Dear Senators LODGE, Broadsword & LeFavour, and
Representatives BLOCK, Nielsen & Rusche:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of the Dept. of Health & Welfare:

IDAPA 16.02.03 - Emergency Medical Services Docket

#16-0203-1001 (Proposed Chapter repeal);

16.02.03 - #16-0203-1002 (Proposed Chapter Rewrite);

16.02.03 - #16-0203-1003 (Proposed Fee Rule).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative Services. The final date to call a meeting on the enclosed rules is no later than 10-5-10. If a meeting is called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis from Legislative Services. The final date to hold a meeting on the enclosed rules is 11-3-10.

The germane joint subcommittee may request a statement of economic impact with respect to a proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement, and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has been held.

To notify Research and Legislation, call 334-4845, or send a written request to the address or FAX number indicated on the memorandum attached.

Legislative Services Office
Idaho State Legislature

Serving Idaho's Citizen Legislature

Jeff Youtz
Director

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

FROM: Research & Legislation Staff - Paige Alan Parker PAP

DATE: September 17, 2010

SUBJECT: Department of Health and Welfare - IDAPA 16.02.03 - Emergency Medical Services Dockets Nos. 16-0203-1001 (Proposed Chapter repeal); 16-0203-1002 (Proposed Chapter Rewrite); and 16-0203-1003 (Proposed Fee Rule)

Through Docket No. 16-0203-1001 (hereinafter "repeal chapter), the Department seeks to repeal existing IDAPA chapter 16.02.03, Emergency Medical Services. Docket No. 16-0203-1002 (hereinafter "rewrite chapter") proposes an extensive rewrite of this chapter. Docket No. 16-0203-1003 (hereinafter "fee rule") proposes a fee rule that coincides with the rewrite chapter.

The Department's description of this proposed rulemaking is cryptic: "This chapter of rules is being completely revised, updated and rewritten . . . ." In essence, the Department proposes to repeal a 23 page rule and replace it with a 54 page rule, the bulk of which is new. Less than a third of the chapter rewrite contains material from the repeal chapter, and some of that has been modified. Much of the rewrite chapter contains new material regarding personnel licensure, certificates of eligibility, agency licensure and disciplinary provisions.

The Department relies upon section 56-1023, Idaho Code, for authority for these three dockets. Section 56-1023, Idaho Code, authorizes and directs the Commission to adopt appropriate rules defining the allowable scope of practice and acts and duties that can be performed by a person licensed by the EMS Bureau and the required level of supervision by a licensed physician. That section also gives the Board of Health and Welfare rulemaking authority which must be consistent with the rules adopted by the Commission.

According to the Department, the proposed dockets do not impose a fee or charge and will not impact the state General Fund. The Department notes that the while the rewrite chapter

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makes some changes to the process of collecting licensing fees, the fees for EMS personnel are not changed. The Department also notes that the Emergency Medical Services (EMS) program is funded through dedicated funds.

The Department states that negotiated rulemaking has been conducted throughout the state, starting in May 2009. Participating in the negotiated rulemaking were: Association of Idaho Cities, Idaho Air Medical Services, Idaho Association of Counties, Idaho Commission on Aging, Idaho EMS Chiefs Association, Idaho Fire Chiefs Association, Idaho Hospital Association, Idaho Sheriffs Association, National Ski Patrol, Private EMS Services, Professional Firefighters of Idaho, Regional EMS Associations, Seasonal/Industrial EMS Services, Tribal EMS and Volunteer EMS. The Department states that the proposed rule dockets were presented to and reviewed by the EMS Physician Commission and the EMS Advisory Committee. In addition, the proposed rules were the subject of twelve "town hall meetings" conducted in May and June. Public hearings will be scheduled if requested in writing by 25 persons, a political subdivision or an agency not later than September 15, 2010. All written comments must be delivered to the Department on or before September 22, 2010.

ANALYSIS

A. Docket No. 16-0203-1002 (Chapter Rewrite)

As noted above, the chapter rewrite represents an extensive revision of this chapter regarding emergency medical services. This memorandum will focus on the new material contained in the rewrite chapter.

