IDAPA 16 – IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Public Health – Bureau of Emergency Medical Services

16.01.03 – Emergency Medical Services (EMS) – Agency Licensing Requirements

Who does this rule apply to?
Any person or agency involved in the Emergency Medical Services industry and stakeholders.

What is the purpose of this rule?
These rules include the categories of EMS agencies, eligibility requirements and standards for the licensing of EMS agencies, utilization of air medical services, and the initial application and renewal process for EMS agencies licensed by the state.

What is the legal authority for the agency to promulgate this rule?
This rule implements the following statute passed by the Idaho Legislature:

Public Assistance and Welfare -
- Section 56-1023, Idaho Code – Department of Health and Welfare: Rules

Where can I find information on Administrative Appeals?
Administrative appeals and contested cases are governed by the provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings."

How do I request public records?
Unless exempted, all public records are subject to disclosure by the Department that will comply with Title 74, Chapter 1, Idaho Code, upon requests. Confidential information may be restricted by state or federal law, federal regulation, and IDAPA 16.05.01, "Use and Disclosure of Department Records."

Who do I contact for more information on this rule?

Idaho Department of Health and Welfare
Bureau of Emergency Medical Services
2224 East Old Penitentiary Road
Boise, ID 83712-8249

P.O. Box 83720
Boise, ID 83720-0036
Phone: (208) 334-4000 or 1-877-554-3367
Fax: (208) 334-4015
Email: IdahoEMS@dhw.idaho.gov
Webpage: http://www.idahoems.org

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000. LEGAL AUTHORITY.
The Idaho Board of Health and Welfare is authorized under Section 56-1023, Idaho Code, to adopt rules and standards concerning the administration of the Idaho Emergency Medical Services Act, Sections 56-1011 through 56-1023, Idaho Code. The Director is authorized under Section 56-1003, Idaho Code, to supervise and administer an emergency medical service program. (7-1-14)

001. TITLE AND SCOPE.

01. Title. These rules are titled IDAPA 16.01.03, "Emergency Medical Services (EMS) – Agency Licensing Requirements." (7-1-14)

02. Scope. These rules include the categories of EMS agencies, eligibility requirements and standards for the licensing of EMS agencies, utilization of air medical services, and the initial application and renewal process for EMS agencies licensed by the state. (7-1-14)

002. INCORPORATION BY REFERENCE.

01. Minimum Equipment Standards for Licensed EMS Services. The Board of Health and Welfare has adopted the "Minimum Equipment Standards for Licensed EMS Services," edition 2016, version 1.0, as its standard for minimum equipment requirements for licensed EMS Agencies and incorporates it by reference. Copies of these standards may be obtained from the Department, see http://www.idahoems.org. (3-20-20)

02. Time Sensitive Emergency System Standards Manual. The Board of Health and Welfare has adopted the "Time Sensitive Emergency System Standards Manual," Edition 2020-1, as its standard for certifying EMS Agencies as TSE Designated EMS Agencies. Copies of these standards may be obtained from the Department, see https://tse.idaho.gov/. (3-20-20)

003. -- 009. (RESERVED)

010. DEFINITIONS.
For the purposes of this chapter, the definitions in IDAPA 16.01.02, "Emergency Medical Services (EMS) - Rule Definitions," apply. (7-1-14)

011. -- 074. (RESERVED)

075. INVESTIGATION OF COMPLAINTS FOR EMS LICENSING VIOLATIONS.
Investigation of complaints and disciplinary actions for EMS agency licensing are provided under IDAPA 16.01.12, "Emergency Medical Services (EMS) - Complaints, Investigations, and Disciplinary Actions." (7-1-14)

076. ADMINISTRATIVE LICENSE OR CERTIFICATION ACTION.
Any license or certification may be suspended, revoked, denied, or retained with conditions for noncompliance with any standard or rule. Administrative license or certification actions, including fines, imposed by the EMS Bureau for any action, conduct, or failure to act that is inconsistent with the professionalism, or standards, or both, are provided under Sections 56-1011 through 56-1023, Idaho Code, and IDAPA 16.01.12, "Emergency Medical Services (EMS) - Complaints, Investigations, and Disciplinary Actions." (7-1-14)

077. -- 099. (RESERVED)

EMS AGENCY GENERAL LICENSURE REQUIREMENT
(Sections 100 - 199)

100. AGENCY LICENSE REQUIRED.
Any organization that advertises or provides ambulance, air medical, or non-transport emergency medical services in Idaho must be licensed as an EMS agency under the requirements in Sections 56-1011 through 56-1023, Idaho Code, and this chapter of rules. (7-1-14)

101. EXEMPTION OF EMS AGENCY LICENSURE.
An organization, licensed without restriction to provide emergency medical services in another state and not restricted from operating in Idaho by the Department, may provide emergency medical services in Idaho within the limits of its license without an Idaho EMS license only when the organization meets one (1) of the following: (7-1-14)

01. Interstate Compact with Idaho. The organization holds an EMS license in another state where an interstate compact specific to EMS agency licensure with Idaho is in effect. (7-1-14)

02. Emergency, Natural, or Man-made Disaster. The organization is responding to an emergency, or a natural or man-made disaster, declared by federal, state, or local officials and the services of the organization are requested by an entity of local or state government in Idaho. (7-1-14)

03. Transfer of Patient From Out-of-State Medical Facility. The organization is: (7-1-14)

a. Transferring a patient from an out-of-state medical facility to a medical facility in Idaho. The organization may return the patient to the point of origin; or (7-1-14)

b. Transferring a patient from an out-of-state medical facility through the state of Idaho. (7-1-14)

04. Transport of Patient From Out-of-State Emergency Scene. The organization is: (7-1-14)

a. Transporting a patient from an out-of-state emergency scene to a medical facility in Idaho; or (7-1-14)

b. Transporting a patient to a rendezvous with another ambulance. (7-1-14)

102. SERVICES PROVIDED BY A LICENSED EMS AGENCY.
An EMS agency can provide only those services that are within the agency's service type, clinical level, and operational declarations stated on the most recent license issued by the Department, except when the agency has a planned deployment agreement described in Section 603 of these rules. (7-1-14)

103. ELIGIBILITY FOR EMS AGENCY LICENSURE.
An entity is eligible for EMS agency licensure upon demonstrated compliance with the requirements in Idaho statutes and administrative rules in effect at the time the Department receives the application. (7-1-14)

104. -- 199. (RESERVED)

EMS AGENCY LICENSURE MODEL
(Sections 200 - 299)

200. EMS AGENCY-- LICENSING MODEL.

01. Licensing an EMS Agency. An eligible EMS agency in Idaho is licensed using a descriptive model that bases the agency licensure on the declarations made in the most recent approved initial or renewal application. An EMS agency must provide only those EMS services described in the most recent application on which the agency was issued a license by the Department. (7-1-14)

