

NOTICE OF INTENT

**Louisiana Department of Health
Office of Public Health
Bureau of Emergency Medical Services**

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

The Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services propose to repeal and replace LAC 48.I.Chapter 60 in Medical Assistance Program as authorized by R.S. 36:254, R.S. 40:1131.1.A, R.S. 40:1133.5(9), 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 Louisiana Legislature, the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services propose 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 clearly and concisely 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, out-of-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 out-of-hospital protocols, and collaboration of medical physicians and licensed emergency services personnel. These licensing standards constitute minimum guidelines that each licensed EMS ambulance service shall meet to ensure the safety of patients of all ages in the out-of-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 and Hospitals, Office of the Secretary, Bureau of Health Services

Financing, LR 35:466 (March 2009), amended LR 41:2153 (October 2015); amended LR 49:

§6003. Definitions

Advanced Life Support (ALS)—the provision of medically necessary supplies and services by EMS practitioners who are licensed at least to the level of advanced emergency medical technician or equivalent.

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 or Ambulance Provider—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, individuals who may need medical attention during transport.

1. Ambulance services/providers 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 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.

Basic Life Support (BLS)—a basic level of out-of-hospital, hospital, inter-hospital, and emergency service care which includes an assessment or intervention by a licensed emergency medical services practitioner who possesses a Louisiana Bureau of

Emergency Medical Services license at the Emergency Medical Technical level.

Bureau of Emergency Medical Services (Bureau of EMS, BEMS)—the EMS regulatory agency that licenses EMS practitioners and ambulance services/providers.

Certified Ambulance Operator—an individual who is certified by the Bureau of EMS as a certified ambulance operator. Documentation outlined in statute must be submitted before certification is received.

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/provider 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 an ambulance service/provider, or that results in the acquiring person/corporation holding a 50 percent or greater interest in the ownership or control of the ambulance service/provider.

Commission—the Louisiana Emergency Medical Services Certification Commission.

Department—the Louisiana Department of Health (LDH).

Emergency Medical Personnel or Emergency Service Person—an individual who possesses a Bureau of EMS license as an EMS Practitioner.

Emergency Medical Response Vehicle (EMRV)—a marked emergency vehicle with fully visual and/or audible warning signals, operated by a licensed ambulance service/provider, 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 that carry BLS first aid or BLS emergency medical supplies, and that 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 out-of-hospital nonemergency, urgent, and emergency care to the sick and injured.

EMS Medical Director—a physician (MD or DO) licensed by the Louisiana State Board of Medical Examiners who has responsibility and authority to ensure the quality of care and provide guidance for all out-of-hospital medical care provided by EMS ambulance services and EMS Practitioners.

EMS Practitioner an individual who possesses a Bureau of EMS license as an emergency medical responder (EMR), an emergency medical technician (EMT), an advanced emergency medical technician (AEMT), or a paramedic.

EMS Task Force—composed of individuals, subject to the approval of the secretary of the department, which advises and make recommendations to the bureau and the department on matters related to emergency medical services.

Emergency Vehicle—a vehicle that meets the definition of an "authorized emergency vehicle" in the Louisiana Highway Regulatory Act (R.S. 32:1).

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

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 - a child not previously subjected to abuse or neglect, who is not more than sixty 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 has successfully completed an emergency medical services education program based on national EMS education standards, and is licensed as any one of the following:

1. a licensed emergency medical technician;
2. a licensed advanced emergency medical technician;

or

3. a licensed paramedic.

Licensed Emergency Medical Technician-an individual who has successfully completed the emergency medical technician training program adopted by the bureau, who is licensed by the bureau.

Licensed Advanced Emergency Medical Technician- an individual who has successfully completed the advanced emergency medical technician training program adopted by the bureau, who is licensed by the bureau.

Licensed Paramedic-an individual who has successfully completed the paramedic training program adopted by the bureau, who is licensed by the bureau.

Licensed Emergency Medical Responder—an individual who has successfully completed a training course adopted by the bureau for emergency medical responders and who is licensed by the bureau.

Moral Turpitude—an act of baseness, vileness, or depravity in the duties which one person owes another, or to society in general, which is contrary to the usual, accepted and customary rule of right and duty which a person should follow.

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 current national EMS education standards.

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

Operational—~~for~~ 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 ambulance service's/provider's service area unless excepted under other provisions of this Chapter.