1. Standard Provisions

The written interpretations for the rewrite chapter are found in the EMS Standards Manual. This replaces the EMS Education and Examination Standards Manual specified in the repeal chapter. Section 002. Pursuant to section 67-5201(19)(b)(iv), Idaho Code, the definition of "rule" excludes "any written statements given by an agency which pertain to an interpretation of a rule or to the documentation of compliance with a rule."

Incorporated by reference in the rewrite chapter is the Idaho Emergency Medical Services Licensure Standards Manual, edition 2011-1, which has been adopted by the Board of Health and Welfare. Section 003.01 This replaces the Minimum Equipment Standards for Licensed EMS Services, 2004 edition, Version 4.0, as an incorporated by reference document. Section 003. Newly incorporated by reference by the rewrite chapter are the Idaho Emergency Medical Services Data Standards Manual, edition 2011-1, which has been adopted by the Board, and the Idaho Emergency Medical Services (EMS) Physician Commission Standards Manual, edition 2011-1, which has been adopted by the Idaho Emergency Medical Services Physician Commission. Section 003.02 and 03.

The rewrite chapter adds individuals requesting reinstatement of licensure, individuals requesting licensure in Idaho, and individuals requesting a certificate of eligibility to the list of individuals requiring a criminal history and background check. Section 009.

Sixteen new terms are found in the definition sections 010 and 011: "Affiliated," "assessment," "basic life support (BLS)," "call volume," "compensated volunteer," "full-time paid personnel," "intermediate life support (ILS)," "part-time paid personnel," "patient," "patient care," "patient movement," "patient transport," "planned deployment," "response time," "third service," and "uncompensated volunteer." The term "ambulance service" has been changed to "ambulance agency." Section 010.11. The term "applicant" has been expanded to include an organization that is requesting an agency license to begin or discontinue providing patient transport service and to add prehospital, prehospital quick response, transfer or critical care operational declarations. Section 010.12.

2. Personnel Licensure

The rewrite chapter begins to diverge from the repeal chapter at section 300 dealing with standards of professional conduct. Here, new standards for method of treatment, commitment to self-improvement, respect for the patient, confidentiality, conflict of interest, professionalism, cooperation and participation and ethical responsibility are specified. New section 301 requires any person who advertises or provides emergency medical services to obtain and maintain a current EMS personnel license or recognition issued by the EMS Bureau.

Section 305 on initial licensure is based upon repeal chapter section 501with additions and clarifications. The successful completion of an approved course, rather than an EMS training program, is the initial prerequisite for licensure. New requirements for licensure are: 18 years of age (16 years of age with parental or legal guardian consent); declaration of each state or jurisdiction in which the applicant has applied for, been denied or held EMS certification or licensure; granting of authorization to the EMS authority in other states or jurisdiction to release the candidates records; declaration of all organizations in which the candidate is allowed to practice as licensed personnel; and the successful completion of the criminal background check. Successful completion of the standardized certification examination at or above the level of licensure sought within the preceding 36 months for emergency medical responder (EMR) and emergency medical technician (EMT) or 24 months for advanced emergency medical technician (AEMT) and paramedics satisfies the successful completion of the designated standardized examination requirement. Section 305.01. The candidate must complete all components of the standardized certification examination within 24 months of course completion or otherwise repeat the initial training course and all components of the certification examination. Section 305.02.

The rewrite chapter establishes March 31 and September 30 as the expiration dates for personnel licenses. Initial EMR and EMT licenses are issued for between 36 and 42 months to coincide with these expiration dates; initial AEMT and paramedic licenses are issued for between

24 and 30 months to coincide with these expiration dates. Section 310.01.

Renewal of personnel licenses is addressed at section 315. Documentation that the license holder is currently credentialed or undergoing credentialing by the affiliating EMS agency medical director serves as assurance that affiliation with a licensed EMS agency has been met. New renewal requirements are: continuing education and skill proficiency as prescribed by the rules; declaration of any misdemeanor or felony adjudications; the timely submission of documentation; and the payment of fees. Section 315.01. Renewal documentation may be submitted six months prior to the current license expiration date. Section 315.03. Renewal applications will be selected for random audit, as will applications that appear to be incomplete, inaccurate or fraudulent. Section 315.05.