02. EMS Agency License Models. An EMS agency license is based on the agency's service types, clinical levels, license duration, and operational declarations. Geographic coverage areas and resources may differ between the service types, clinical levels, and operational declarations under which an agency is licensed. (7-1-14)

03. EMS Agency Providing Both Air Medical and Ground-Based EMS Services. An EMS agency that provides both air medical and ground-based EMS services must be licensed accordingly and meet all the requirements of an air medical and either an ambulance or non-transport agency, depending on the ground EMS services provided. (7-1-14)

04. Multiple Organization EMS Agency. An EMS agency may be comprised of multiple organizations licensed under a single responsible authority to which the governing officials of each organization agree. The authority must establish a deployment strategy that declares in which areas and at what times within their geographical response area will be covered by each declared service type, clinical level, and operational declaration. (7-1-14)

201. EMS AGENCY -- SERVICE TYPES.
An EMS agency may be licensed as one (1) or more service types. An agency that provides multiple service types must meet the minimum requirements for each service type provided. The following are the agency services types available for EMS agency licensure. (7-1-14)

01. Ground Agency Service Types. (7-1-14)

a. Non-transport. (7-1-14)

b. Ambulance. (7-1-14)

02. Air Medical Agency Service Types. (7-1-14)

a. Air Medical. (3-29-17)

b. Air Medical Support. (3-29-17)

202. EMS AGENCY -- CLINICAL LEVELS.
An EMS agency is licensed at one (1) or more of the following clinical levels depending on the agency's highest level of licensed personnel and life support services advertised or offered. (7-1-14)

01. Non-transport: (7-1-14)

a. EMR/BLS; (7-1-14)

b. EMT/BLS; (7-1-14)

c. AEMT/ILS; or (7-1-14)

d. Paramedic/ALS. (7-1-14)

02. Ambulance: (7-1-14)

a. EMR (with Ambulance Certification)/BLS; (4-11-19)

b. EMT/BLS; (7-1-14)

c. AEMT/ILS; (7-1-14)

d. Paramedic/ALS; or (7-1-14)

e. Paramedic/ALS Critical Care. (7-1-14)

03. Air Medical: (3-29-17)

a. Paramedic/ALS; or (7-1-14)

b. Paramedic/ALS Critical Care. (7-1-14)

04. Air Medical Support; (3-29-17)

a. EMT/BLS; (3-29-17)

b. AEMT/ILS; or (3-29-17)

c. Paramedic/ALS. (3-29-17)

203. EMS AGENCY -- LICENSE DURATION.
Each EMS agency must identify the license duration for each license type. License durations are: (7-1-14)

01. Ongoing. The agency is licensed to provide EMS personnel and equipment for an ongoing period of time and plans to renew its license on an annual basis. (7-1-14)

02. Limited. The agency is licensed to provide EMS personnel and equipment for the duration of a specific event or a specified period of time with no expectation of renewing the agency license. (7-1-14)

03. Seasonal. The agency is licensed to provide EMS personnel and equipment for the duration of time each year that corresponds to the seasonal activity that the agency supports. (3-29-17)

204. GROUND EMS AGENCY -- OPERATIONAL DECLARATIONS.
An agency providing ground services is licensed with one (1) or more of the following operational declarations depending on the services that the agency advertises or offers. (7-1-14)

01. Prehospital. The prehospital operational declaration is available to an agency that: (7-1-16)

a. Has primary responsibility for responding to calls for EMS within their designated geographic coverage area; and (7-1-16)

b. Is dispatched to prehospital emergency medical calls by a consolidated emergency communications system. (7-1-16)

02. Prehospital Support. The prehospital support operational declaration is available to an agency that: (7-1-16)

a. Provides support under agreement to a prehospital agency having primary responsibility for responding to calls for EMS within a designated geographic coverage area; and (7-1-16)

b. Is dispatched to prehospital emergency medical calls by a consolidated emergency communications system. (7-1-16)

03. Community Health EMS. The community health EMS operational declaration is available to an agency with a prehospital operational declaration or prehospital support operational declaration that provides personnel and equipment for medical assessment and treatment at a non-emergency scene or at the direction of a physician or independent practitioner. (7-1-16)

04. Transfer. The transfer operational declaration is available to an ambulance agency that provides EMS personnel and equipment for the transportation of patients from one (1) medical care facility in their designated geographic coverage area to another. An agency with this operational declaration must declare which sending facilities it routinely responds to if requested. (7-1-14)

05. Standby. The standby operational declaration is available to an agency that provides EMS personnel and equipment to be staged at prearranged events within their designated geographic coverage area. (7-1-14)

06. Non-Public. The non-public operational declaration is available to an agency that provides EMS personnel and equipment intended to treat patients who are employed or contracted by the license holder. An agency with a non-public operational declaration is not intended to treat members of the general public. A non-public agency must maintain written plans for patient treatment and transportation. (7-1-14)

07. Hospital. The hospital operational declaration is available to an agency whose primary responsibility is hospital or clinic activity and utilizes licensed EMS personnel in its facility to assist with patient care and movement. (3-29-17)

205. AIR MEDICAL AGENCY -- OPERATIONAL DECLARATIONS.
An agency providing air medical services is licensed with one (1) or more of the following operational declarations depending on the services that the agency advertises or offers. Service levels, geographic coverage areas, and resources may differ between the operational declarations under which an agency is licensed. (7-1-16)

01. Air Medical Transport. The air medical transport operational declaration is available to an air medical agency that provides transportation of patients by air ambulance from a rendezvous or emergency scene to a medical care facility within its designated geographic coverage area. (7-1-14)

02. Air Medical Transfer. The air medical transfer operational declaration is available to an Air Medical I agency that provides transportation of patients by air ambulance from one (1) medical care facility in its designated geographic coverage area to another. An agency with this operational declaration must declare which sending facilities it routinely responds to if requested. (7-1-14)

03. Air Medical Support. The air medical support operational declaration is available to an air medical agency that provides transportation of patients from an emergency scene to a rendezvous with a ground or air medical transport agency within its designated response area. (7-1-16)

206. -- 209. (RESERVED)

210. AMBULANCE EMS AGENCY -- PATIENT TRANSPORT OR TRANSFER.
An agency that is licensed as an ambulance service is intended for patient transport or transfer. (7-1-14)

01. Transport. An ambulance agency may provide transportation of patients from a rendezvous or emergency scene to a rendezvous or medical care facility when that agency is licensed with one (1) of the following operational declarations: (7-1-14)

a. Prehospital; (7-1-14)

b. Prehospital Support; or (7-1-14)

c. Standby. (7-1-14)