Pediatric Emergency Care Coordinator-an individual or team that facilitates continued pediatric emergency education; ensures quality improvement for pediatric patients; enhances the availability of pediatric medications, equipment, and supplies; represents the pediatric perspective in the development of EMS protocols; and participates in pediatric research. A person and/or team in this role would be expected to oversee the system-based care of pediatric patients and would promote the integration of pediatric elements into day-to-day services as well as local and/or regional disaster planning, while also serving as a pediatric health care liaison among the EMS agency, community pediatricians, and medical home in addition to the local health care facilities.

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 a Safe Haven 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 term 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.

V-MED 28—the National Emergency Medical Services Mutual Aid (radio) frequency of 155.340 MHZ in the VHF broad band frequency spectrum.

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 United States 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. 40:1131.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:467 (March 2009); amended by Bureau of Emergency Medical Services, LR 49:

§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.

1. Exception. No license shall be required for any hospital that operates a vehicle solely for the purpose of moving its own patients between parts of its own campus, provided that all of the following conditions are met:

a. the parts of the hospital's campus are not more than 10 miles apart;

b. at the time of transport, the patient is attended by at least two individuals who are an emergency medical services practitioner, a licensed practical or registered nurse, or a physician; and

c. the vehicle utilized by the hospital for transport contains the same equipment as is required for a licensed ambulance.

C. No person shall conduct, maintain or operate an ambulance which does not carry with it, in fully operational condition, equipment consistent with the agency protocol, not to

exceed the Louisiana scope of practice for emergency medical services practitioners 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 ambulance service/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.

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 ambulance services/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 the ambulance service/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 ambulance service/provider shall submit the plan of correction to the department for approval within the prescribed timeframe, and the ambulance service/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 ambulance service/provider or applicant has correct all non-compliance or violations, the department may issues 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 the required fee to become licensed.

e. For an existing ambulance service, if the follow-up inspection reveals that the ambulance service/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 nonexclusive 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 valid 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 service/provider has been issued a notice of license revocation, suspension, modification or termination and the ambulance service's/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.
40:1135.3

HISTORICAL NOTE: Promulgated by the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, amended LR 49:

§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 application fee is paid.

B. An application packet shall be obtained electronically from the department's Bureau of EMS website.

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

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 service/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 service/provider shall indicate the:

1. type of license requested;

a. ground ambulance service;

b. air ambulance service;

2. the highest level of care, as listed below, that the service may provide must be consistent with its equipment and personnel and in accordance with Louisiana Scope of Practice as defined by the EMS Certification Commission;

a. emergency medical response vehicle (EMRV, sprint vehicles, etc.);

b. Basic level service ambulance

c. Advanced level service ambulance

d. Air ambulance

i. fixed-wing; and/or

ii. rotary aircraft.

E. An applicant seeking a license as an ambulance service/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. in the initial application only, petition the department for hours of operation other than 24 hours a day, 365 days a year;

4. 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 certificate of insurance verifying proof of required commercial automobile or aircraft liability insurance;

2. Proof that the ambulance service/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 license(s), inclusive of the director of operations, the administrator and the medical director;

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

6. the unit number, 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 ambulance services/providers, a copy of the certificate of registration from the Office of Motor Vehicles;

b. for air ambulance services/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 service/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.

G. Service Area. An applicant for an ambulance service/provider 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 ambulance service/provider by the department, the applicant shall not provide EMS care to any individual.

AUTHORITY NOTE: Promulgated in accordance with R.S. 1135.3, R.S. 40:1135.8

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:469 (March 2009); amended by Bureau of Emergency Medical Services, LR 49:

§6009. Service Areas

A. An ambulance service/provider's service area is that territory which the ambulance service/provider renders services, has vehicles posted or domiciled, and is legally authorized by the local governing body(ies) to provide services.

B. Upon initial application, an applicant for an EMS license shall declare his service area in writing. The department may require the applicant to provide a map of the service area. The applicant shall also provide copies of all necessary local licenses and permits to operate within the service area, or other legal clearances.

C. Expansion of Service Area. If an ambulance service/provider intends to expand into additional service areas,

such notice shall be given to the department at least 72 hours in advance.

1. This notification must 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 ambulance service/provider shall also provide a copy of all necessary local permits and licenses or other legal clearances.

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1135.3.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:469 (March 2009); amended by Bureau of Emergency Medical Services, LR 49:

§6011. Governing Body

A. The ambulance service/provider shall have a governing body that is 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; and
- c. 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
- 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.