The lapsed license provisions have been extensively modified by the rewrite chapter at section 316. A timely submitted license renewal application will not result in the expiration of a current license while the EMS Bureau does its evaluation. Section 316.01. Failure of a candidate to provide requested information within 14 days will lapse a license. Section 316.02. No grace periods or extensions will be granted. Section 316.04. A lapsed license may be reinstated if required documentation is submitted within 24 months of the expiration date of a lapsed license. Section 316.05. Specified documentation must be provided to reinstate a lapsed license. Sections 316.06 and 07. After the 24 months, an individual must meet all the initial licensure requirements. Section 316.09.

New sections 317, 320, 325, 330 and 335 detail continuing education requirements. Sections 317.02 and 03 specify the categories and venues for continuing education. The EMS Bureau retains the right to audit continuing education records. 317.03. Separate continuing education and skill proficiency standards are prescribed for candidates for EMR, EMT, AEMT and paramedic license renewal. Sections 320, 325, 330 and 335.

Prior recognition or reciprocity granted by the EMS Bureau is required before an individual possessing an EMS personnel license or certification from another state can practice in Idaho. Sections 340.01 and 340.05. Individuals trained outside Idaho must obtain an Idaho EMS license prior to advertising or providing EMS service in Idaho. Section 340.02. National Registry of Emergency Medical Technicians (NREMT) registration by itself does not qualify an individual to practice in Idaho. Section 340.03. Individuals licensed in other states may apply for limited recognition to practice in Idaho, but only to the extent of the limited recognition. Section 340.04. Persons with current NREMT registration or current EMS certification or license from another state at or above the level of licensure being sought in Idaho are eligible for Idaho EMS personnel licensure if specified requirements are met. Section 340.06.

Current personnel licenses can be relinquished at any time. Section 345.01. However, surrender or expiration of a license does not prevent investigative or disciplinary action. Sections 345.02 and 04. A higher level license can be exchanged for a lower level license with the same expiration date, if other conditions are met. Section 345.03. A shorter license period may be

requested. Section 345.07. Changes in name, mailing address, telephone or agency affiliation must be reported within 30 days. Section 345.05. An individual may hold Idaho EMS licenses at more than one level. Section 346.

3. Certificates of Eligibility

New sections 350, 351, 352, 355, 356, 360, 365, 370 and 375 deal with certificates of eligibility. A certificate of eligibility documents that an individual is fully eligible for EMS personnel licensure but is not a license to practice. Section 350.01. Individuals who have satisfied all requirements for EMS personnel licensure, except for obtaining agency affiliation, may apply for a certificate of eligibility. Section 350.02.

The eligibility, duration, renewal and continuing education (CE) requirements for a certificate of eligibility at sections 351, 352, 355, 356, 360 (CE for EMRs), 365 (CE for EMTs), 370 (CE for AEMTs) and 375 (CE for paramedics) parallel those for licensure found in sections 305, 310, 315, 317, 320 (CE for EMRs), 325 (CE for EMTs), 330 (CE for AEMTs) and 375 (CE for paramedics) of the rewrite chapter, discussed above. The primary difference between these parallel sections is the fact that the holder of a certificate of eligibility does not have an agency affiliation.

4. Agency Licenses

Sections 400 through 477 deal with the licensing of EMS agencies in Idaho. While fragments of these sections have roots in the repeal chapter, the great majority of this material is new. Two types of licensing models are described: Ground EMS (sections 402 through 405) and Air Medical (section 406 through 410.

Section 470 describes the transition to these new agency licensure rules. Agencies licensed by the EMS Bureau prior to July 1, 2011, will transform to the new rules at the expiration of their current agency license by submitting a licensure transition application. These transition applications will not be subject to the comment period required of initial applications, provided that all initial applicant requirements are met. EMS agencies will transition to the new licensing model as described in the EMS Licensure Standards Model.

Any entity that advertises or provides ambulance, air medical or non-transport emergency medical service in Idaho must be licensed as an EMS agency as defined in the rules. Section 400.01. An agency licensed without restriction in another state (and has not been restricted in Idaho) may provide EMS services in Idaho within the limits of its license without an Idaho EMS license only when it meets specified criteria, section 400.02, and is subject to the same administrative license actions as licensed Idaho agencies, section 400.03. The eligibility requirements for agency licensure are set forth in the Idaho Code, the rules and the current EMS Licensure Standards Manual. Section 402.