02. Transfer. An ambulance agency that provides the operational declaration of transfer can provide transportation of patients from one (1) medical care facility within their designated geographic coverage area to another. (7-1-14)

211. AIR MEDICAL EMS AGENCY -- PATIENT TRANSPORT, TRANSFER, OR SUPPORT.
An agency that is licensed with an air medical service type is intended for patient transport, transfer, or support. (3-29-17)

01. Transport. An air medical agency that provides the operational declaration of air medical transport may provide transportation of patients from a rendezvous or emergency scene to a medical care facility. (7-1-14)

02. Transfer. An air medical agency that provides the operational declaration of air medical transfer can provide transportation of patients from one (1) medical care facility within their designated geographic coverage area to another. (7-1-14)

03. Support. An air medical agency that provides the operational declaration of air medical support can provide patient movement from a remote area or scene to a rendezvous point where care will be transferred to another licensed air medical or ground transport service for transport to definitive care. An air medical support agency must report all patient movement events to the Department within thirty (30) days of the event. (3-29-17)

212. NON-TRANSPORT EMS AGENCY -- PATIENT MOVEMENT.
A non-transport agency is an agency that is not intended for patient transport and cannot advertise ambulance services. A non-transport agency can move a patient by vehicle only when: (7-1-14)

01. Accessibility of Emergency Scene. The responding ambulance or air ambulance agency cannot access the emergency scene. (7-1-14)

02. Licensed Personnel Level. Patient care is provided by EMS personnel licensed at: (7-1-14)

a. EMT level or higher; or (7-1-14)

b. EMR level only when the patient care integration agreement under which the non-transport agency operates addresses and enable patient movement. The agency must ensure that its personnel are trained and credentialed in patient packaging and movement. (7-1-14)

03. Rendezvous with Transport EMS Agency. Movement of the patient is to rendezvous with an ambulance or air ambulance agency during which the EMS personnel must be in active communication with the ambulance or air ambulance with which they will rendezvous. (7-1-14)

04. Report Patient Movement. A non-transport agency must report all patient movement events to the Department within thirty (30) days of the event. (7-1-14)

213. -- 299. (RESERVED)

PERSONNEL REQUIREMENTS FOR EMS AGENCY LICENSURE
(Sections 300 - 399)

300. EMS AGENCY -- GENERAL PERSONNEL REQUIREMENTS.
Personnel must be licensed according to IDAPA 16.01.07, "Emergency Medical Services (EMS) -- Personnel Licensing Requirements." (7-1-14)

01. Personnel Requirements for EMS Agency Licensure. Each agency must ensure availability of affiliated personnel licensed and credentialed at or above the clinical level for the entire anticipated call volume for each of the agency's operational declarations. (7-1-16)

02. Personnel Requirements for an Agency Utilizing Emergency Medical Dispatch. An agency dispatched by a consolidated emergency communications system that uses an emergency medical dispatch (EMD) process to determine the clinical needs of the patient must ensure availability of personnel licensed and credentialed at clinical levels appropriate to the anticipated call volume for each of the clinical levels the agency provides. (7-1-16)

03. Personnel Requirements for Prehospital ALS. A licensed Paramedic must be present whenever prehospital, prehospital support, or air medical transport ALS services are provided. (7-1-14)

301. AMBULANCE EMS AGENCY -- PERSONNEL REQUIREMENTS.
Each ambulance agency must ensure that there are two (2) crew members on each patient transport or transfer. The crew member providing patient care, at a minimum, must be a licensed EMR with an ambulance certification or a licensed EMT. (4-11-19)

302. AIR MEDICAL EMS AGENCY -- PERSONNEL REQUIREMENTS.
Each air medical agency must ensure that there are two (2) crew members, not including the pilot, on each patient transport or transfer. The crew member providing patient care, at a minimum, must be a licensed EMR with an ambulance certification or a licensed EMT. An air medical agency must also demonstrate that the following exists. (4-11-19)

01. Personnel for Air Medical Agency. An Air Medical agency must ensure that each flight includes at a minimum, one (1) licensed registered nurse and one (1) Paramedic. Based on the patient's need, an exception for transfer flights may include a minimum of one (1) licensed respiratory therapist and one (1) licensed registered nurse, or two (2) licensed registered nurses. (3-29-17)

02. Personnel for Air Medical Support Agency. An Air Medical Support agency must ensure that

each flight includes at a minimum, two (2) crew members with one (1) patient care provider licensed at or above the agency's highest clinical level of licensure. (3-29-17)

303. CRITICAL CARE -- PERSONNEL REQUIREMENTS.
Each ambulance or air medical agency that advertises the provision of critical care clinical capabilities must affiliate and deploy EMS personnel trained and credentialed to provide all critical care skills described in IDAPA 16.02.02, "Idaho Emergency Medical Services (EMS) Physician Commission." (3-20-20)

304. PLANNED DEPLOYMENT -- PERSONNEL REQUIREMENTS.
Planned deployment allows affiliated EMS personnel to act and provide predetermined services outside of their affiliating agency's geographic coverage area. It can allow EMS personnel licensed at a higher clinical level to provide patient care within their credentialed scopes of practice even when the agency into which the planned deployment occurs is licensed at a lower clinical level. A planned deployment agreement must be formally documented and meet all the requirements listed in Section 603 of these rules. (7-1-14)

305. AMBULANCE-BASED CLINICIANS -- PERSONNEL REQUIREMENTS.

01. Ambulance-Based Clinician Certified by Department. An EMS agency that advertises or provides out-of-hospital patient care by affiliating and utilizing a currently licensed registered nurse, advanced practice registered nurse, or physician assistant, as defined in IDAPA 16.01.02, "Emergency Medical Services (EMS) - Rule Definitions," must ensure that those individuals maintain a current ambulance-based clinician certificate issued by the Department. See Section 306 of these rules for exceptions to this requirement. (7-1-14)

02. Obtaining an Ambulance-Based Clinician Certificate. An agency, on behalf of an individual who desires an ambulance-based clinician certificate, must provide the following information on the Department's application for a certificate: (7-1-14)

a. Documentation that the individual holds a current, unrestricted license to practice issued by the Board of Medicine or Board of Nursing; and (7-1-14)

b. Documentation that the individual has successfully completed an ambulance-based clinician course; or (7-1-14)

c. Documentation that the individual has successfully completed an EMT course. (7-1-14)

03. Maintaining an Ambulance-Based Clinician Certificate. An ambulance-based clinician certificate is valid for as long as the holder of the certificate is continuously licensed by their respective licensing board. (3-20-20)

