accordance with §6029;  
or

11. change in the service area.

B. Change of Ownership (CHOW)

1. Actions which constitute a CHOW include, but are not limited to the following.

a. Unincorporated Sole Proprietorship. Transfer of title and property to another party.

b. Corporation/Limited Liability Corporation (LLC). The merger of the provider corporation into another corporation, or the consolidation of two or more corporations, resulting in the creation of a new corporation.

i. Transfer of corporate stock or the merger of another corporation into the provider corporation does not constitute a CHOW.

c. Partnership. In the case of a partnership, the removal, addition or substitution of a partner, unless the

partners expressly agree otherwise, as permitted by applicable state law.

d. Leasing. The lease of all or part of a provider's entity constitutes a CHOW of the leased portion.

2. Change of ownership packets may be obtained from the department or electronically from the department's website.

a. Only an agency with a full license shall be approved to undergo a CHOW.

b. An ambulance service license is not transferable from one entity or owner to another.

i. An ambulance service that is under license revocation, provisional licensure or denial of license renewal may not undergo a CHOW.

3. The following information shall be submitted within five working days after the act of sale:

a. a new license application and the current licensing fee;

i. the purchaser of the agency shall meet all criteria required for initial licensure as an ambulance services provider;

b. changes in the name and/or address of the ambulance service;

c. changes in medical director or director of operations;



d. disclosure of ownership forms; and  
e. copy of the bill of sale and articles of  
incorporation.

AUTHORITY NOTE: Promulgated in accordance with R.S.  
36:254, R.S.40:1135.1 and R.S 40:1135.2

HISTORICAL NOTE: Promulgated by the Department of  
Health, Bureau of Health Services Financing, LR 44:

**§6021. License Renewal**

A. An ambulance service license shall be renewed  
annually.

B. An ambulance service seeking a renewal of its license  
shall:

1. request a renewal packet from the department if  
one is not received at least 45 days prior to license  
expiration;

a. The renewal packet forms may be  
electronically downloaded from the department's HSS webpage.

2. complete all forms and attachments and return to  
the department at least 30 days prior to license expiration;

3. submit the current annual licensing fees with the  
packet; and

a. An application is not complete without the  
licensing fees; and

4. submit any changes in medical protocols, if made since last license renewal.

C. The department may issue a full renewal license to an existing licensed provider that is in substantial compliance with all applicable federal, state departmental and local statutes, laws, ordinances, rules, regulations and fees. The license shall be valid until the expiration date shown on the license, unless the license is revoked, suspended, denied or modified.

D. Failure to submit a completed license renewal application packet to the department prior to the expiration of the current license, or prior to the expiration of deadlines established by the department, shall result in the voluntary non-renewal of the license.

E. There is no appeal opportunity afforded to a provider for the voluntary non-renewal of an EMTS license.

F. The renewal of a license does not in any manner affect any sanction, civil monetary penalty or other action imposed by the department against the provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S 40:1135

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**\$6023. Denial, Revocation or Suspension of a License**

A. Denial of an Initial License. An applicant may be denied an initial license for one of the following non-exclusive reasons:

1. background investigation indicates a felony conviction pursuant to RS 40:1203.3 et seq.;

2. any license pertaining to the provision of emergency medical services was revoked in any jurisdiction;

3. failure to comply with applicable federal, state, and local laws, statutes, rules or regulations;

4. intentional falsification of material information provided pursuant to this Chapter; or

5. conviction, guilty plea or plea of nolo contendere of a felony by the following, as shown by a certified copy of the record of the court of the conviction:

a. director of operations;

b. members or officers; or

c. person(s) designated to manage or supervise the ambulance service, if the applicant is a firm or corporation.

B. Revocation or Denial of License Renewal. An ambulance service's license may be revoked or may be denied renewal for any of the following:

1. failure to be in substantial compliance with the ambulance service licensing standards;

2. failure to be in substantial compliance with other required statutes, laws, ordinances, rules or regulations;

3. failure to comply with the terms of a settlement agreement or education letter;

4. failure to uphold patient rights, whereby violations may result in harm or injury;

5. failure of the agency to protect patients/persons in the community from harmful actions of the agency employees including, but not limited to:

a. health and safety;

b. coercion;

c. threat;

d. intimidation; and

e. harassment;

6. failure to notify proper authorities including, but not limited to, law enforcement, the department (HSS), and BEMS of all suspected cases of neglect, criminal activity, or mental or physical abuse which could potentially cause harm to the patient;

7. failure to employ qualified personnel and maintain an adequate quality assurance program that identifies poorly performing staff and remediates or terminates them for deficiencies;

8. failure to maintain in force, and continuously,  
any required insurance coverage(s);

9. failure to submit fees including, but not limited  
to:

a. renewal fee;

b. change of agency address or name; or

c. any fines assessed by the department;

10. failure to allow the department to conduct an  
investigation, inspection or survey, or to interview staff or  
participants, or to allow access to any relevant records during  
any inspection;

11. failure to remedy a situation where patients were  
not protected from unsafe, skilled and/or unskilled care by any  
person employed by the ambulance service;

12. ambulance provider staff or owner has knowingly,  
or with reason to know, made a false statement of a material  
fact in:

a. application for licensing;

b. data forms;

c. clinical records;

d. matters under investigation by the  
department;

e. information submitted for reimbursement from  
any payment source;

f. the use of false, fraudulent or misleading advertising;

g. ambulance service staff being misrepresented or was fraudulent in conducting ambulance service business; or

h. convictions of a felony by an owner, administrator, director of operations or medical director, as shown by a certified copy of the record of the court of conviction or, if the applicant is a firm or corporation, of any of its members or officers or the person designated to manage or supervise the ambulance service agency; or

13. failure to comply with all reporting requirements in a timely manner.

C. If an ambulance provider's license is revoked or denied renewal by the department, any owner, officer, member, manager or administrator of such service is prohibited from owning, managing, directing or operating another service for a period of two years from the date of the final disposition of the revocation or denial action.