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 position within 30 calendar days from the date the change occurs. The notice shall include the identity of the replacement 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 and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:469 (March 2009); amended by Bureau of Emergency Medical Services, LR 49:

§6013. Fees

A. Any remittance submitted to the department in payment of a required fee must 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. an initial application;
2. a renewal application;
3. a change of controlling ownership;
4. a 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. 40:1135.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:470 (March 2009); amended by Bureau of Emergency Medical Services, LR 49:

§6015. Inspections, Surveys or Investigations

A. Initial Inspections. An applicant must 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 that they 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, the safe and working order shall be determined by the rules of the FAA, 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 ambulance service/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 those ambulance services/providers rendering advanced life support, verification that the ambulance service/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 licensing standards.

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

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

4. Fleet addition inspections

a. Any ambulance service adding a ground transportation ambulance, air ambulance or sprint vehicle to the 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, preferably the lower part of the driver's door window.

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 must be 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 ambulance service/provider to arrange for the vehicle to be available to the surveyor for inspection within 30 days of the on-site survey.

D. For ambulance services/providers based in Louisiana, who boarder an adjacent state and use vehicles from the bordering state, such vehicles are not required to have a Louisiana license plate, but shall be licensed in accordance with the adjacent state's rules, laws and regulations in the operation of the ambulance service's/provider's vehicle. These vehicles shall be available for inspection for compliance with Louisiana inspection requirements pursuant to this Chapter.

E. Louisiana Department of Health surveyors and staff shall be:

1. given access to all areas and relevant files of the ambulance service/provider which are relevant to the purpose of the inspection or investigation during an inspection or investigation; and

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

F. The ambulance service/ provider shall be given 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, 40:1135.1 and R.S. 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:471 (March 2009); amended by Bureau of Emergency Medical Services, LR 49:

§6017. Statement of Deficiencies

A. Except as may otherwise be required by the Louisiana Public Records Law (La. R.S. 44:1 et seq.), 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 ambulance service/provider submits an acceptable plan of correction or 90 days after the statement of deficiencies is issued to the ambulance service/provider, whichever occurs first.

1. A statement of deficiencies shall:

a. cite the law or rule of the deficiency,

- b. be reviewed and signed by a representative of the ambulance service/provider on the day of the inspection, and
- c. be delivered, during the exit interview at the time of the survey or by registered mail, return receipt requested, to the ambulance service/provider representative and administrator/chief of EMS no later than two business days following the surveys.

B. Unless otherwise provided in statute or in these licensing provisions, an ambulance service/provider shall have the right to an informal reconsideration of the 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 reconsiderations of the deficiencies shall be made to the department's Bureau of EMS and will be considered timely if received by the Bureau of EMS within

30 calendar days of the ambulance service's/provider's receipt of the statement of deficiencies.

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

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

5. The ambulance service/provider shall be notified in writing via registered mail, return receipt 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 provision 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 and

Hospitals, Office of the Secretary, Bureau of Health Services
Financing, LR 35:471 (March 2009); amended by Bureau of
Emergency Medical Services, LR 49:

§6019. Changes

A. An ambulance service/provider shall notify the Louisiana Department of Health, in writing, within five working days of the occurrence of any changes in:

1. physical address of the headquarters;
2. agency name;
3. phone number;
4. 24-hour contact procedure;
5. ownership (CHOW form is required);
6. physical address, email address or phone number of any substation or the addition of any substation;
7. administrator(s)/chief of EMS (a completed key personnel change form is required);
8. director of operations (a completed key personnel change form is required);
9. medical directors (a completed key personnel change form is required);
10. insurance coverage;

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

12. 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 ambulance service/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 ambulance service/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 an ambulance service's/provider's entity constitutes a CHOW of the leased portion.

2. Change of Ownership packets may be obtained electronically from the Bureau of EMS' 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 must 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 must meet all criteria required for initial licensure as an ambulance service/provider;

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

c. ~~any~~ changes in medical director or director of operations, administrator, or chief of EMS.

d. disclosure of ownership forms; and

e. a 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 and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:472 (March 2009); amended by Bureau of Emergency Medical Services, LR 49:

§6021. License Renewal

- A. An ambulance service license must be renewed annually.
- B. An ambulance service seeking a renewal of its license shall:
 - 1. access the renewal application electronically on the Bureau of EMS Information Management System at least 45 days prior to license expiration;
 - 2. complete all forms and attachments and submit to the department at least 15 days prior to license expiration; and
 - 3. electronically submit the current annual licensing fees using the Bureau of EMS Information Management System
 - a. An application is not considered to have been submitted unless the licensing fees are received.
 - 4. submit any changes in medical protocols, if made since the last license renewal.

5. submit ambulance crash data on the provided form.