04. Revocation of an Ambulance-Based Clinician Certificate. The Department may revoke an ambulance-based clinician certificate based on the procedures for administrative license actions described in IDAPA 16.01.12, "Emergency Medical Services (EMS) -- Complaints, Investigations, and Disciplinary Actions." (7-1-14)

05. Licensed Personnel Requirements and Ambulance-Based Clinicians. An EMR/BLS, EMT/BLS, or AEMT/ILS agency may use ambulance-based clinicians to meet the licensed personnel requirements for agency licensure. An ALS agency, licensed with an ALS transfer declaration described in Section 204.04 of these rules, may use ambulance-based clinicians to meet the licensed personnel requirements for the transfer declaration. (7-1-16)

06. Agency Responsibilities for Ambulance-Based Clinicians. The agency must verify that each ambulance-based clinician possess a current ambulance-based clinician certificate issued by the Department. The agency must ensure that any ambulance-based clinician meets additional requirements of the corresponding licensing board. (7-1-14)

306. UTILIZING PHYSICIAN ASSISTANTS, LICENSED REGISTERED NURSES OR ADVANCED PRACTICE REGISTERED NURSES.
An AEMT/ILS ambulance agency may use a non-certified physician assistant, licensed registered nurse, or advanced

practice registered nurse as the crew member who is providing ILS patient services, only when accompanied by a licensed EMR with an ambulance certification or a licensed EMT in the patient compartment of the transport vehicle. (4-11-19)

307. -- 399. (RESERVED)

EMS AGENCY VEHICLE REQUIREMENTS
(Sections 400 - 499)

400. EMS AGENCY -- VEHICLE REQUIREMENTS.
Not all EMS agencies are required to have emergency response vehicles. An agency's need for emergency response vehicles is based on the deployment needs of the agency that is declared on the most recent agency licensure application. An agency with a deployment pattern that requires emergency response vehicles must meet the following requirements: (7-1-14)

01. Condition of Response Vehicles. Each of the agency's EMS response vehicles must be in sound, safe, working condition. (7-1-14)

02. Quantity of Response Vehicles. Each EMS agency must possess a sufficient quantity of EMS response vehicles to ensure agency personnel can respond to the anticipated call volume of the agency. (7-1-14)

03. Motor Vehicle Licensing Requirements. Each EMS agency's response vehicles must meet the applicable Idaho motor vehicle license and insurance requirements. (7-1-14)

04. Configuration and Standards for EMS Response Vehicles. Each of the EMS agency's response vehicles must be appropriately configured in accordance with the declared capabilities on the most recent agency license. Each EMS response vehicle must meet the minimum requirements for applicable federal, state, industry, or trade specifications and standards for ambulance or air ambulance vehicles as appropriate. Uniquely configured EMS response vehicles must be approved by the Department prior to being put into service. (7-1-14)

05. Location of Emergency Response Vehicles. Each agency's EMS response vehicles must be stationed or staged within the agency's declared geographic coverage area in a manner that allows agency personnel to effectively respond to the anticipated volume and distribution of requests for service. (7-1-14)

401. NON-TRANSPORT EMS AGENCY -- VEHICLES.
A licensed non-transport EMS agency may use ambulance vehicles to provide non-transport services. (7-1-14)

402. EMS AGENCY -- MINIMUM EQUIPMENT INSPECTION REQUIREMENTS.
Any newly acquired EMS response vehicle must be inspected by the Department for medical care supplies and devices as specified in the "Minimum Equipment Standards for Licensed EMS Services," before being put into service, except when the newly acquired vehicle is a replacement vehicle and all equipment and supplies are transferred from the vehicle being taken out of service. (7-1-14)

403. EMS AGENCY -- GROUND VEHICLE SAFETY INSPECTION REQUIREMENTS.
Each EMS agency that deploys emergency vehicles titled and registered for use on roads and highways, with the exception of all-terrain vehicles and utility vehicles, must meet the following inspection requirements. (7-1-14)

01. New Vehicle Inspection. Each newly acquired, used EMS response vehicle must successfully pass a safety inspection conducted by an inspector authorized to perform Department of Transportation (DOT) vehicle safety inspections prior to the vehicle being put in service. (7-1-14)

02. Response Vehicle Involved in a Crash. Each EMS response vehicle, that is involved in a crash that could result in damage to one (1) or more of the vehicle systems identified in Subsection 403.03 of this rule, must successfully pass a safety inspection conducted by an inspector authorized to perform DOT vehicle safety inspections prior to being put back in service. (7-1-14)

03. Vehicle Inspection Standards. Each vehicle safety inspection must verify conformity to the fuel

system, exhaust, wheels and tires, lights, windshield wipers, steering, suspension, brakes, frame, and electrical system elements of a DOT vehicle safety inspection defined in Appendix G to Subchapter B of Chapter III at 49 CFR Section 396.17. (7-1-14)

04. Vehicle Inspection Records. Each EMS agency must keep records of all emergency response vehicle safety inspections. These records must be made available to the Department upon request. (7-1-14)

404. -- 499. (RESERVED)

EMS AGENCY REQUIREMENTS AND WAIVERS
(Sections 500 - 599)

500. EMS AGENCY -- GENERAL EQUIPMENT REQUIREMENTS AND MODIFICATIONS.
Each EMS agency must meet the requirements of the "Minimum Equipment Standards for Licensed EMS Services," incorporated by reference in Section 004 of these rules, in addition to the following requirements: (7-1-14)

01. Equipment and Supplies. Each EMS agency must maintain sufficient quantities of medical care supplies and devices specified in the minimum equipment standards to ensure availability for each response. (7-1-14)

02. Safety and Personal Protective Equipment. Each EMS agency must maintain safety and personal protective equipment for licensed personnel and other vehicle occupants as specified in the minimum equipment standards. This includes equipment for body substance isolation and protection from exposure to communicable diseases and pathogens. (7-1-14)

03. Modifications to an EMS Agency's Minimum Equipment List. An EMS agency's minimum equipment list may be modified upon approval by the Department. Requests for equipment modifications must be submitted to the Department and include clinical and operational justification for the modification and be signed by the EMS agency's medical director. Approved modifications are granted by the Department as either an exception or an exemption. (7-1-14)

a. Exceptions to the agency's minimum equipment list requirements may be granted by the Department upon inspection or review of a modification request, when the circumstances and available alternatives assure that appropriate patient care will be provided for all anticipated incidents. (7-1-14)

b. Exemptions that remove minimum equipment and do not provide an alternative may be granted by the Department following review of a modification request. The request must describe the agency's deployment model and why there is no anticipated need for the specified equipment to provide appropriate patient care. (7-1-14)