The EMS Bureau licenses ground EMS agencies, under the rewrite chapter, based on the agency's service types, level of clinical sophistication and operational declarations. Section 402.02. Ground EMS agencies may be either ambulance or non-transport. Section 402.03. A non-transport agency is intended for patient transport and can move a patient by vehicle only under limited, emergency circumstances. All patient movement by a non-transport agency must be reported to the EMS Bureau within 30 days. Section 402.04.

Licenses for ground EMS agencies are based upon level of sophistication. A non-transport agency may be EMR basic life support, EMT basic life support, AEMT intermediate life support and/or paramedic advanced life support. Section 403.01. An ambulance agency may be EMT basic life support, AEMT intermediate life support and/or paramedic advanced life support. Section 403.02.

Licenses for ground EMS agencies are also based upon operational declarations: prehospital, prehospital support, prehospital quick response, transfer, critical care, standby, limited duration, seasonal, industrial, non-public, rescue and extrication. Service levels, geographical coverage areas and resources may differ between the operational declarations under which an agency is licensed. Section 404.

Organizations that do not meet the EMS personnel requirements for agency licensure that desire to provide patient care operations at an emergency scene will be recognized by the EMS Bureau as an extrication of emergency response organization. The requirements for an extrication endorsement and an emergency response endorsement are specified in the rewrite chapter. Section 405.

Air medical agencies are licensed based on the declarations made in the most recent approved initial or renewal application and can only provided those EMS services described in the most recent approved application. Section 406.01. Licenses are based on the service type, level of clinical sophistication and operational declarations. Section 406.02. There are two types of licenses: Air medical I (paramedical advance life support service) and air medical II (EMT basic life support, AEMT intermediate life support and paramedical advanced life support). Sections 406.03 and 05. An agency that provides air medical and ground-based EMS (ambulance or non-transport) services must obtain a license for both. Section 406.04. The operational declarations for air medical agencies, as detailed in the rewrite chapter, are: air medical transport, air medical transfer and air medical critical care. Section 407. Additional requirements for air medical agencies are: specified policies submitted to the EMS Bureau on non-discrimination, weather turn down, patient destination procedure and safety, section 408; non-compromising aircraft and equipment configuration, section 409; and documentation of specified initial and annual air medical specific recurrent training for air ambulance personnel, section 410.

EMS agencies must meet certain personnel requirements under section 415, 416, 417 and 418. Generally, an agency must demonstrate a sufficient number of affiliated personnel licensed at or above the agency's clinical level to ensure availability of appropriately licensed and

credentialed personnel corresponding to the agency's anticipated call volume and for the entire anticipated call volume for each of the agency's operational declarations. Sections 415.01 and 02. An EMT level or higher is required to provide patient care for an ambulance agency, section 415.03; and a paramedic must be present whenever advanced life services are provided, section 415.04. An agency must designate a physician as the agency medical director who must perform specified supervision functions. Section 415.05. Air medical agencies must meet additional, specified requirements. Section 415.06.

When a planned deployment agreement exists (as discussed below): EMS personnel licensed at a level that exceeds that of the agency can provide patient care at the EMS personnel's level, section 416.01; licensed personnel from an intermediate life support or advanced life support agency can provide care in an agency licensed at a lower level of clinical sophistication, section 416.02; personnel licensed at a clinical level that exceeds that of a responding EMS agency who are responding outside their agencies geographic coverage area can provide patient care, section 416.03; and a basic life support or an intermediate life support agency can provide prehospital services when a paramedic is present, section 416.04.

Ambulance-based clinicians, under the rewrite chapter, are licensed professional nurses, advance practice professional nurses or physician assistants who maintain a current EMS ambulance-based clinician certificate issued by the EMS Bureau. Section 417.01. The requirements for the ambulance-based clinician certificate are detailed in the rewrite chapter at section 417.02. This certificate is valid as long as its holder is continuously licensed by his licensing board. Section 417.03. All currently licensed ambulance-based clinicians must obtain a certificate by July 1, 2011. Section 417.05.

An EMR basic life support agency, EMT basic life support agency or AEMT intermediate life support agency may use the ambulance-based clinician to meet its personnel requirements, provided that it verify the clinician possesses a current certification and ensures that the clinician meets additional licensing board requirements. Sections 417.06 and 07. Licensed professional nurses, advanced practice nurses and physician assistants can serve as the only patient care provider during a transport or transfer if they have the clinician certification and can serve as a crew member providing intermediate life support patient services if accompanied by a licensed EMT. Sections 418.01 and 02.