C. The department may issue a full renewal license to an existing licensed ambulance service/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 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 an ambulance service/provider for the voluntary non-renewal of an ambulance service/provider 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 ambulance service/provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:1135.3.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services

Financing, LR 35:472 (March 2009); amended by Bureau of
Emergency Medical Services, LR 49:

§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 nonexclusive reasons:

1. the background investigation indicates any convictions pursuant to R.S. 40:1203.3 et seq.;

2. has had any license pertaining to the provision of emergency medical services 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. the 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 denied renewal or revoked for any one 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 corrective action 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 and the department (Bureau of EMS)

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 continuously maintain in force 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 service/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. any convictions 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 of the person designated to manage or supervise the ambulance service agency; or

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

C. If an ambulance service's/provider's license is revoked or denied renewal by the department, other than for cessation of business or non-operational status, any owner, officer, member, manager or administrator of such service may be 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 service/provider in accordance with the provisions of this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S. 40:1135.1, 40:1135.2 and R.S. 40:1135.3.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 49:

§6025. Sanctions

A. In accordance with R.S. 40:1135.5 et seq., any person or ambulance service/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 for the 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 actions 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, R.S. 40:1135.2 and R.S. 40:1135.5.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 49:

§6027. Notices, Informal Reconsideration and Appeals

A. Following any inspection or complaint investigation, the department will issue a notice of deficient practice if deficiencies are found and cited. The ambulance service/provider shall receive written notice, via registered mail, return receipt requested.

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 administration reconsideration.

1. A request for an informal reconsideration shall be submitted in writing to the department within 30 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 ambulance service/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 ambulance service/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. An ambulance service/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 ambulance service/provider has thirty 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 ambulance service/provider shall receive written notice, via registered mail, return receipt requested, 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 Division of Administration Law (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 made within the applicable time limits.

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

3. An ambulance service/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 Procedures Act.

E. Administrative Appeal of a Civil Fine or Other Sanction. An ambulance service 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 ambulance service/provider, the ambulance service/provider may request a judicial review of the decision in accordance with the Administrative Procedures Act.

F. An ambulance service/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 ambulance service/provider has 30 calendar days from the notice of the results of the follow-up inspection to request an administrative appeal.

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

a. To request a stay, an application for a stay must be filed by the ambulance service/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 ambulance service/provider.

G. If an ambulance service/provider fails to submit a timely request for an administrative 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, the department's decision to allow a provisional license to expire, or in connection with 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, R.S. 40:1135.2 and R.S. 40:1135.5.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 49:

§6029. Cessation of Business

A. Except as provided in §6031 or §6032 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 as of the date on which the ambulance service stopped offering or providing services to the community.

C. Upon the cessations 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 the right to appeal a cessation of business.

E. Once the ambulance service has ceased doing business, the ambulance service/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. 40:1134.1 and R.S. 40:1135.2.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 49:

§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 of 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 the Bureau of EMS 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 to 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;

d. the ambulance service's initial request to inactivate does not exceed one year.

NOTE: Pursuant to these provisions, an extension of the 60-day deadline for initiation of request may be granted at the discretion of the department.

2. the ambulance service resumes operating in the same service areas within one year of the issuance of an executive order or proclamation of emergency of 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. An ambulance service which has received 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 Bureau of EMS 30 calendar 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), if required by law; and

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

EXCEPTION: If the ambulance service requires an extension of this timeframe due to circumstances beyond

the ambulance service's/provider's control, the department will consider an extended period. Such written request for extension shall show the ambulance service's/provider's active efforts to complete construction or repairs and the reasons for the request for extension of the ambulance service's/provider's inactive license. Any approval for an extension is at the sole discretion of the department.

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 shall 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 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 for 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 and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:473 (March 2009); amended by Bureau of Emergency Medical Services, LR 49:

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

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

1. the ambulance service/provider shall submit written notification to the Bureau of Emergency Medical Services within 30 calendar days of the date of the non-declared emergency or disaster stating that:

- a. the ambulance service has experienced an interruption of 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 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.

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 resumes operating in the same areas within one year;

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 temporarily inactivate an ambulance service/provider license, the department shall issue a notice of inactivation of license to the ambulance service/provider.

C. 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 Bureau of EMS 30 calendar 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 license 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), if required by law, and

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

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

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 shall issue a notice of reinstatement of the ambulance service license.

E. No change of ownership in the ambulance service shall occur until such ambulance service/provider 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 for 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 and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:474 (March 2009); amended by Bureau of Emergency Medical Services, LR 49:

Subchapter B. Ambulance Service/Provider Responsibilities

§6041. General Provisions

A. Insurance Coverage

1. Each ambulance service/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. Proof of participation in the Louisiana Patients' Compensation Fund will be accepted as medical malpractice insurance.

