

## DEPARTMENT OF HEALTH

### SUBJECT: Emergency Medical Services

**DESCRIPTION:** Several sections of the rules based upon concerns that were brought forth during the previous rulemaking process. Most changes are to update or clean up the language of the rules. The revisions make needed changes to language and remove antiquated equipment from training requirement of EMS personnel and EMS services. The changes also better define what a Medical Director is in regards to Air Medical Services.

The proposed rule revisions include the following:

1. Definitions.

- (Page 5, P. distributive education): In this section the department added the definition for distributive education in order to mirror the definition used by the EMS National Certifying body.
- (Page 7, Removed Lay Evaluator and added "Skills Evaluator (Basic and Advanced DDD & EEE on page 9).
- (Page 9, Definition FFF. Specialty Crew Members): Changed the definition to "Any person substituted by the Air Ambulance Service Medical Director or the Air Ambulance Service Medical Director (Specialty) for a Specialty Mission."

2. Section V. C. 3.a. 3. EMT Permitted Ambulances.

In this section the department added the word "licensed." As this was an oversight in the original rules change and is supported by the Arkansas Ambulance Association and the Arkansas EMT Association.

3. Section VII, E, 1, a. Prehospital Environment, Page 32: Added (Non Physician) after the title of Air Ambulance personnel Training Requirements.

4. Section VIII, B, q. MAST, Page 39: Removed MAST from the list of training.

5. Section VIII, B, added bb. Opioid Antagonist Administration (if approved by medical direction), pg. 39.

6. Section VII, B, 3. Thrombolytic initiation, Page 41: Added "if approved by medical direction."

7. Section IX. C. 1-2. C. General Licensure Renewal Standards. Page 42 and following:

In this Section the department changed the following:

- Reduced the continuing education minimum credit hour to ½ hour from 1 hour.
  - Defined more clearly what constitutes a continuing education hour.
  - Defined what does not qualify for continuing education.
  - Outlined the Audit process for relicensure
  - Updated the continuing education requirements for relicensure to mirror the National Certification requirements. Arkansas has mirrored the National Certification requirements for 35 plus years. National Certification is also required for an Emergency Medical Technicians initial license.
  - Increased the number of instructor hours needed for relicensure from 8 to 12.
8. Section XVI, A. Notice of Inspection, Page 62: Replaced “Potentially dangerous drugs” with “Other drugs.”
9. Section XV, Violations, Page 68, Offenses List: Removed the term “etc.”
10. Section XV, Violations, Page 69, Offenses List Continued (6th item from top):  
Removed “except in cases where individual is out-of-state or has prolonged illness.”
11. Made several updates and corrections to the required equipment lists. This brings the equipment list in line with national recommendations and elevates the weight restrictions on air services.

All changes made in Section IX. C. 1-2. C. General Licensure Renewal Standards were based on recommendations by the Arkansas EMT Association, Arkansas Ambulance Association, EMS Training Committee and approved by the EMS Governor’s Advisory Council.

**PUBLIC COMMENT:** A public hearing was held on January 8, 2016. The public comment period expired on January 8, 2016. The Department received the following comments:

**COMMENT:** Rick and Camille Wilcox, Northwest Medical Transfer; and Jim and Audrey Dintleman, Elite Med Service:

The comments received dealt specifically with Section V(C)(3), requiring two (2) licensed individuals to be on all permitted trucks. Specifically, the comments felt that drivers could be utilized in the place of a second licensed EMSP on a basic level ambulance.

**RESPONSE:**

Arkansas follows the guidelines set by the Center for Disease Control and Prevention (CDC). The CDC recommends that EMS employers ensure that EMS workers who operate ambulances are qualified and trained appropriately. Arkansas has a sufficient number of licensed EMP's to ensure this recommendation is met. Specifically, Arkansas has 7,144 licensed providers throughout the state and this number has steadily increased over the last two years. On average, an additional 400 people gain licensure per year.