D. The secretary of the department may immediately suspend the license of an ambulance provider in accordance with the provisions of this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6025. Sanctions**

A. In accordance with RS 40:1135.5 et seq., any person or provider violating the provisions of this Chapter when such violation poses a threat to the health, safety, rights or welfare of a patient or client may be liable to sanctions and other penalties, to be assessed by the department, in addition to any criminal action which may be brought under other applicable laws. Such action may include, but not be limited to:

1. civil fine(s) pursuant to R.S. 40:1135.5(B)2(a-e) et seq.;
2. provisional licensure;
3. denial of license renewal; or
4. license revocation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6027. Notices, Informal Reconsiderations and Appeals**

A. Following any inspection or complaint investigation, the department will issue a notice of deficient practice.

B. Informal Reconsideration. Upon notice of an initial license denial, suspension, revocation of a license or denial of

license renewal, due to non-compliance with any of the provisions of this Chapter or any applicable statute, or of the imposition of a civil fine, or other sanction, the ambulance service provider may request an informal reconsideration. An informal reconsideration may also be referred to as administrative reconsideration.

1. A request for an informal reconsideration shall be submitted in writing to the department within 15 calendar days of receipt of the notification.

2. The reconsideration shall be conducted by a designated official(s) of the department who did not participate in the initial decision to impose the action taken.

3. The provider shall have the right to appear in person at the informal reconsideration and may be represented by counsel.

4. Reconsideration shall be made based on the documents before the official(s). The provider may present documents at the informal reconsideration.

5. Correction of a violation shall not be the basis for reconsideration.

6. There is no right to an informal reconsideration of the department's decision to issue a provisional license or to allow a provisional license to expire, or for a license that has been voluntarily surrendered or non-renewed.



C. A provider with a provisional license that expires due to non-compliance or deficiencies cited at the follow-up inspection may request an informal reconsideration only of the validity of the deficiencies cited at the follow up survey.

1. The reconsideration is limited to whether the violations or findings of non-compliance were properly cited at the follow-up inspection.

2. The provider has five calendar days from receipt of the notice of the results of the follow-up inspection survey to request an informal reconsideration.

3. Correction of a violation or finding of non-compliance after the applicable inspection shall not be the basis for an informal reconsideration.

4. The provider shall receive written notice of the results of the reconsideration.

D. Administrative Appeal of a Decision to Deny, Suspend, Revoke or Deny Renewal of a License. Any ambulance service provider whose license has been revoked, suspended, denied or denied renewal by the department shall have the right to have an administrative appeal, provided that such request for appeal is made in writing to the DAL within 30 calendar days of receipt of the notice of the department's decision, or within 30 days of receipt of the results of the informal reconsideration pursuant to the provisions of this Chapter.

1. An appeal of a decision to deny, revoke or deny renewal of a license is suspensive. The department's decision will not be implemented until it is affirmed on judicial review, or there is no request for judicial review within the applicable time limits.

2. An appeal of a suspension of a license is devolutive. The provider shall cease providing services upon receipt of notification of the suspension of its license.

3. An ambulance provider has the right to a judicial review of an administrative appeal affirming a denial, suspension, revocation or denial of license renewal in accordance with the Administrative Procedure Act. Judicial review shall be by trial de novo.

E. Administrative Appeal of a Civil Fine or Other Sanction. An ambulance service provider has the right to submit an administrative appeal of a notice of a civil fine(s). Such appeal is suspensive and shall be submitted within 30 calendar days of receipt of such notice, or within 30 calendar days of the receipt of the results of the informal reconsideration contesting the civil fine(s). If the administrative appeal decision is adverse to the provider, the provider may request a judicial review of the decision in accordance with the Administrative Procedure Act.

F. A provider with a provisional license that expires due to non-compliance or deficiencies cited at the follow-up inspection may request an administrative appeal only of the validity of the deficiencies cited at the follow-up survey.

1. The appeal is limited to whether the violations or findings of non-compliance were properly cited at the follow-up inspection.

2. The provider has 15 calendar days from the notice of the results of the follow-up inspection to request an administrative appeal.

3. The provider's appeal is devolutive. The provider shall cease providing services unless an administrative tribunal issues a stay of the expiration.

a. To request a stay, an application for a stay shall be filed by the provider at the time the administrative appeal is filed.

i. The stay may be granted by the administrative tribunal; only after a contradictory hearing and only upon a showing that there is no potential harm to the patient(s) being served by the provider.

G. If an ambulance provider fails to submit an administrative appeal within the prescribed time frame of receiving the notification of which the provider may appeal, the department's decision becomes final.

H. There is no right to an administrative appeal of the department's decision to issue a provisional license, to allow a provisional license to expire, or for a license that has been voluntarily surrendered or non-renewed.

I. Correction of a violation or finding of non-compliance after the applicable inspection shall not be the basis for an administrative appeal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6029. Cessation of Business**

A. Except as provided in §6031 or §6033 of this Chapter, a license shall be immediately null and void if an ambulance service ceases to operate.

B. A cessation of business is deemed to be effective the date on which the ambulance service stopped offering or providing services to the community.

C. Upon the cessation of business, the ambulance service shall immediately return the original license to the department.

D. Cessation of business is deemed to be a voluntary action on the part of the ambulance service. The ambulance service does not have a right to appeal a cessation of business.

E. The ambulance service shall notify the department in writing 30 days prior to the effective date of the closure or cessation. In addition to the notice, the ambulance service shall submit a written plan for the disposition of patient medical records for approval by the department. The plan shall include the following:

1. the effective date of the closure;

2. provisions that comply with federal and state laws on storage, maintenance, access and confidentiality of the closed provider's patients' medical records; and

3. an appointed custodian(s) who shall provide the following:

a. access to records and copies of records to the patient or authorized representative, upon presentation of proper authorization(s); and

b. physical and environmental security that protects the records against fire, water, intrusion, unauthorized access, loss and destruction.

4. Public notice regarding access to records, in the newspaper with the largest circulation in close proximity to the closing provider, at least 15 calendar days prior to the effective date of closure.

F. If an ambulance service fails to follow these procedures, the owners, managers, officers, directors and

administrators may be prohibited from opening, managing, directing, operating or owning an ambulance service for a period of two years.