3. Each ambulance service/provider shall provide to the Department a certificate of insurance verifying that the ambulance service/provider has the legally mandated insurance coverage.

B. Infection Control and Laboratory Testing

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

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

2. Ambulance services conducting blood glucose or other laboratory testing in the field must 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. All dispatch facilities must have 24 hour emergency power.

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. They 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. 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.

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 the 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 services/providers shall maintain a log of all incoming calls received related to patient medical services

and in accordance with the ambulance service's/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 ambulance service/provider shall notify the Bureau of EMS 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. 40:1135.3

HISTORICAL NOTE: Promulgated by the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 49:

§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 activities of professional staff and allied health personnel; and

b. responsible for compliance with regulatory requirements.

2. The DOO, or designee, 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' experience as an EMS Practitioner; and

b. be a full-time employee of only one ambulance service facility.

4. The department may exempt the director of operations from the requirements of §6133.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 nonexclusive methods:

i. perform complaint investigations;

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

iii. competency evaluation performed biennially to coincide with renewals of licensure of health care personnel or alternatively provide that the competency evaluation will ~~lean~~ be done through an ambulance service's/provider's quality assurance policies and procedures that includes a definition of competency when utilizing the quality assurance process

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 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 responsible for and direct the day-to-day operations of the ambulance service facility;

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

e. 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

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

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

a. the 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.

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

B. Medical Director

1. The medical director must be a licensed physician (MD or DO), authorized to practice medicine in Louisiana and knowledgeable about emergency medical care and the emergency medical services system. The medical director is the clinical supervisor of the ambulance service. The medical director reviews, coordinates, and is responsible for the management of clinical and medical care for all patients. The medical director is responsible for all aspects of patient care. The medical director may be an employee or a volunteer of the agency. The agency may also contract for services of the medical director.

2. The medical director or his 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; and

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

3. The medical director shall maintain a current list of all licensed emergency medical services personnel that function under the Medical Director's supervision.

4. The medical director shall have the authority to appointment and delegate duties to one or more associate medical directors;

a. Associate medical directors shall have responsibilities and authority that are delineated in writing and shall be recognized with authority and responsibility as delegated by the program's EMS Medical Director.

5. Documentation of the 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 (EMR) must be licensed by the Louisiana Bureau of Emergency Medical Services. A licensed emergency medical responders drive the ambulance and

assist the EMT. He may not attend the patient in the back of the ambulance by himself.

- a. A licensed emergency medical responder shall:
 - i. drive the ambulance; or
 - ii. assist the EMT, AEMT or the Paramedic on an ambulance; or
 - iii. provide on-scene patient care to the EMR level according to the Louisiana Scope of Practice

- 2. A licensed emergency medical technician may:
 - a. drive the ambulance;
 - b. assist another licensed EMS practitioner;
 - c. may attend the patient by himself 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 EMS practitioner; or

c. attend the patient by himself as long as the assessment and interventions fall within his established Louisiana ~~the~~ scope of practice.

4. A licensed paramedic may:

- a. drive the ambulance;
- b. assist another licensed EMS Practitioner; or
- c. attend the patient by himself provided the medical procedures being performed are within his established Louisiana scope of practice.

D. Pediatric Emergency Care Coordinator (PECC)

1. A PECC is recommended for the purpose of:

- a. staying abreast of and advocating for the most current evidence-based, best practices, and model guidelines in out-of-hospital emergency care.
- b. advocating for the ambulance service to collect and submit EMS data to be utilized for quality improvement purposes.
- c. collaborate with the ambulance service's leadership and external partners to improve all aspects of pediatric care, education, and training.
- d. maintaining knowledge of pediatric capabilities within regional hospitals and destinations of care.

e. dedicating the quality improvement efforts focused on pediatric patients.

E. Certified Ambulance Operator:

1. A certified ambulance operator must be certified by the Louisiana Bureau of Emergency Medical Services.

a. A certified ambulance operator shall:

i. drive the ambulance; or

ii. assist the EMT, AEMT or the Paramedic with lifting and moving patients and cardiopulmonary resuscitation while responding to calls for assistance on an ambulance.

F. Other Medical Personnel. Other 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 scope of practice in accordance with the licensed practitioner's professional licensing board.

G. All medical personnel providing services in any capacity on an ambulance shall have either a current Health Care Provider or a Professional Rescuer CPR certification from the American Heart Association or the American Red Cross, or the equivalent cardiopulmonary resuscitation certification.