Although not every EMS agency requires a vehicle, when required, the vehicles must be of sufficient number to meet anticipated call volume and must pass specified safety inspection requirements. Licensed non-transport agencies may use ambulance vehicles only as non-transport vehicles. Section 420.

An agency must be equipped with specified medical care and devices, subject to exceptions as may be granted by the EMS Bureau, and with specified safety and personal protective equipment. Section 425. Specified communication and dispatch requirements must be met for agency licensure. Section 426.

Unless a waiver exists, an agency must respond to calls within its declared geographical coverage area on a 24-hour per-day basis. Section 427.01. A waiver may be granted if certain conditions exist, including the lack of population for part of the day or seasonal, undue hardship on the community being served, or the 24-hour requirement would result in the abandonment of service. Section 427.02. The contents of the waiver petition and the procedure for granting such a waiver are outlined in the rewrite chapter at sections 427.03 through 08.

An agency must comply with the medical supervision plan requirements as specified by rule. Section 428. A patient care integration agreement is required for prehospital, prehospital and prehospital quick response agencies that share common geographic coverage areas. Section 429.01.a. Agencies with operational declaration for standby, limited duration, seasonal, industrial, rescue and extraction must have a cooperative agreement with a prehospital agency that will provide patient transportation. Section 429.01.b. Planned deployment agreements are used to allow affiliated EMS personnel to act and provide predetermined services outside the affiliating agency's geographic coverage area or while responding with another agency within the affiliating agency's geographic coverage area. Section 429.02.

An agency must submit response information in accordance with the EMS Data Standards Manual. The information that must be submitted, the certification requirements of the EMS data system, the frequency of submissions, and the standards for the submissions are detailed in the rewrite chapter. Section 430.

An organization seeking licensure as an agency must submit a completed agency license application to the EMS Bureau. Section 431. Section 432 provides for the application form. Section 433 details the information that is required on the application, including call volume, geographic coverage area, staffing, vehicles and equipment, communications, dispatch, agency costs and revenue, response time, clinical benefits and a medical supervision plan as prescribed by rule. The EMS Bureau will review the application for completeness upon receipt. Section 434. The applicant will be notified in 14 days if the application is found to be complete or incomplete. Section 435.01. If incomplete, the applicant may resubmit the needed documentation within 60 days. Section 435.02 and 03. With specified exceptions, notice of the completed application will be sent to all cities, counties and other units of local government that have any common geographic coverage area with the applicant. Section 435.04.

A 45-day comment period is provided for any application that includes operational declarations for prehospital, prehospital quick response, prehospital support, transfer, critical care, standby, limited duration, seasonal, rescue or extrication operational declarations. The comment period may be waived if the application is supported by all the cities, counties and other units of local government within the common geographic area. If a notice of opposition is received during the comment period, the applicant will be notified within 14 days, the opposing entities will have 45 days specifying the elements of the application being opposed and the applicant will have 45 days to respond. The party opposing the application is responsible for arranging a public hearing,

which is to be held in the county courthouse. The Department appoints the hearing officer. A record of the hearing is made. The hearing officer has 30 days to submit a written recommendation following the hearing. Section436. The EMS Bureau will consider the findings of the responses and the hearing and will either continue to process or reject the application. Section 439. Appeals are pursuant to rule. Section 440.

The applicant can modify or withdraw the application at any time. Material changes to the application will result in renotifications and comment period recommencement. Section 437. Waiver of the comment period is available in the event of such modifications. Section 438.

The EMS Bureau's review of the completed application following the comment period will result in notification to the interested parties that the application is compliant, complete with concerns, or noncompliant. If other than compliant, the applicant will be given opportunity to address the EMS Bureau's concerns. If compliant, the applicant becomes eligible for inspection. Section 445. The applicant notifies the EMS Bureau when it is ready for inspection and must schedule the inspection within six months of being notified of its eligibility. Section 450.

Licenses are issued for one year from the end of the month of issuance. To the extent possible, EMS agency license expiration dates are established depending on the geographic location of the agency. Section 451.