G. Once the ambulance service has ceased doing business, the provider shall not provide services until the provider has obtained a new initial license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6031. Inactivation of License Due to a Declared Disaster or Emergency**

A. An ambulance service licensed in a parish which is the subject of an executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766 may seek to inactivate its license for a period not to exceed one year, provided that the following conditions are met:

1. the ambulance service shall submit written notification to HSS within 60 days of the date of the executive order or proclamation of emergency or disaster that:

a. the ambulance service has experienced an interruption in the provision of services as a result of events that are the subject of such executive order or proclamation of

emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766;

b. the ambulance service intends to resume operation as an ambulance service in the same service area;

c. includes an attestation that the emergency or disaster is the sole causal factor in the interruption of the provision of services;

2. the ambulance service resumes operating in the same service area within one year of the issuance of an executive order or proclamation of emergency or disaster in accordance with R.S. 29:724 or R.S. 29:766;

3. the ambulance service continues to pay all fees and costs due and owed to the department including, but not limited to, annual licensing fees and outstanding civil monetary penalties, if applicable; and

4. the ambulance service continues to submit required documentation and information to the department.

B. Upon receiving a completed written request to inactivate an ambulance service license, the department may issue a notice of inactivation of license to the ambulance service.

C. Upon completion of repairs, renovations, rebuilding or replacement, an ambulance service which has received a notice of inactivation of its license from the department shall be allowed

to reinstate its license upon the following conditions being met:

1. The ambulance service submits a written license reinstatement request to HSS 60 days prior to the anticipated date of reopening.

a. The license reinstatement request informs the department of the anticipated date of opening, and shall request scheduling of a licensing survey;

b. The license reinstatement request includes a completed licensing application with appropriate licensing fees;

c. The ambulance service submits a copy of the on-site health inspection report with approval of occupancy from the Office of Public Health (OPH); and

2. The ambulance service resumes operating in the same service area within one year.

D. Upon receiving a completed written request to reinstate an ambulance service license, the department shall conduct a licensing survey. If the ambulance service meets the requirements for licensure and the requirements under this Section, the department may issue a notice of reinstatement of the ambulance service license.

E. No change of ownership of the ambulance service shall occur until such ambulance service has completed repairs,



renovations, rebuilding or replacement construction, and has resumed operations as an ambulance service.

F. The provisions of this Section shall not apply to an ambulance service which has voluntarily surrendered its license and ceased operation.

G. Failure to comply with any of the provisions of this Section shall be deemed a voluntary surrender of the ambulance service license. There is no appeal opportunity of a voluntary surrender of license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6033. Inactivation of License due to a Non-Declared Disaster or Emergency**

A. A licensed ambulance service provider in an area or areas which have been affected by a non-declared emergency or disaster may seek to inactivate its license, provided that the following conditions are met:

1. the provider shall submit written notification to the Health Standards Section within 30 days of the date of the non-declared emergency or disaster stating that:

a. the ambulance service has experienced an interruption in the provisions of services as a result of events that are due to a non-declared emergency or disaster;

b. the ambulance service intends to resume operation in the same service area;

c. the ambulance service attests that the emergency or disaster is the sole causal factor in the interruption of the provision of services; and

d. the ambulance service's initial request to inactivate does not exceed one year for the completion of repairs, renovations, rebuilding or replacement of the facility.

NOTE: Pursuant to these provisions, an extension of the 30-day deadline for initiation of request may be granted at the discretion of the department.

2. the ambulance service continues to pay all fees and costs due and owed to the department including, but not limited to, annual licensing fees and outstanding civil monetary penalties and/or civil fines; and

3. the ambulance service continues to submit required documentation and information to the department, including but not limited to cost reports.

B. Upon receiving a completed written request to temporarily inactivate an ambulance service provider license, the department shall issue a notice of inactivation of license to the ambulance service provider.

C. Upon the provider's receipt of the department's approval of request to inactivate the provider's license, the ambulance service shall have 90 days to submit plans for the repairs, renovations, rebuilding or replacement of the facility, if applicable, to the OSFM and the OPH as required.

D. The ambulance service shall resume operating as an ambulance service in the same service area within one year of the approval of renovation/construction plans by the OSFM and the OPH (as required).

EXCEPTION: If the EMTS provider requires an extension of this timeframe due to circumstances beyond the provider's control, the department will consider an extended time period to complete construction or repairs. Such written request for extension shall show provider's active efforts to complete construction or repairs and the reasons for request for extension of provider's inactive license. Any approval for extension is at the sole discretion of the department.

E. Upon completion of repairs, renovations, rebuilding or replacement of the facility, an ambulance service which has received a notice of inactivation of its license from the department shall be allowed to reinstate its license upon the following conditions being met:

1. the ambulance service submits a written license reinstatement request to the licensing agency of the department;

2. the license reinstatement request informs the department of the anticipated date of opening and shall request scheduling of a licensing or physical environment survey or vehicle inspection, where applicable; and

3. the license reinstatement request includes a completed licensing application with appropriate licensing fees.

F. Upon receiving a completed written request to reinstate an ambulance service provider's license, the department may conduct a licensing or physical environment survey and/or vehicle inspections. The department may issue a notice of reinstatement if the provider has met the requirements for licensure including the requirements of this Subsection.

G. No change of ownership in the ambulance service shall occur until such provider has completed repairs, renovations, rebuilding or replacement construction and has resumed operations as an ambulance service.

H. The provisions of this Section shall not apply to an ambulance service which has voluntarily surrendered its license and ceased operation.

I. Failure to comply with any of the provisions of this Section shall be deemed a voluntary surrender of the ambulance service license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**Subchapter B. Provider Responsibilities**

**§6041. General Provisions**

A. Insurance Coverage

1. Each ambulance provider shall continuously have in effect the following minimum amounts of insurance:

a. general liability insurance in the amount of \$500,000 per occurrence and \$500,000 in the aggregate;

b. automobile and/or aircraft liability insurance, as applicable, in the amount of \$500,000 per occurrence and \$500,000 in the aggregate; and

c. medical malpractice liability insurance in the amount of \$500,000.

2. Notarized proof of participation in the Louisiana Patients' Compensation Fund will be accepted as medical malpractice insurance.