04. Review of an Equipment Modification Request. Each request from an EMS agency for equipment modification may be reviewed by either the EMS Advisory Committee (EMSAC), or the EMS Physician Commission (EMSPC), or both. The recommendations from EMSAC and EMSPC are submitted to the Department which has the final authority to approve or deny the modification request. (7-1-14)

a. A modification request of an operational nature will be reviewed by EMSAC; (7-1-14)

b. A modification request of a clinical nature will be reviewed by the EMSPC; and (7-1-14)

c. A modification request that has both operational and clinical considerations will be reviewed by both. (7-1-14)

05. Denial of an Equipment Modification Request. An EMS agency may appeal the denial of an equipment modification request under the provisions in IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings." (3-20-20)

06. Renewal of Equipment Modification. An EMS agency's equipment modification must be reviewed and reaffirmed as follows: (7-1-14)

a. Annually, with the agency license renewal application; or (7-1-14)

b. When the EMS agency changes its medical director. (7-1-14)

501. AIR MEDICAL EMS AGENCY -- EQUIPMENT REQUIREMENTS AND MODIFICATIONS.
Each air medical agency must meet the requirements outlined in Section 500 of these rules, as well as the following: (7-1-14)

01. FAA 135 Certification. The air medical agency must hold a Federal Aviation Administration 135 certification. (7-1-14)

02. Configuration and Equipment Standards. Aircraft and equipment configuration that does not compromise the ability to provide appropriate care or prevent emergency care providers from safely performing emergency procedures, if necessary, while in flight. (7-1-14)

502. -- 509. (RESERVED)

510. EMS AGENCY -- COMMUNICATION REQUIREMENTS.
Each EMS agency must meet the following communication requirements to obtain or maintain agency licensure. (7-1-14)

01. Air Medical EMS Agency. Each air medical agency must have mobile radios of sufficient quantities to ensure that every aircraft and ground crew has the ability to communicate on the frequencies 155.340 MHZ and 155.280 MHZ, with continuous tone coded squelch system encoding capabilities to allow access to the Idaho EMS radio communications system. (7-1-14)

02. Ambulance EMS Agency. Each ambulance EMS agency must have mobile radios of sufficient quantities to ensure that every vehicle crew has the ability to communicate on the frequencies 155.340 MHZ and 155.280 MHZ, with continuous tone coded squelch system encoding capabilities to allow access to the Idaho EMS radio communications system. (7-1-14)

03. Non-transport EMS Agency. Each non-transport EMS agency must have mobile or portable radios of sufficient quantities to ensure that agency personnel at an emergency scene have the ability to communicate on the frequencies 155.340 MHZ and 155.280 MHZ, with continuous tone coded squelch system encoding capabilities to allow access to the Idaho EMS radio communications system. (7-1-14)

511. EMS AGENCY -- DISPATCH REQUIREMENTS.
Each EMS agency must have a twenty-four (24) hour dispatch arrangement. (7-1-14)

512. -- 519. (RESERVED)

520. EMS AGENCY -- RESPONSE REQUIREMENTS AND WAIVERS.
Each EMS agency must respond to calls on a twenty-four (24) hour a day basis within the agency's declared geographic coverage area unless a waiver exists. (7-1-14)

521. NON-TRANSPORT EMS AGENCY -- WAIVER OF RESPONSE REQUIREMENT.
The controlling authority of a non-transport agency may petition the Department for a waiver of the twenty-four (24) hour response requirement if one (1) or more of the following conditions exist: (7-1-14)

01. Not Populated on 24-Hour Basis. The community, setting, industrial site, or event being served by the agency is not populated on a twenty-four (24) hour basis. (7-1-14)

02. Not on Daily Basis Per Year. The community, setting, industrial site, or event being served by the agency does not exist on a three hundred sixty-five (365) day per year basis. (7-1-14)

03. Undue Hardship on Community. The provision of twenty-four (24) hour response would cause

an undue hardship on the community being served by the agency. (7-1-14)

04. Abandonment of Service. The provision of twenty-four (24) hour response would cause abandonment of the service provided by the agency. (7-1-14)

522. NON-TRANSPORT EMS AGENCY -- PETITION FOR WAIVER.

01. Submit Petition for Waiver. The controlling authority of an existing non-transport agency desiring a waiver of the twenty-four (24) hour response requirement must submit a petition for waiver to the Department. (7-1-14)

02. Waiver Declared on Initial Application. The controlling authority of an applicant non-transport agency desiring a waiver of the twenty-four (24) hour response requirement must declare the request for waiver on the initial application for agency licensure to the Department. (7-1-14)

03. Not Populated on a 24-Hour or Daily Basis -- Petition Content. A non-transport agency with a service area with less than twenty-four (24) hours population or less than three-hundred sixty-five (365) days per year population must include the following information on the petition for waiver of the twenty-four (24) hour response requirement: (7-1-14)

a. A description of the hours or days the geographic area is populated. (7-1-14)

b. A staffing and deployment plan that ensures EMS response availability for the anticipated call volume during the hours or days of operation. (7-1-14)

04. Undue Hardship or Abandonment of Service Waiver -- Petition Content. A non-transport agency must include the following information on the application for waiver of the twenty-four (24) hour response requirement when that provision would cause an undue hardship on the community being served by the agency or abandonment of service: (7-1-14)

a. A description of the applicant's operational limitations to provide twenty-four (24) hour response. (7-1-14)

b. A description of the initiatives underway or planned to provide twenty-four (24) hour response. (7-1-14)

c. A staffing and deployment plan identifying the agency's response capabilities and back up plans for services to the community when the agency is unavailable. (7-1-14)

d. A description of the collaboration that exists with all other EMS agencies providing services within the applicant's geographic response area. (7-1-14)

05. Renewal of Waivers. The controlling authority of a non-transport agency desiring to renew a waiver of the twenty-four (24) hour response requirement must declare the request for renewal of the waiver on the annual renewal application for agency licensure to the Department. (7-1-14)

523. -- 524. (RESERVED)

525. AMBULANCE OR AIR MEDICAL EMS AGENCY -- WAIVER OF RESPONSE REQUIREMENT. The controlling authority of a existing ambulance or air medical agency may petition the Board of Health and for a waiver of the twenty-four (24) hour response requirement if one (1) or more of the following conditions exist: (7-1-14)

01. Undue Hardship on Community. The provision of twenty-four (24) hour response would cause an undue hardship on the community being served by the agency. (7-1-14)

02. Abandonment of Service. The provision of twenty-four (24) hour response would cause

abandonment of the service provided by the agency. (7-1-14)

526. AMBULANCE OR AIR MEDICAL EMS AGENCY -- PETITION FOR WAIVER.

01. Submit Petition for Waiver. The controlling authority of an existing ambulance or air medical agency desiring a waiver of the twenty-four (24) hour response requirement must submit a petition for waiver to the Board. (7-1-14)