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

I. 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 Federal Aviation Administration;

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.

J. Identification and Credentials

1. All personnel working on an ambulance and/or sprint vehicle shall carry with them their current driver's license at the level required by 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 utilizing the appropriate designated patch or name tag issued by the ambulance service/provider.

K. Criminal History Reports

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

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 and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:477 (March 2009); amended by Bureau of Emergency Medical Services, LR 49:

§6045. Medications

A. All medications, including IV fluids, shall be in accordance with the manufacturer's guidelines and utilized prior to the expiration date.

1. Medical Directors are authorized to extend expiration dates up to one year for critical medications.

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 advanced life support ambulance services/providers must have both a Louisiana Controlled Dangerous Substance (CDS) license and a U.S. Drug Enforcement Administration (DEA) controlled substance registration.

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 must be under the personal control of a licensed EMS practitioner who is allowed to control these types of substances under their scope of practice 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 must be stored in a substantially constructed securely locked cabinet or a safe.

4. Ambulance services must maintain both a dispenser's log and a perpetual inventory of their controlled substances, unless the service is 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 Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 49:

§6047. Medical Protocol

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

B. In parishes where the parish or component medical society have not established a written out-of-hospital EMS protocol for use within its jurisdiction, the EMS service 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. At a minimum, protocols shall include the care of the following conditions for adult (if applicable), geriatric (if applicable) and pediatric (if applicable) patients:

1. abuse and neglect;
2. active seizure;
3. acute coronary syndrome (STEMI, bradydysrhythmias, supraventricular tachycardia, suspected cardiogenic chest pain or suspected myocardial infarction, ventricular tachycardia);
4. anaphylactic reactions;
5. behavioral health;
6. bites and envenomation;
7. burns;
8. cardiac arrest;
9. childbirth;
10. drowning;
11. eclampsia;
12. functional needs (special healthcare and technology dependent);
13. head injury;
14. hemorrhage (internal, external);
15. hyperthermia;

16. hypoglycemia;
17. injuries from weapons of mass destruction;
18. mass casualty incidents;
19. neonatal resuscitation;
20. obstetrical emergencies;
21. orthopedic injuries;
22. pain management;
23. patient with advanced directives;
24. prehospital diversion/patient destination;
25. respiratory emergencies (distress, failure,
arrest);
26. shock (all-inclusive);
27. stroke or suspected stroke;
28. sepsis;
29. suspected poisoning/drug overdose;
30. syncope;
31. traumatic injuries;
32. treatment induced unconsciousness, altered mental
status, hypotension or respiratory depression from physician

ordered or protocol appropriate paramedic administered narcotics;
and

33. unconsciousness or altered mental status;

D. The EMS service shall adopt the protocols established by the Louisiana Emergency Response Network (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 comprehensive stroke center, thrombectomy capable stroke center, primary stroke center, or acute stroke ready hospital; however, acute stroke patients exhibiting signs or symptoms of airway, breathing or circulatory compromise, or any other potentially life-threatening emergency, as defined by protocols implemented by the ambulance service's medical director, shall be transported to the closest appropriate hospital capable of caring for the patient's emergency condition.

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), occlusion myocardial infarction (OMI), or non-occlusion myocardial infarction (NOMI) shall be transported to the

closest appropriate STEMI receiving center or, when appropriate, a STEMI referring center.

3. In any case where the treating EMS Practitioner'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 EMS Practitioner 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, the Louisiana Scope of Practice and the rulings of the Louisiana EMS Certification Commission;

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

4. be immediately available to the department when requested for investigations and during surveys; and

5. contain medical directives for substitute medications during a national drug shortages.

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

G. Ambulance services must 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 40:1135.2.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Health, Office of Public health, Bureau of Emergency Medical Services, LR 49:

§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 the response.

C. Ambulance service/provider may submit NEMSIS compliant data to the state EMS registry.

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

E. 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.

F. The department shall have access to all business records, patient records or other documents maintained by, or on behalf of the ambulance service/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.

G. The ambulance service/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 ambulance service/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 Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 49:

§6051. Emergency Preparedness

A. All ambulance services/providers shall have an all hazards disaster plan on file that has been approved by their local Office of Emergency Preparedness and/or Homeland Security.

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

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 ambulance service's/provider's 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 Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 49:

§6053. Quality Assurance

A. The ambulance service shall have an on-going comprehensive, integrated, self-assessment quality improvement process that 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 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 ambulance service/provider's 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.
7. a method to document EMS Practitioner skills competencies including a process for demonstrating correct use of pediatric-specific equipment based on the agency or local protocols/guidelines.