3. A notarized certificate of insurance verifying that the provider has the legally mandated insurance coverage.

B. Infection Control and Laboratory Testing

1. An ambulance service shall have and comply with a written infection control plan in accordance with 29 CFR 1910.120.

a. The provider shall ensure sufficient infection control equipment and supplies are readily available for each service run.

b. Equipment and supplies for infection control shall include, but are not limited to:

i. gloves. Latex-free products shall be available;

ii. face and eye protection/shields;

iii. disinfectants and waterless hand cleaners; and

iv. sharps containers and biohazard waste trash bags.

2. Ambulance services conducting emergency blood glucose or other necessary laboratory testing in the field shall have the appropriate Clinical Laboratory Improvement Act (CLIA) certificate, and shall be in compliance with the provisions of such.

#### C. Communications

1. All ambulance services shall have a dispatch facility. They may either own and operate their own facility or contract their dispatching to an appropriate emergency communications agency

2. In addition to 911, the ambulance service shall provide the department with a conventional seven-digit telephone

number for their dispatch facility that may be reached 24 hours a day, 365 days a year.

3. All ambulance services shall have a Federal Communications Commission (FCC) type accepted two-way dispatching communications system. The service may either own or lease the system.

a. All dispatch center(s) and/or point(s) of dispatch shall have a proper FCC licensed radio system or an agreement with an FCC licensed communication provider that does not allow for transmission by unauthorized users, but will provide the capability for the dispatcher, with one transmission, to be heard simultaneously by all of its ambulances/emergency medical response units within that defined geographic service area.

b. Services that utilize multiple transmitters/tower sites shall have simultaneous communications capabilities with all units utilizing a specific transmitter/tower site.

4. Ambulance services may not dispatch their day-to-day ambulance operations over a commercial wireless telephone, pager system, frequency management records system (FMRS), or general mobile radio service (GMRS) radio system, or voice over internet protocol (VoIP) radio system.

5. All ambulance services shall be compliant with the Louisiana EMS Communications Plan.

6. All ambulance services shall be compliant with any applicable mandates of the FCC, the U.S. Department of Homeland Security, the Governor's Office of Homeland Security and Emergency Preparedness, and other applicable governmental agencies.

7. Any ambulance encountering a patient outside of its service area shall make radio or telephone contact with the local 911 communications center, and comply with directions given.

D. Scanner Usage

1. Pursuant to R.S. 40:1135.7, no commercial ambulance shall make any emergency run based solely on information intercepted by use of a radio communication scanner or similar device except in cases where human life is threatened, unless that commercial ambulance has been specifically requested to respond to such an emergency. Nothing in this Section shall be construed to prohibit service to a subscriber of a commercial ambulance service.

E. All ambulance service providers shall maintain a log of all incoming calls received and outgoing calls made related to patient services and in accordance with the provider's policies and procedures.



F. At any time that the ambulance service provider has an interruption in services or a change in the licensed location due to an emergency situation, the provider shall notify HSS no later than the next business day.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6043. Personnel**

A. Director of Operations

1. The director of operations (DOO), or equivalent job title, shall be designated, in writing, to supervise:

a. all aspects of patient care;

b. all activities of professional staff and allied health personnel; and

c. responsible for compliance with regulatory requirements.

2. The DOO, or alternate, shall be on-site or immediately available to be on-site at all times during operating hours, and additionally as needed. If the DOO is unavailable he/she shall designate an equally qualified individual to be responsible during his/her absence.

3. The DOO shall be a licensed EMT, or above, and shall be currently licensed to practice in the state of Louisiana:

a. with at least three years of experience as an EMT; and

b. be a full-time employee of only one ambulance service facility. The director of operations is prohibited from simultaneous/concurrent employment.

4. The department may exempt the director of operations from the requirements of §6043.A.3.a-b if services are primarily staffed and operated by volunteers.

5. The DOO shall supervise all patient care activities to assure compliance with current standards of accepted EMS practice including, but not limited to the following:

a. supervise the employee health program and implement policies and procedures that establish and support quality patient care;

b. assure compliance with local, state, and federal laws, and promote health and safety of employees, patients and the community, using the following non-exclusive methods:

i. perform complaint investigations;

ii. provide orientation and in-service training to employees to promote effective ambulance services and safety of the patient, and to familiarize staff with regulatory issues, and agency policy and procedures, including but not limited to:

(a). disaster preparedness training for an emergency due to external or internal sources; and

(b). prohibited employee use of social media, as applicable;

iii. perform annual competency and performance evaluations of health care personnel;

iv. assure participation in regularly scheduled appropriate continuing education for all health professionals;

v. assure that the care provided by the health care personnel promotes effective emergency medical care and the safety of the patient; and

vi. assure that the ambulance service policies are enforced.

6. The DOO shall be responsible for compliance with all regulations, laws, policies and procedures applicable to the ambulance service.

7. The DOO shall also perform the following duties:

a. implement personnel and employment policies to assure that only qualified personnel are hired:

i. licensing and/or certification (as required by law) shall be verified prior to employment and annually thereafter, and records shall be maintained to support competency of all allied health personnel;

b. implement policies and procedures that establish and support quality patient care;

c. be on-site during business hours or immediately available by telecommunications when off-site and be available after hours as needed;

d. be responsible for and direct the day-to-day operations of the ambulance service facility, inclusive of ensuring emergency service vehicles are well-maintained and have personnel, equipment and supplies sufficient for each service run and in accordance within the scope of practice for emergency medical technicians;

e. act as liaison among staff, patients and the community;

f. designate, in writing, an individual who meets the qualifications of director of operations to assume the authority and the control of the ambulance service if the director of operations is unavailable; and

g. designate policies governing the day-to-day provisions of the ambulance service.

8. The DOO shall refer to the Louisiana Emergency Medical Services Commission, or other authority of competent jurisdiction, any licensed employee who has been proven to have committed any of the following:

a. selling, attempting to sell, falsely obtaining, or furnishing any professional certification document;

b. conviction of a crime or offense which reflects the inability of that person to provide care with due regard of the health and safety of the patient. This includes a plea of nolo contendere, regardless of the final outcome; or

c. is guilty in the aiding and abetting of someone in violation of these regulations or the regulations of the Louisiana EMS Certification Commission; or

d. is guilty in the violation of these regulations or the regulations of the Louisiana EMS Certification Commission.