02. Undue Hardship or Abandonment of Service Waiver -- Petition Content. An ambulance EMS agency must include the following information on the petition for waiver of the twenty-four (24) hour response: (7-1-14)

a. A description of the petitioner's operational limitations to provide twenty-four (24) hour response. (7-1-14)

b. A description of the initiatives underway or planned to provide twenty-four (24) hour response. (7-1-14)

c. A staffing and deployment plan identifying the agency's response capabilities and back-up plans for services to the community when the agency is unavailable. (7-1-14)

d. A description of the collaboration that exists with all other EMS agencies providing services within the petitioner's geographic response area. (7-1-14)

527. -- 529. (RESERVED)

530. EMS AGENCY -- MEDICAL SUPERVISION REQUIREMENTS.
Each EMS agency must comply with medical supervision plan requirements and designate a physician as the agency medical director who is responsible for the supervision of medical activities defined in IDAPA 16.02.02, "Idaho Emergency Medical Services (EMS) Physician Commission." (3-20-20)

531. -- 534. (RESERVED)

535. EMS AGENCY -- RECORDS, DATA COLLECTION, AND SUBMISSION REQUIREMENTS.
Each EMS agency must comply with the records, data collection, and submission requirements under IDAPA 16.01.06, "Emergency Medical Services (EMS) -- Data Collection and Submission Requirements." (7-1-17)

536. -- 599. (RESERVED)

EMS AGENCY AGREEMENTS, PLANS, AND POLICIES
(Sections 600 - 699)

600. EMS AGENCY -- AGREEMENTS, PLANS, AND POLICIES.
When applicable, each EMS agency must make the following agreements, plans, and policies, described in Sections 600 through 699 of these rules, available to the Department upon request. (7-1-14)

601. EMS AGENCY -- PATIENT CARE INTEGRATION.

01. Cooperative Agreements for Common Geographic Coverage Area. Each ground EMS agency that shares common geographic coverage areas with other EMS agencies must develop cooperative written agreements that address integration of patient care between the agencies. A ground agency can not provide a level of care that exceeds the clinical level of a prehospital agency receiving the patient, unless the written patient integration plan specifically addresses the continuation of the higher level of care throughout the patient transport. (7-1-14)

02. Cooperative Agreement for Non-Transport Agency. Each non-transport EMS agency must have a cooperative written agreement with a prehospital agency that will provide patient transportation. The agreement must address integration of patient care between the agencies. A non-transport prehospital agency may not provide a

level of care that exceeds the clinical level of the responding transport prehospital agency unless the integration plan specifically addresses the continuation of the higher level of care throughout the patient transport. (7-1-14)

602. AIR MEDICAL EMS AGENCY -- PATIENT CARE INTEGRATION.
Each air medical agency must declare and make available its patient care integration policies to the Department upon request. (7-1-14)

603. EMS AGENCY -- PLANNED DEPLOYMENT AGREEMENTS.
Each EMS agency that utilizes a planned deployment must develop a cooperative planned deployment agreement between the EMS agencies. The agreement must include the following: (7-1-14)

01. Chief Administrative Officials. Approval of the chief administrative officials of each EMS agency entering into the agreement either as the receiver of the planned deployment or the provider of the planned deployment. (7-1-14)

02. Medical Directors. Approval of the medical directors of each EMS agency entering into the agreement either as the receiver of the planned deployment or the provider of the planned deployment. (7-1-14)

03. Geographic Locations and Services. The agreement must provide the geographic locations and the services to be provided by the planned deployment. (7-1-14)

04. Shared Resources. The agreement must provide for any sharing of resources between each EMS agency covered by the planned deployment. (7-1-14)

05. Equipment and Medication. The agreement must provide for the availability and responsibility of equipment and medications for each EMS agency covered by the planned deployment. (7-1-14)

06. Patient Integration of Care. The agreement must provide patient integration of care by each EMS agency covered by the planned deployment. (7-1-14)

07. Patient Transport. The agreement must provide for patient transport considerations by each EMS agency covered by the planned deployment. (7-1-14)

08. Medical Supervision. The agreement must have provisions for medical supervision of each EMS agency covered by the planned deployment. (7-1-14)

09. Quality Assurance. The agreement must provide for quality assurance and retrospective case reviews by each EMS agency covered by the planned deployment. (7-1-14)

604. -- 649. (RESERVED)

650. AIR MEDICAL EMS AGENCY -- REQUIRED POLICIES.
Each air medical EMS agency must have the following policies on file with the Department: (7-1-14)

01. Non-Discrimination Policy. Each air medical EMS agency must have written non-discrimination policies to ensure that requests for service are not evaluated based on the patient's ability to pay. (7-1-14)

02. Weather Turn Down Policy. Each air medical EMS agency must immediately notify other air medical agencies in common geographical areas and the Idaho EMS State Communications Center about any requests for services declined or aborted due to weather. Notification to other agencies of flights declined or aborted due to weather must be documented. (7-1-14)

03. Patient Destination Procedure. Each air medical EMS agency must maintain written procedures for the determination of patient destination. These procedures must: (7-1-14)

a. Consider the licensed EMS agency destination protocol and medical supervision received; (7-1-14)

b. Be made available to licensed EMS agencies that utilize their services; (7-1-14)

c. Honor patient preference if: (7-1-14)

i. The requested facility is capable of providing the necessary medical care; and (7-1-14)

ii. The requested facility is located within a reasonable distance not compromising patient care or the EMS system. (7-1-14)

04. Safety Program Policy. Each air medical EMS agency must maintain a safety program policy that includes: (7-1-14)

a. Designation of a safety officer; (7-1-14)

b. Designation of a multi-disciplinary safety committee that includes: pilot, medical personnel, mechanic, communication specialist, and administrative staff; (7-1-14)

c. Post-Accident Incident Plan; (7-1-14)

d. Fitness for Duty Requirements; (7-1-14)

e. Annual Air Medical Resource Management Training; (7-1-14)

f. Procedures for allowing a crew member to decline or abort a flight; (7-1-14)

g. Necessary personal equipment, apparel, and survival gear appropriate to the flight environment. Helmets must be required for each EMS crew member and pilot during helicopter operations; and (7-1-14)

h. A procedure to review each flight for safety concerns and report those concerns to the safety committee. (7-1-14)

05. Training Policy. Each air medical EMS agency must have written documentation of initial and annual air medical specific recurrent training for air ambulance personnel. Education content must include: (7-1-14)

a. Altitude physiology; (7-1-14)

b. Stressors of flight; (7-1-14)

c. Air medical resource management; (7-1-14)

d. Survival; (7-1-14)

e. Navigation; and (7-1-14)

f. Aviation safety issues including emergency procedures. (7-1-14)

651. -- 699. (RESERVED)