The majority of surrounding states also have the requirement that there be two (2) licensed EMP's in the basic ambulance. Texas, Oklahoma, Missouri, Tennessee, and Louisiana do not use drivers in any capacity. There must be two licensed personnel at EMT level or above at all times. Mississippi does license drivers but requires an additional training course. However, the general recommendation for Mississippi is staffing an EMT or above.

**COMMENT:** Michael Harry, an attorney with the Bureau of Legislative Research asked regarding the purpose behind reducing the minimum continuing education credit from one (1) hour to one-half (1/2) hour.

**RESPONSE:** This was an issue for classes that did not go over an hour. If an EMS provider was only attending a class that was 30 minutes in length, which is what many services do, the old rule would not have allowed us to give those EMS providers any continuing education hours. By removing that statement and allowing for credits in ½ hour increments we were better able to give educational opportunities to our providers and this is in line with National Certifying body that allows for ½ hour increments.

**CONTROVERSY:** Only one part may be controversial. Specifically, in Section V.C.3.a.3 EMT Permitted Ambulances, the term "licensed" was added back to the rule since it was inadvertently deleted and was in the original rule. This change was requested by the Arkansas Ambulance Association and the Arkansas EMT Association and it was supported by the Section of EMS. There are a few services that have taken advantage of that oversight and may not want to return back to the original staffing pattern.

The proposed effective date is May 1, 2016.

**FINANCIAL IMPACT:** There is no financial impact.

**LEGAL AUTHORIZATION:** Arkansas Code Annotated § 20-13-208 (a) (1) gives the State Board of Health the authority to promulgate rules and regulations it deems necessary to carry out the Emergency Medical Services Act.

And accordingly, Ark. Code Ann. § 20-13-209 (2) gives the Department of Health the authority to enforce the rules, regulations, and standards promulgated by the State Board of Health for the administration and enforcement of the Emergency Medical Services Act.

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS  
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

**DEPARTMENT/AGENCY** Arkansas Department of Health  
**DIVISION** Section of Emergency Medical Services  
**DIVISION DIRECTOR** Greg Brown  
**CONTACT PERSON** Arron Paduaevans  
**ADDRESS** 5800 W. 10<sup>th</sup> Street, Suite 800, Little Rock, AR 72204  
**PHONE NO.** 501-661-2262 **FAX NO.** 501-280-4901 **E-MAIL** arron.paduaevans@arkansas.gov  
**NAME OF PRESENTER AT COMMITTEE MEETING** Robert Brech  
**PRESENTER E-MAIL** robert.brech@arkansas.gov

**INSTRUCTIONS**

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
One Capitol Mall, 5<sup>th</sup> Floor  
Little Rock, AR 72201

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1. What is the short title of this rule? Rules and Regulations for Emergency Medical Services
2. What is the subject of the proposed rule? Revision of several sections of the Rules based upon concerns that were brought forth during the previous Rulemaking process. Most changes are to update or clean up the language of the Rules.
3. Is this rule required to comply with a federal statute, rule, or regulation? Yes  No   
If yes, please provide the federal rule, regulation, and/or statute citation. \_\_\_\_\_
4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes  No   
If yes, what is the effective date of the emergency rule? \_\_\_\_\_
- When does the emergency rule expire? \_\_\_\_\_

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act?

Yes

No

5. Is this a new rule? Yes  No

If yes, please provide a brief summary explaining the regulation. \_\_\_\_\_

Does this repeal an existing rule? Yes  No

If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. \_\_\_\_\_

Is this an amendment to an existing rule?

Yes

No

If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. Ark. Code Ann. § 20-13-201 et seq.