B. EMTS Medical Director

1. The EMTS medical director shall:

a. be a licensed physician, authorized to practice medicine in Louisiana and knowledgeable about emergency medical care and the emergency medical services system;

b. be the clinical supervisor of the ambulance service and have the responsibility and authority to ensure quality of care and provide guidance for all medical aspects of the EMTS; and

c. review, coordinate, and manage the clinical and medical care for all patients.

2. The EMTS medical director may be an employee or a volunteer of the agency. The agency may also contract for the services of the medical director.

3. The EMTS medical director or his/her designee shall assume overall responsibility for the medical component of the patient care program including, but not limited to:

a. responsibility for all controlled dangerous substances utilized by the ambulance service;

b. developing and coordinating procedures for the provision of emergency medical care, including all equipment and supplies necessary to provide pre-hospital emergency medical care;

c. participating in the development of the protocols or procedures for providing care; and

d. acting as a liaison between the ambulance service provider and the local health care community.

4. The EMTS medical director shall maintain a current list of all licensed emergency medical services personnel that function under his/her supervision.

5. Documentation of the EMTS medical director's credentials shall be kept on file with the service at its headquarters.

C. Licensed Emergency Medical Services Personnel

1. A licensed emergency medical responder shall be licensed by the Louisiana Bureau of Emergency Medical Services.

a. A licensed emergency medical responder shall:

i. only drive the ambulance; or

ii. assist the EMT, AEMT, or the paramedic.

2. A licensed emergency medical technician may:

a. drive the ambulance;

b. assist another EMT or above; and

c. may attend the patient by himself/herself provided the patient does not require advanced life support (ALS) services, and the assessment and interventions fall within the scope of practice of the licensed EMT.

3. A licensed advanced emergency medical technician may:

a. drive the ambulance;

b. assist another licensed EMT; or

c. attend the patient by himself/herself as long as the assessment and interventions fall within the scope of practice of the licensed advanced EMT.

4. A licensed paramedic may:

a. drive the ambulance;

b. assist another licensed EMT; or

c. attend the patient by himself/herself provided the medical procedures being performed are within the scope of practice of the licensed paramedic.

5. Each licensed EMS practitioner participating in any service run shall be responsible for:

a. ensuring sufficient supplies necessary for patient care are available during the service run;

b. re-evaluating necessity and operability of equipment and supplies before and after each service run; and

c. documenting that equipment is in working order and supplies stored in the ambulance have been checked for availability in sufficient number for each service run.

D. Other Medical Personnel. Medical personnel such as physicians, registered nurses, etc., may function in an ambulance in accordance with R.S. 40: 1135.1 et seq., and within the scopes of practice in accordance with the licensed practitioner's professional licensing board.



E. All medical personnel providing services in any capacity on any ambulance shall hold an American Heart Association Health Care Provider, or American Red Cross Professional Rescuer, or the equivalent cardio-pulmonary resuscitation certification.

F. All drivers shall successfully complete and hold a valid current defensive driving certificate issued by the National Safety Council or its equivalent.

G. Pilots

1. Pilots shall not participate in patient care activities, except for loading and unloading the patient, and incidental duties.

2. Pilots shall:

a. hold a valid appropriate commercial pilot's license from the FAA;

b. have a valid physical examination certificate from an FAA flight surgeon.

NOTE: Copies of these documents listed in a. and b. above shall be made available to the department.

c. be qualified to operate the specific aircraft; and

d. have an appropriate instrument flight rating as necessary.

H. Identification and Credentials

1. All personnel working on an ambulance and/or sprint vehicle shall carry with them their current chauffeur's or driver's license(s) in accordance with the Louisiana Highway Regulatory Act.

2. All medical personnel working on a ground transportation ambulance, air ambulance, or emergency medical response vehicle (sprint), shall have their level of licensure readily identifiable to the public.

I. Criminal History Reports

1. In accordance with R.S. 40:1203.2 et seq., all ambulance service personnel shall have criminal history reports and sexual offender checks conducted prior to an offer of employment or a contract. No personnel shall be employed in violation of the statute.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6045. Medications**

A. All medications, including IV fluids, shall be stored in a manner that ensures proper temperature control in accordance with the manufacturers guidelines and utilized prior to the expiration date.

B. All ambulance services shall have a system in place to identify and remove outdated and recalled pharmaceuticals from the service's inventory.

C. Controlled Dangerous Substances

1. All paramedic ambulance services shall have both a Louisiana Controlled Dangerous Substance (CDS) license and a U.S. Drug Enforcement Administration (DEA) controlled substance registration. This license and registration shall be for the services, headquarters or the central location.

a. If the ambulance service is owned by a hospital that holds a CDS license and DEA registration it is exempt from this requirement.

2. All controlled dangerous substances carried on ambulances shall be under the personal control of a paramedic or kept in a substantially constructed, securely locked cabinet on the vehicle. Controlled substances may not be left unattended in unlocked medication kits.

3. All controlled substances kept at the ambulance service's central location shall be stored in a substantially constructed securely locked cabinet or a safe.

4. Ambulance services shall maintain both a dispenser's log and a perpetual inventory of their controlled substances, unless the services are part of a hospital and are maintained by the hospital.

AUTHORITY NOTE: Promulgated in accordance with R.S.  
36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of  
Health, Bureau of Health Services Financing, LR 44:

**§6047. Medical Protocol**

A. In parishes where the parish or component medical society has established a written pre-hospital EMS protocol for use within its jurisdiction, the ambulance service shall follow that protocol, and/or the protocols of LERN as applicable.

B. In parishes where the parish or component medical society have not established a written pre-hospital EMS protocol for use within its jurisdiction, the EMTS provider shall develop a protocol to be used by its personnel. The appropriate portions of this protocol shall be approved by the parish or component medical society.

C. Medical protocols shall include the care of:

1. cardiac arrest;
2. ventricular tachycardia;
3. supraventricular tachycardia;
4. suspected cardiogenic chest pain or suspected myocardial infarction;
5. stroke or suspected stroke;
6. bradydysrhythmias;
7. hypoglycemia;

8. anaphylactic reactions;
9. hypovolemic shock;
10. unconsciousness or altered mental status;
11. suspected drug overdose;
12. treatment induced unconsciousness, altered mental status, hypotension or respiratory depression from physician ordered or protocol appropriate paramedic administered narcotics;
13. respiratory failure or respiratory arrest;
14. active seizure;
15. hospital patient destination;
16. pre-hospital diversion;
17. patient with advanced directives;
18. mass casualty incidents;
19. injuries from weapons of mass destruction;
20. pediatric specific care; and
21. traumatic injuries.