EMS AGENCY UTILIZATION OF AIR MEDICAL SERVICES
(Sections 700 - 799)

700. EMS AGENCY -- CRITERIA TO REQUEST AN AIR MEDICAL RESPONSE.
Each ground EMS agency must establish written criteria for the agency's licensed EMS personnel that provides decision-making guidance for requesting an air medical response to an emergency scene. This criteria must be approved by the agency's medical director. The following conditions must be included in the criteria: (7-1-14)

01. Clinical Conditions. Each licensed EMS agency must develop written criteria based on best medical practice principles for requesting an air medical response for the following clinical conditions: (7-1-14)

a. The patient has a penetrating or crush injury to head, neck, chest, abdomen, or pelvis; (7-1-14)

b. Neurological presentation suggestive of spinal cord injury; (7-1-14)

c. Evidence of a skull fracture (depressed, open, or basilar) as detected visually or by palpation; (7-1-14)

d. Fracture or dislocation with absent distal pulse; (7-1-14)

e. A glasgow coma score of ten (10) or less; (7-1-14)

f. Unstable vital signs with evidence of shock; (7-1-14)

g. Cardiac arrest; (7-1-14)

h. Respiratory arrest; (7-1-14)

i. Respiratory distress; (7-1-14)

j. Upper airway compromise; (7-1-14)

k. Anaphylaxis; (7-1-14)

l. Near drowning; (7-1-14)

m. Changes in level of consciousness; (7-1-14)

n. Amputation of an extremity; and (7-1-14)

o. Burns greater than twenty percent (20%) of body surface or with suspected airway compromise. (7-1-14)

02. Complications to Clinical Conditions. Each licensed EMS agency must develop a written policy that provides guidance for requesting an air medical response when there are complicating conditions associated with the clinical conditions listed in Subsection 700.01 of this rule. The complicating conditions must include the following: (7-1-14)

a. Extremes of age; (7-1-14)

b. Pregnancy; and (7-1-14)

c. Patient “do not resuscitate” status. (7-1-16)

03. Operational Conditions for Air Medical Response. Each licensed EMS agency must have written criteria to provide guidance to the licensed EMS personnel for the following operational conditions: (7-1-14)

a. Availability of local hospitals and regional medical centers; (7-1-14)

b. Air medical response to the scene and transport to an appropriate hospital will be significantly shorter than ground transport time; (7-1-14)

c. Access to time sensitive medical interventions such as percutaneous coronary intervention, thrombolytic administration for stroke, or cardiac care; (7-1-14)

d. When the patient's clinical condition indicates the need for advanced life support and air medical is the most readily available access to advanced life support capabilities; (7-1-14)

e. As an additional resource for a multiple patient incident; (7-1-14)

f. Remote location of the patient; and (7-1-14)

g. Local destination protocols. (7-1-14)

701. EMS AGENCY -- EMS PERSONNEL REQUEST FOR AIR MEDICAL RESPONSE.
Licensed EMS personnel en route to or at the emergency scene have the primary responsibility and authority to request the response of air medical services using the local incident management system and licensed EMS agency written criteria described in Section 700 of these rules. (7-1-14)

702. EMS AGENCY -- CANCELLATION OF AN AIR MEDICAL RESPONSE.
Following dispatch of air medical services, an air medical response may only be canceled upon completion of a patient assessment performed by licensed EMS personnel. (7-1-14)

703. EMS AGENCY -- ESTABLISHED CRITERIA FOR SIMULTANEOUS DISPATCH.
A ground EMS agency may establish criteria for simultaneous dispatch for air and ground medical response. Air medical services will not launch to an emergency scene unless requested in accordance with Subsection 720.01 of these rules. (7-1-14)

704. EMS AGENCY-- SELECTION OF AIR MEDICAL AGENCY.
Each EMS agency has the responsibility to select an appropriate air medical service EMS agency. (7-1-14)

01. Written Policy to Select Air Medical Agency. Each EMS agency must have a written policy that establishes a process to select an air medical service. (7-1-14)

02. Policy for Patient Requests. The written policy must direct EMS personnel to honor a patient request for a specific air medical service when the circumstances will not jeopardize patient safety or delay patient care. (7-1-14)

705. -- 719. (RESERVED)

720. EMS AGENCY -- COMMUNICATIONS WITH AIR MEDICAL SERVICES.

01. Responsibility to Request an Air Medical Response. In compliance with the local incident management system, each EMS agency must establish a uniform method of communication to request an air medical response. (7-1-14)

02. Required Information to Request an Air Medical Response. Requests for an air medical response must include the following information as it becomes available: (7-1-14)

a. Type of incident; (7-1-14)

b. Landing zone location or GPS (latitude/longitude) coordinates, or both; (7-1-14)

c. Scene contact unit or scene incident commander, or both; (7-1-14)

d. Number of patients if known; (7-1-14)

e. Need for special equipment; (7-1-14)

f. Estimated weight of the patient; (7-1-14)

g. How to contact on scene EMS personnel; and (7-1-14)

h. How to contact the landing zone officer. (7-1-14)

03. Notification of Air Medical Response. The air medical agency must notify the State EMS Communication Center within ten (10) minutes of launching an aircraft in response to a request for medical transport. Notification must include: (7-1-14)

a. The name of the requesting entity; (7-1-14)

b. Location of the landing zone; and (7-1-14)

c. Scene contact unit and scene incident commander, if known. (7-1-14)

04. Estimated Time of Arrival at the Specified Landing Zone. Upon receipt of a request for air medical emergency services, the air medical agency must provide the requesting entity with an estimated time of arrival (ETA) at the location of the specified landing zone. All changes to that ETA must immediately be reported to the requesting entity. ETAs are to be reported in clock time, specific to the appropriate time zone. (7-1-14)

05. Confirmation of Air Medical Response Availability. Upon receipt of a request for an air medical response, the air medical agency must inform the requesting entity whether the specified air medical unit is immediately available to respond. (7-1-14)

721. -- 729. (RESERVED)

730. EMS AGENCY -- LANDING ZONE PROCEDURES FOR AIR MEDICAL RESPONSE.

01. Establish Landing Zone Procedures. A licensed ambulance or non-transport EMS agency in conjunction with an air medical agency must have written procedures for the establishment of a landing zone. These procedures must be compatible with the local incident management system. (7-1-14)

02. Responsibilities of Landing Zone Officer. The procedures for establishment of a landing zone must include identification of a Landing Zone Officer who is responsible for the following: (7-1-14)

a. Landing zone preparation; (7-1-14)

b. Landing zone safety; and (7-1-14)

c. Communication between the ground EMS agency and the air medical agency. (7-1-14)