D. The plan shall be reviewed at least annually and revised as appropriate by the ambulance service's medical director and director of operations.

E. 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.

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 35:254, R.S. 40:1135.1 and 40:1135.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:477 (March 2009); amended by Bureau of Emergency Medical Services, LR 49:

Subchapter C. Emergency Vehicles—Ground Transportation

§6061. General Provisions

A. All ground emergency medical response vehicles utilized by ambulance services must 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 medical ground ambulance services shall ~~must~~ 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 will be subject to random inspection if necessary. The vehicle must 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 must be registered in the ambulance service's name.

E. All ground emergency medical response vehicles shall have permanent signage indicating the name of the ambulance service/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 must 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 mounted at the same level on the front of the vehicle.

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

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 injury-prevention equipment as outlined in the most current Joint Policy Statement for "Equipment for Ground Ambulances". This includes, but is not limited to:

1. Audible Warning Signals. Each emergency medical response vehicle must 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).

2. Availability of necessary age/size-appropriate restraint systems for all passengers and patients transported in ground ambulances.

3. Fire extinguisher; and

4. Reflective safety wear for each crewmember.

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

HISTORICAL NOTE: Promulgated by the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 49:

§6063. Emergency Medical Response Vehicles (Sprint Vehicles)

7A. Emergency Medical Response Vehicle Qualifications. The vehicle may be on either an automobile or truck chassis, have four or more wheels and must 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 ~~must~~ 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 must have a two-way radio with disaster communications capability that is compatible with the Statewide Louisiana Wireless Information Network (LWIN) system.

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;
- b. wireless telephone; or
- c. radio-telephone switch states (FTSS); or
- d. med. 10 system, etc.

4. Emergency medical response vehicles shall have injury-prevention equipment as outlined in the most current Joint Policy Statement for "Equipment for Ground Ambulance". This includes, but is not limited to:

- a. Availability of necessary age/size-appropriate restraint systems for all passengers and patients transported in ground ambulances;
- b. Fire extinguisher;
- c. Department of Transportation Emergency Response Guide (paper copy or electronic copy);
- d. Reflective safety wear for each crewmember.

5. All emergency medical response vehicles shall have basic life support equipment and medical supplies as determined by the ambulance service/provider medical director and protocols.

6. All emergency medical response vehicles that are not staffed and equipped to the advanced life support 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 defibrillation pads or 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 the level of licensure of personnel and as determined by the ambulance service's/provider's 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.

a. This includes all basic life support equipment and medical supplies; and the equipment and medical supplies consistent with the Joint Position Statement for "Equipment for

Ground Ambulances". The additional equipment and medical supplies includes, but is not limited to the following:

- i. vascular access;
- ii. medications;
- iii. cardiac monitor/defibrillator with transcutaneous pacing capabilities.

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

HISTORICAL NOTE: Promulgated by the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 49:

§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 be used to transport more than the intended patient capacity of the vehicle.

B. The following medical and safety equipment are requirements for certification of all ground 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 must 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 and statewide interoperability channels.

a. Any unit used during a declared disaster that responds outside of the usual coverage area shall meet ESF-8 requirements for communication capability.

3. Direct communication with a physician and hospital must 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 ambulance service/provider 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 EMS practitioners;

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

- c. consistent with the recommendation of the Louisiana scope of practice for emergency medical technicians established in R.S. 40:1133.14 and consistent with the Joint Position Statement for "Equipment for Ground Ambulance". This includes, but is not limited to the following:

- i. ventilation and airway equipment;

- ii. cardiac monitoring and defibrillation;

- iii. immobilization devices;

- iv. bandages/hemorrhage control;

- v. communication; and

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

5. All ambulances that are not staffed and equipped to the advanced life support 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 defibrillation pads or 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.

6. All advanced life support emergency medical response vehicles shall carry equipment and medical supplies dependent on the level of licensure of personnel and as determined by the ambulance service/provider 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.

a. Such equipment and supplies shall be determined by the ambulance service/provider 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 Louisiana scope of practice for emergency medical practitioners established in R.S. 40:1133.14, including of all basic life support equipment and medical supplies and the equipment and medical supplies consistent with the Joint policy Statement for "Equipment for Ground Ambulance". The additional equipment and medical supplies includes, but is not limited to the following:

- i. vascular access;
- ii. medications;
- iii. cardiac monitor/defibrillator with transcutaneous pacing capabilities;
- iv. 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. 40:1135.2 and R.S. 40:1135.2.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 49:

Subchapter D. Emergency Vehicles—Aircraft Transportation

§6071. General Provisions

A. All ambulance services/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 ambulance service/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. 40:1134⁵.8 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/provider.