7. What is the purpose of this proposed rule? Why is it necessary? The revisions make needed changes to language and remove antiquated equipment from training requirement of EMS personnel and EMS Services. The changes also better define what a Medical Director is in regards to Air Medical Services.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).  
<http://www.healthy.arkansas.gov/aboutADH/Pages/RulesRegulationsProposed.aspx>

9. Will a public hearing be held on this proposed rule? Yes  No

If yes, please complete the following:

Date: January 8, 2016

Time: 10:00 a.m.

Freeway Medical Center, 5800 West Tenth Street, Suite 801, Little Rock,

Place: AR

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

January 8, 2016

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

May 1, 2016

12. Do you expect this rule to be controversial? Yes  No

If yes, please explain.

Only in one part. Specifically, in Section V. C. 3.a. 3. EMT Permitted Ambulances: the term "licensed" was added back to the Rule since it was inadvertently deleted and was in the original Rule. This change was requested by the Arkansas Ambulance

Association and the Arkansas EMT Association and supported by the Section of EMS. There are a few services that have taken advantage of that oversight and may not want to return back to the original staffing pattern.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Governor's Advisory Council on EMS and provider associations had input. Once a draft was completed revisions we disseminated and presented to the Governor's Advisory Council on EMS which was approved unanimously by vote. The EMS Advisory Council, the Arkansas EMT Association and the Arkansas Ambulance Association are in support of the revisions as made. Some specific services may disagree with Section V.C.3.a.3, as described above.

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**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Arkansas Department of Health  
**DIVISION** Section of Emergency Medical Services  
**PERSON COMPLETING THIS STATEMENT** Elizabeth Harris  
**TELEPHONE NO.** (501) 280-4034 **FAX NO.** (501) 661-2357 **EMAIL:** sarah.harris@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** Rules and Regulations Pertaining to Emergency Medical Services

1. Does this proposed, amended, or repealed rule have a financial impact? Yes  No
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes  No
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes  No

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;

\_\_\_\_\_

- (b) The reason for adoption of the more costly rule;

\_\_\_\_\_

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

\_\_\_\_\_

- (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

\_\_\_\_\_

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- (a) What is the cost to implement the federal rule or regulation?

**Current Fiscal Year**

General Revenue 0  
Federal Funds 0  
Cash Funds 0  
Special Revenue 0  
Other (Identify) 0

**Next Fiscal Year**

General Revenue 0  
Federal Funds 0  
Cash Funds 0  
Special Revenue 0  
Other (Identify) 0



Total 0

Total 0

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

General Revenue 0  
Federal Funds 0  
Cash Funds 0  
Special Revenue 0  
Other (Identify) 0  
Total 0

**Next Fiscal Year**

General Revenue 0  
Federal Funds 0  
Cash Funds 0  
Special Revenue 0  
Other (Identify) 0  
Total 0

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

\$ 0

**Next Fiscal Year**

\$ 0

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

\$ 0

**Next Fiscal Year**

\$ 0

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes  No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
  - (a) justifies the agency's need for the proposed rule; and

- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.



# Arkansas Department of Health

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4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

## EMS Rules Summary

**SUBJECT:** Proposed revisions to the *Rules and Regulations for Emergency Medical Services in Arkansas*

**DATE:** 11/10/2015

It is proposed to revise the *Rules and Regulations for Emergency Medical Services in Arkansas* pursuant to the procedures of the Administrative Procedures Act process by authority of Act 434 of 1967 as amended. The proposed revisions to the Emergency Medical Services Rules and Regulations are as follows:

The proposed Rules revision includes the following:

1. Definitions.

- (Page 5, P. distributive education): In this section we added the definition for distributive education in order to mirror the definition used by the EMS National Certifying body;
- (Page 7, Removed Lay Evaluator and added "Skills Evaluator (Basic) and Advanced DDD & EEE on page 9 );
- (Page 9, Definition FFF. Specialty Crew Members): Changed the definition to "Any person substituted by the Air Ambulance Service Medical Director or the Air Ambulance Service Medical Director (Specialty) for a Specialty Mission.;

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