03. Final Decision to Use Established Landing Zone. The air medical pilot may refuse the use of an established landing zone. In the event of a pilot's refusal to land, the landing zone officer must initiate communications to identify an alternate landing zone. (7-1-14)

731. EMS AGENCY -- REVIEW OF AIR MEDICAL RESPONSES.
Each EMS agency must provide incident specific patient care related data identified and requested by the Department in the review of air medical response criteria. (7-1-14)

732. -- 799. (RESERVED)

EMS AGENCY INSPECTIONS
(Sections 800 - 899)

800. EMS AGENCY -- INSPECTIONS BY THE DEPARTMENT.
Representatives of the Department are authorized to enter an agency's facility at reasonable times to inspect an agency's vehicles, equipment, response records, and other necessary items to determine that the EMS agency is in compliance with governing Idaho statutes and administrative rules. (7-1-14)

801. EMS AGENCY -- INSPECTION REQUESTS AND SCHEDULING.
An applicant eligible for agency inspection must contact the Department to schedule an inspection. In the event that the acquisition of capital equipment, hiring or licensure of personnel is necessary for the inspection process, the applicant must notify the Department when ready for the inspection. (7-1-14)

802. EMS AGENCY -- INSPECTION TIMEFRAME AFTER NOTIFICATION OF ELIGIBILITY.
An applicant must schedule and have an inspection completed within six (6) months of notification of eligibility by the Department. An application without an inspection completed within six (6) months is void and must be resubmitted as an initial application. (7-1-14)

803. -- 804. (RESERVED)

805. EMS AGENCY -- INITIAL AGENCY INSPECTION.
The Department will perform an initial inspection, which is an integral component of the application process, to ensure the EMS Agency applicant is in compliance regarding the following: (7-1-14)

01. Validation of Initial Application. Validate the information contained in the application. (7-1-14)

02. Verification of Compliance. Verify the applicant is in compliance with governing Idaho statutes and administrative rules. (7-1-14)

806. EMS AGENCY -- DEMONSTRATION OF CAPABILITIES DURING INSPECTION.
The Department will review historical and current information during the annual, random and targeted inspections whereas an applicant must demonstrate the following during the initial inspection process: (7-1-14)

01. Validation of Ability to Submit Data. Each EMS agency applicant must demonstrate the ability to submit data described in Section 535 of these rules. (7-1-14)

02. Validation of Ability to Communicate. Each EMS agency applicant must demonstrate the ability to communicate via radio with the state EMS communications center, local dispatch center, neighboring EMS agencies on which the applicant will rely for support, first response, air and ground patient transport, higher level patient care, or other purposes. (7-1-14)

807. -- 829. (RESERVED)

830. EMS AGENCY -- CONDITION THAT RESULTS IN VEHICLE OR AGENCY OUT OF SERVICE.
Upon discovery of a condition during inspection that could reasonably pose an immediate threat to the safety of the public or agency staff, the Department may declare the condition unsafe and remove the vehicle or agency from service until the unsafe condition is corrected. (7-1-14)

831. -- 839. (RESERVED)

840. EMS AGENCY -- EXEMPTIONS FOR AGENCIES CURRENTLY ACCREDITED BY A NATIONALLY RECOGNIZED PROFESSIONAL EMS ACCREDITATION AGENCY.
Upon petition by the accredited agency, the Department will review the accreditation standards under which the accredited agency was measured and may waive specific duplicated annual inspection requirements where appropriate. If an external accreditation inspection is found to be more rigorous than that of the Department, the Department may elect to relax the frequency of Department annual inspections or waive Department annual inspections altogether. (7-1-14)

841. -- 899. (RESERVED)

EMS AGENCY LICENSURE PROCESS
(Sections 900 - 999)

900. EMS AGENCY -- APPLICATION FOR INITIAL LICENSURE.
To be considered for initial EMS agency licensure an organization seeking licensure must request, complete, and

submit the standardized EMS agency initial license application form provided by the Department. (7-1-14)

901. EMS AGENCY -- LICENSURE EXPIRATION.
Each EMS agency license, unless otherwise declared on the license, is valid for one (1) year from the end of the month of issuance by the Department. (7-1-14)

902. -- 970. (RESERVED)

971. LAPSED LICENSE.

01. Application Not Submitted Prior to Expiration of Current License. An agency that does not submit a complete application as prescribed in these rules will be considered lapsed. The license will no longer be valid. (7-1-14)

02. Grace Period. No grace periods or extensions to an expiration date will be granted when an agency has not submitted a completed renewal application within the timeframes described in Section 950 of these rules. (7-1-14)

03. Lapsed License. An agency that has a lapsed license cannot provide EMS services. (7-1-14)

04. To Regain Agency Licensure. An agency with a lapsed license will be considered an applicant for initial licensure and is bound by the same requirements and processes as an initial applicant. (7-1-14)

972. -- 979. (RESERVED)

980. EMS AGENCY LICENSE -- NONTRANSFERABLE.
An EMS agency license issued by the Department cannot be transferred or sold. (7-1-14)

981. CHANGES TO A CURRENT LICENSE.
An agency's officials must submit an agency update to the Department within sixty (60) days of any of the following changes: (7-1-14)

01. Changes Requiring Update to Department. An agency's officials must submit an agency update to the Department within sixty (60) days of any of the following changes: (7-1-14)

a. Changes made to the geographic coverage area by agency annexation; (7-1-14)

b. Licensed personnel added or removed from the agency affiliation roster. If licensed personnel are removed for cause, a description of the cause must be included; (7-1-14)

c. Vehicles or equipment added or removed from the agency; (7-1-14)

d. Changes to the agency communication plan or equipment; (7-1-14)

e. Changes to the agency dispatch agreement; or (7-1-14)

f. Changes to the agency Medical Supervision Plan. (7-1-14)

02. Changes Requiring Initial Licensure Application. When an agency decides to make any of the following changes, it must submit an initial agency application to the Department and follow the initial application process described in Sections 900 through 922 of these rules: (7-1-14)

a. Clinical level of licensed personnel it utilizes; (7-1-14)

b. Geographic coverage area changes, except by agency annexation; (7-1-14)

c. A non-transport agency that intends to provide patient transport or an ambulance agency that

intends to discontinue patient transport and become a non-transport agency; or (7-1-14)

d. An agency that intends to add prehospital or transfer operational declarations. (7-1-14)

982. -- 989. (RESERVED)

990. TIME SENSITIVE EMERGENCY CERTIFICATION.
The Department's EMS Bureau will certify an EMS Agency as a TSE Designated EMS Agency when such agency, upon proper application and verification, is found to meet the applicable designation criteria established in the Time Sensitive Emergency System Standards Manual incorporated by reference under Section 004 of these rules. (3-20-20)

991. -- 999. (RESERVED)

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