E. Air ambulances shall carry the medical equipment that is mandated to them in the protocol by the ambulance service/provider medical director and approved by the ambulance service/provider 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 the level of licensure of personnel (paramedic level) and as determined by the ambulance service/provider 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 a thermometer mounted inside the cabin. Cabin temperatures must be in the range of 50-95 degrees Fahrenheit.

1. Mitigation measures must be documented for when the cabin temperatures are outside this range and the outcomes of these mitigation measures must be documented when the temperature falls outside this range.

I. If a service provides inter-hospital 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 publically 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. 40:1135.1 and R.S. 40:1135.2.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 49:

§6073. Emergency Aircraft—Rotary-Winged (Reserved)

§6075. Emergency Aircraft—Fixed (Reserved)

Family Impact Statement

The proposed Rule should not have any known or foreseeable impact on family formation, stability, and autonomy. In particular, the proposed Rule has no known or foreseeable impact on:

1. the stability of the family;
2. the authority and rights of persons regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of children;
6. the ability of the family or a local government to perform the function as contained in the proposed Rule.

Poverty Impact Statement

The proposed Rule should not have any known or foreseeable impact on any child, individual or family as defined by R.S.

49:973(B). In particular, there should be no known or foreseeable effect on:

1. the effect on household income, assets, and financial security;
2. the effect on early childhood development and preschool through postsecondary education development;
3. the effect on employment and workforce development;
4. the effect on taxes and tax credits;
5. the effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Small Business Analysis

In accordance with Sections 978.1 through 978.8 of the Small Business Protection Act of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a regulatory flexibility analysis/small business analysis on the rule proposed for adoption, amendment or repeal.

The impact of the proposed rule on small businesses as defined in the Small Business Protection Act has been considered. The Office of Public Health's Bureau of Emergency Medical Services and the Louisiana Emergency Medical Services Certification Commission do not expect that adoption of the proposed

amendments will have an adverse economic impact on small businesses.

Provider Impact Statement

The proposed Rule should not have any known or foreseeable impact on providers as defined by HCR 170 of the 2014 Regular Legislative Session. In particular, there should be no known or foreseeable effect on:

1. the effect on the staffing level requirements or qualifications required to provide the same level of service;
2. the total direct and indirect effect on the cost to the providers to provide the same level of service; or
3. the overall effect on the ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments on the proposed rule. Such comments must be received no later than Friday, February 10, 2023 at COB, 4:30 p.m., and should be addressed to Susan Bailey, Director of the Bureau of Emergency Medical Services, 7273 Florida Blvd., Baton Rouge, LA 70806.

Public Hearing

Interested persons may submit a written request to conduct a public hearing either by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on Friday, February 10, 2023. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 2:00 p.m. on Thursday, February 23, 2023 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after Friday, February 10, 2023. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to the Bienville Building's front security desk.

Dr. Courtney N. Phillips
LDH Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

Person
Preparing
Statement:

Susan Bailey

Dept.: Louisiana Department of Health

Phone:

225- 925-1904

Office: Office of Public Health

Return

Address:

7273 Florida Blvd
Baton Rouge, LA 70806

Rule Title: 48, Chapter 60. Emergency Medical
Transportation Licensing Standards

Date Rule Takes Effect: Upon Promulgation

SUMMARY

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. THE FOLLOWING STATEMENTS SUMMARIZE ATTACHED WORKSHEETS, I THROUGH IV AND WILL BE PUBLISHED IN THE LOUISIANA REGISTER WITH THE PROPOSED AGENCY RULE.

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS

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 Louisiana Legislature, the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services 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 clearly and concisely in the Louisiana Administrative Code.

The proposed rule change is anticipated to increase expenditures LDH Office of Public Health by approximately \$143,457 in FY 23 associated with publication costs (\$6,207) and software modifications (\$137,250).

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS

The proposed rule change will not affect revenue collections for state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES OR NON-GOVERNMENTAL GROUPS (Summary)

It is anticipated that this proposed rule change will have no direct cost to persons, small businesses or non-governmental groups. The cost of an Emergency Medical Transportation License is not changed. The fee is \$100 per license and \$75 per vehicle.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT

The proposed rule will not impact competition or employment.

Signature of Agency Head or Designee

Doris Brown, MEd, MS, APRN, CNS
Assistant Secretary, Office of Public Health

Typed Name & Title of Agency Head or Designee

Date of Signature

Legislative Fiscal Officer or Designee

Date of Signature