D. The EMTS provider shall adopt the protocols established by LERN or develop an agency specific protocol with specific language related to the transportation of the following patients:

1. Acute stroke patients shall be transported to the closest appropriate primary stroke center, acute stroke ready hospital, or closest appropriate hospital if the patient

exhibits a compromise of airway, breathing or circulatory function, or other potential life threatening emergency as defined by the protocols implemented by the ambulance service's medical director.

a. Acute stroke patients may also be diverted to the closest appropriate hospital by order of LERN or online medical control from the local facility, potential receiving facility or medical director.

2. Patients suffering an acute ST elevation myocardial infarction (STEMI) shall be transported to the closest appropriate STEMI receiving center or, when appropriate, a STEMI referring center.

3. In any case where the treating emergency medical technician's evaluation, according to protocol, indicates a potentially unstable condition or potential medical emergency that, if traveling the extra distance to the recommended appropriate facility, could put the patient at higher risk, the emergency medical technician in his/her discretion may divert to the nearest appropriate facility.

E. All protocols shall:

1. meet or exceed the requirements of these licensing standards and all applicable federal, state and local laws;

2. be consistent with the current National EMS Education Standards scope of practice and the rulings of the Louisiana EMS Certification Commission;

3. be reviewed annually by the licensed agency's EMTS medical director, or the parish medical society; and

4. be immediately available to the department.

F. Ambulance services are accountable for assuring compliance with applicable protocols by their personnel. Exceptions to these protocols shall be reviewed on a case-by-case basis by the physician medical director.

1. Treatment decisions shall be considered given the current health status of the patient in conjunction with all of the associated risks factors including, but not limited to, distance to the nearest stroke facility.

2. Protocols may be developed, maintained, updated and utilized in an electronic format if such are viewable as needed, have a back-up system in place and all staff is trained in usage, as applicable.

G. Ambulance services shall produce, and provide to all personnel, a policy and procedures manual governing the service's operation and shall hold all personnel in compliance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6049. Records**

A. There shall be a permanent record of each patient encounter made by the ambulance service. These records may be maintained as hard copy and/or electronically. The record shall be maintained to assure that the medical treatment of each patient is completely and accurately documented. Records shall be readily available and systematically organized to facilitate the compilation and copying of such information.

B. The record of each patient encounter shall include at a minimum:

1. pertinent demographic information about the patient;
2. location of the response;
3. date and time of response;
4. situation;
5. patient's chief complaint;
6. patient's signs and symptoms;
7. a synopsis of the assessment of the patient to include both the initial and complete assessment of the patient;
8. vital signs;
9. pertinent past medical history;
10. any interventions or treatments conducted;



11. transport destination and arrival time if applicable; and

12. any other significant information that pertains to the patient or to the response.

C. Safeguards shall be established and implemented to maintain confidentiality and protection of the medical record from fire, water, or other sources of damage.

D. Safeguards shall be established and implemented to maintain the confidentiality and protection of all medical records in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.

E. The department shall have access to all business records, patient records or other documents maintained by, or on behalf of the provider, to the extent necessary to ensure compliance with this Chapter. Ensuring compliance includes, but is not limited to:

1. permitting photocopying of records by the department; and

2. providing photocopies to the department of any record or other information the department may deem necessary to determine or verify compliance with this Chapter.

F. The provider shall keep patient records for a period of six years after the patient encounter. The patient records shall:

1. remain in the custody of the provider;
2. be easily retrievable, accessible and available to surveyors, as requested; and
3. not be disclosed or removed unless authorized by law or regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6051. Emergency Preparedness**

A. All ambulance services shall have an all hazards disaster plan on file that has been approved by their local Office of Emergency Preparedness and/or Homeland Security shall be in compliance with the statewide plan developed by the BEMS.

B. All ambulance services shall have disaster mutual aid agreements with all ambulance services that are located in the same LDH established region(s) that the ambulance service operates in.

C. All ambulance services shall have appropriate medical protocols as a part of their disaster plan.

D. All ambulance services shall have an emergency communications plan.

E. All ambulance services shall have policies and procedures addressing emergency preparedness, inclusive of

training of all employees, either contracted or directly employed. Such shall be reviewed and approved at least annually by the ambulance service's governing body and medical director.

F. All ambulance services shall have *Safe Haven* relinquishment policies and procedures, in accordance with the applicable *Louisiana Safe Haven* statutes, which shall be reviewed and approved at least annually by the EMTS' governing body and medical director.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6053. Quality Assurance**

A. The ambulance service shall have an on-going comprehensive, integrated, self-assessment quality improvement process which provides assurance that patient care is provided at all times in compliance with accepted standards of professional practice.

B. The ambulance service shall have written plans, policies and procedures addressing quality assurance.

C. The ambulance service shall monitor and evaluate its resource allocation regularly to identify and resolve problems with the utilization of its services, facilities and personnel.

D. The ambulance service shall follow a written plan for continually assessing and improving all aspects of operations which include:

1. goals and objectives;
2. the identity of the person responsible for the program;
3. a system to ensure systematic, objective regular reports are prepared and distributed to the EMTS' governing body and any other committees as directed by the governing body;
4. the method for evaluating the quality and the appropriateness of care;
5. a method for resolving identified problems; and
6. a method for implementing practices to improve the quality of patient care.

E. The plan shall be reviewed at least annually and revised as appropriate by the EMTS medical director and director of operations.

F. Quality assessment and improvement activities shall be based on the systematic collection, review and evaluation of data which, at a minimum, includes:

1. services provided by professional and volunteer staff;
2. audits of patient charts;

3. reports from staff, volunteers and patients/clients about services;
4. concerns or suggestions for improvement in services;
5. organizational review of the ambulance service program;
6. patient/family evaluations of care; and
7. high-risk, high volume and problem-prone activities.

G. When problems are identified in the provision of ambulance care, there shall be:

1. evidence of corrective actions, including ongoing monitoring;
2. revisions of policies and procedures, as appropriate; and
3. educational intervention and changes in the provision of services, as appropriate.

H. The effectiveness of actions taken to improve services or correct identified problems shall be evaluated.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

### Subchapter C. Emergency Vehicles-Ground Transportation

**§6061. General Provisions**

A. All ground transportation emergency vehicles utilized by ambulance services shall be in compliance with the Louisiana Motor Vehicle Regulatory Act and designated as one of the following:

1. emergency medical response sprint vehicle; or

2. ambulance ground transportation service.

B. All emergency vehicles ground transportation services shall be insured in accordance with R.S.40:1135.9 et seq.

C. An ambulance service may rent or borrow a vehicle for up to 90 days without having it inspected or pay certification fees. However, the vehicle shall be subject to spot check inspection if necessary. The vehicle shall be in compliance with R.S.32:1 et seq., and the provisions of this Subchapter.

D. Unless an ambulance or a sprint vehicle is obtained for less than 90 days, it shall be registered in the ambulance service's name.

E. All emergency ground transportation vehicles shall have permanent signage indicating the name of the provider and the unit number. All numbering and lettering shall be reflective and be at least 3 inches high or greater. If a logo is used it shall be 6 inches or greater in size. This shall appear on the rear and on both sides of the vehicle.

1. Vehicles borrowed or rented for less than 90 days are exempt from this permanent signage requirement.

F. Emergency Warning Lights. These lights shall be mounted as high and as widely spaced laterally apart as practicable.

1. There shall be two alternating flashing red lights on the front of the vehicle mounted at the same level.

2. There shall be two alternating flashing red lights on the rear of the vehicle mounted at the same level.

a. These front and rear lights shall have sufficient intensity to be visible at 500 feet in normal sunlight.

3. The following exceptions apply:

a. Any authorized emergency vehicle may be equipped with a large revolving red light on the roof instead of alternating flashing red lights on the front. This light shall be discernible in all directions and have sufficient intensity to be visible at 500 feet in normal sunlight.

b. Authorized emergency medical response vehicles of organized fire companies may be equipped with a large red and white light on the roof encased in a clear dome, instead of the large red light on the roof. This light shall be discernible in all directions and have sufficient intensity to be visible at 500 feet in normal sunlight.

G. Audible Warning Signals. Each emergency medical response vehicle or ambulance shall have a siren, exhaust whistle, or bell capable of giving an audible signal sufficient to warn motorists of its approach (audible up to 500 feet).

H. Emergency medical response vehicles and ambulances shall have passenger restraints systems/seat belts.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6063. Emergency Medical Response Vehicles (Sprint Vehicles)**

A. Emergency Medical Response Vehicle Qualifications. The vehicle may be on either an automobile or truck chassis, have four or more wheels and shall have the following external markings:

1. all numbering and lettering shall be reflective;

2. the unit number shall be displayed in numerals 3 inches high or greater on the rear and both sides of the vehicle;

3. the agency's name shall appear on both sides of the vehicle in lettering 3 inches high or greater, or with a logo that is 6 inches or greater in size;

4. the agency's name or logo shall appear on the trunk or rear door in lettering 3 inches high. Agency logos



shall be specific to the agency and on file with the department;  
and

5. the vehicle's markings shall indicate its designation as an emergency medical response vehicle such as sprint car, supervisor, chief, special services, etc. No markings on the vehicle may imply that it is an ambulance.

B. Equipment and Supplies

1. All vehicle units shall have a FCC type accepted two-way radio communication system for day-to-day communications. The emergency medical response vehicle's dispatch center(s) and/or point(s) of dispatch shall be capable of interactive two-way radio communications within all of the service's defined area.

2. In addition to the day-to-day communication system, all emergency medical response vehicles shall have a two-way radio with disaster communications capability that is compatible with the Statewide Louisiana Wireless Information Network (LWIN) system, with the following zones required:

a. LERN;

b. BEMS; and

c. statewide interoperability channels.

3. Direct communication with a physician and hospital shall be conducted through an appropriate system sufficient to ensure adequate communication, such as:

a. a radio compatible with the statewide LWIN system; or

b. wireless telephone; or

c. radio telephone switch station (RTSS); or

d. med. 10 system, etc.

4. All emergency medical response vehicles shall be equipped with at least the following injury prevention equipment:

a. fire extinguishers;

b. reflective vests and traffic signaling devices;

c. flashlights;

d. U.S. DOT Hazardous Materials Guidebook for reference;

e. hard hats and safety goggles (ANZI spec) or fire fighter's helmet with face shield; and

f. leather or nomex gauntlet gloves.

5. All emergency medical response vehicles shall have basic life support equipment and medical supplies as determined by the EMTS medical director and governing body who have developed policies and procedures to maintain, update or not carry certain medical supplies and equipment as medically indicated or contraindicated for their service area and have

documentation available to support the determination. Such basic life support equipment and medical supplies shall be:

a. consistent with the standards of practice for the EMS practitioner;

b. consistent with the density of the population served and geographic conditions of the region; and

c. consistent with the recommendations of the scope of practice for emergency medical technicians established in R.S. 40:1133.14, inclusive of but not limited to the following:

i. drugs;

ii. suction;

iii. oxygen equipment;

iv. cardiopulmonary resuscitation equipment;

v. basic trauma equipment; and

vi. any other equipment required by law that shall be maintained on the emergency medical response vehicle.

6. All emergency medical response vehicles that are not staffed and equipped to the paramedic level shall carry an automated external defibrillator (either automatic or semi-automatic) with the appropriate lead cables and at least two sets of the appropriate disposable electrodes. If the automated

defibrillator is also capable of manual defibrillation, an appropriate lock out mechanism (such as an access code, computer chip, or lock and key) to prevent unauthorized use of the device by those persons not authorized to manually defibrillate shall be an integral part of the device.

7. All advanced life support emergency medical response vehicles shall carry equipment and medical supplies dependent on level of licensure of personnel and as determined by the EMTS medical director and governing body who have developed policies and procedures to maintain, update or not carry certain advanced life support equipment and medical supplies as medically indicated or contraindicated for their service area and have documentation available to support the determination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

**§6065. Ground Transportation Ambulances**

A. Any vehicle used as a ground transportation ambulance shall be designed and constructed by the manufacturer as such and shall not, except in a disaster or life-threatening emergency situation:

1. transport more than one unrelated patient per trip; and

2. transport more than the intended patient capacity of the vehicle.

B. The following medical and safety equipment are requirements for certification of all ground transportation ambulances operating within the state of Louisiana.

1. All ground transportation ambulances shall have a national standard public safety two-way radio communication (day-to-day communications). The ambulance dispatch center(s) and/or point(s) of dispatch shall be capable of interactive two-way communications within all of the service's defined area.

2. Two-way radio with disaster communications shall be compatible with the statewide LWIN system, with the following zones required:

a. LERN;

b. BEMS; and

c. statewide interoperability channels.

3. Direct communication with a physician and hospital shall be conducted through an appropriate system sufficient to ensure adequate communication, such as:

a. a radio compatible with the statewide LWIN system; or

b. wireless telephone; or

c. radio telephone switch station (RTSS); or

d. med. 10 system, etc.

4. All ground transportation ambulances shall carry basic life support equipment and medical supplies as determined by the EMTS medical director and governing body who have developed policies and procedures to maintain, update or not carry certain medical supplies and equipment as medically indicated or contraindicated for their service area and have documentation available to support the determination.

5. All ground transportation ambulances shall be equipped with the following all hazards emergency supplies:

a. fire extinguishers;

b. blankets;

c. US DOT Hazardous Materials Guidebook for reference;

d. hard hats and safety goggles (ANSI 37.1 or NFPA approved fire fighter turn out gear);

e. leather or nomex gauntlet gloves;

f. incident command/safety vest with florescent trim and appropriate logos;

g. stretcher(s), wheeled, multi-level;

h. one set of stretcher straps with at least three points of confinement, including shoulder harness per stretcher; and

6. All ambulances that are not staffed and equipped to the licensed paramedic level shall carry:

a. an automated external defibrillator (either automatic or semi-automatic) with the appropriate lead cables and at least two sets of the appropriate disposable electrodes, for adult and non-adult patients, for monitoring and defibrillation. If the automated defibrillator is also capable of manual defibrillation, an appropriate lock-out mechanism (such as an access code, computer chip, or lock and key) to prevent unauthorized use of the device by those persons not authorized to manually defibrillate must be an integral part of the device;

b. one epinephrine auto injector adult, .30 mg;

c. one epinephrine auto injector, pediatric.

7. All advanced life support ground transportation ambulances shall carry basic equipment and medical supplies as well as additional advanced equipment and medical supplies appropriate to level of licensure of personnel staffing the ambulance.

a. Such equipment and supplies shall be determined by the EMTS medical director and governing body who have developed policies and procedures to maintain, update or delete certain advanced life support equipment and medical supplies as medically indicated or contraindicated for their

service area and have documentation available to support the determination; and

b. Such equipment and supplies shall be consistent with the scope of practice for emergency medical technicians established in R.S. 40:1133.14, inclusive of but not limited to the following:

i. drugs;

ii. suction;

iii. oxygen equipment;

iv. cardiopulmonary resuscitation equipment;

v. basic trauma equipment; and

vi. any other equipment required by law that shall be maintained on the ambulance.

C. All ground transportation ambulances shall have functional temperature control in the patient compartment. Such temperature control equipment shall function within the vehicle manufacturer's recommended guidelines or specifications.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S.40:1135.1 and R.S 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

#### Subchapter D. Emergency Vehicles-Aircraft Transportation

##### §6071. General Provisions



A. All ambulance providers whose aircraft are utilized as air ambulances shall provide the department with copies of the air ambulances' FAA Certificate of Registrations and Certificate of Air Worthiness. Upon request, the provider shall make their maintenance logs available to the department.

B. Certifications of all air ambulance personnel shall meet FAA requirements and local pilot and medical personnel staffing protocols.

C. All air ambulances shall be equipped with the safety equipment required by the FAA and shall be maintained and remain operable.

D. In accordance with R.S. 40: 1135.8 et seq., all air ambulances shall be equipped with the medical and safety equipment established under rules promulgated by the Department of Health and based upon the recommendations of an advisory committee. The medical and safety equipment shall conform to local protocol as established by the medical director of the air ambulance service.

E. Air ambulances shall carry the medical equipment that is mandated to them in protocol by the EMTS medical director and approved by the EMTS governing body and, at a minimum, the medical equipment and supplies equivalent to such required by ground ambulance transportation.

F. All air ambulance services shall carry advanced life support equipment and medical supplies dependent on level of licensure of personnel (paramedic level) and as determined by the EMTS medical director and governing body who have developed policies and procedures to maintain, update or delete certain advanced life support equipment and medical supplies as medically indicated or contraindicated for their service area and have documentation available to support the determination.

G. All air ambulances shall be staffed to the advanced life support (paramedic) level. The paramedic(s) and each member of the flight team are each responsible to ensure that equipment and supplies are readily available and operable, as appropriate, for each flight service run to meet the needs of the patients served.

H. All air ambulances shall have functional temperature control in the patient compartment. Such temperature control equipment shall function within the aircraft's manufacturer's recommended guidelines or specifications.

I. If a service provides interhospital air transport, air transport from hospital to another facility, air transport from hospital to home, or similar air transport, the service must certify that a medical director is employed to advise the service on the appropriate staffing, equipment, and supplies to be used for the transport of patients aboard an air ambulance.

J. Provisions in this Section shall not be construed to prohibit, limit or regulate random mercy flights made by a person or corporation in privately or publicly owned aircraft who may on occasion transport individuals who may need medical attention during transport, or human organs intended for transplantation including, but not limited to the heart, lungs, kidneys, liver and other soft tissue and bones, on either a not-for-profit basis or gratuitously.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S.40:1135.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a no impact on family functioning, stability or autonomy as described in R.S. 49:972.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual or family poverty in relation to individual or community asset development as described in R.S. 49:973.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service and no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to Cecile Castello, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821 or by email to MedicaidPolicy@la.gov. Ms. Castello is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, October 25, 2018 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Rebekah E. Gee MD, MPH

Secretary