A completed standardized agency renewal application containing specified information is required for renewal. The renewal application must be submitted not sooner than 90 and not later than 60 days prior to the expiration of the current license. New licenses obtained after July 1, 2011 and changes in licenses must submit additional information specified by the rewrite chapter. Section 452. The EMS Bureau will review the renewal application within 14 days. Section 453. Notification as to complete and compliant, complete with concerns or non-complete, will be made. Section 454. Agencies whose applications that are other than complete and compliant will be given an opportunity to address those concerns and 30 days to resubmit. Meanwhile, an existing license will not lapse. Sections 455 and 456. Appeals are as provided for by rule. Section 457. If the application is found to be complete and compliant, the agency has 30 days to schedule a renewal inspection. Sections 458 and 459

If an agency does not submit a proper, complete application, its license will be considered lapsed and no longer valid. No grace periods or extensions will be granted. The agency must start the application process again as if it were an applicant for an initial license. Section 465.

Licenses issued by the EMS Bureau cannot be transferred or sold. Changes in the agencies operations, including such matters as vehicles or equipment added or removed, necessitate an update form being submitted to the EMS Bureau within 60 days. An initial agency application is required if the agency changes the clinical level of its licensed personnel, geographic coverage area (except by agency annexation), operational declarations regarding transport status or prehospital, prehospital quick response, transfer or critical care. Section 466.

Four types of agency inspections are contemplated by the rewrite chapter: initial, annual, random and targeted. The purposes and scope of these inspections are discussed in the rewrite chapter. As under the repeal chapter, representatives of the EMS Bureau are authorized to enter an agency's facility at reasonable times for the purpose of the comprehensive inspections. Upon discovery of a condition during inspection that could reasonably pose an immediate threat to the safety of the public or agency staff, the EMS Bureau may declare the condition unsafe and remove the vehicle or agency from service until the unsafe condition is corrected. Section 476. Upon petition, the EMS Bureau may waive specific annual inspection requirements where appropriate, when they are duplicative of accreditation standards and may relax the frequency of inspections if an external accreditation inspection is found to be more rigorous. Section 477.

The rewrite chapter provisions regarding standards for air medical services have been taken from the repeal chapter. Sections 500 through 505.

5. Disciplinary Provisions

Any person who suspects a violation of the relevant statutes or rules may file a written complaint with the EMS Bureau. Sections 600 and 605. Anonymous complaints are accepted. Section 606. An official investigation will be initiated when the complaint, if substantiated, would be a violation of the relevant statutes or rules or when the EMS Bureau staff or other authorities discover a potential violation. Section 610.

The Bureau Chief may impose an administrative license action on a license holder, applicant or candidate for any action, conduct or failure to act that is inconsistent with the professionalism, standards or both. Section 615. The listing of types of violations in the rewrite chapter is consistent with the repeal chapter with the additional inclusion of a misrepresentation in an application by means of concealment of a material fact and the performance of duties pursuant to the EMS license while under the influence of a legal drug or medication causing impairment or function. See sections 615.05 and 11. Neither failure to participate in the investigation or surrender or lapse of a license will prohibit a full investigation. Section 630 and 631.

Hearings on rejected applications are conducted pursuant to IDAPA rule. A compliance conference may be offered when the scope of practice or medical practice misconduct with little or no injury to the public, EMS system or profession has occurred or where there is little likelihood of repetition and the matter can be resolved by consent order. The procedure for a compliance conference is provided. Section 635.

The EMS Bureau may elect to conduct a peer review hearing for a case that is not appropriate for or not resolved by a compliance conference. Section 635.03. The peer review team consists of four members selected by the EMS Bureau as specified by the rewrite chapter. The peer review team is to be chaired by a licensed Idaho EMS physician. Section 636.

Corrective actions include a letter of guidance, when minor misconduct with no injury to

the public, EMS system or profession has occurred and there is little likelihood of repetition, and a warning letter, in the case of a first offense under similar circumstances. Section 641. Administrative action include: denial of an application; refusal to renew a license; license retention with conditions; suspension of the license up to 12 months, with or without conditions, or pending the outcome of an investigation or criminal proceeding; and revocation of a license, with procedures for reinstatement. Section 642. A fine can be imposed where there is: a failure to respond to a request for service to a prehospital incident when dispatched; an unauthorized response; unlicensed personnel are allowed to respond; and failure to submit patient care data as required. Section 645.

Informal resolution of complaints or non-compliance by guidance or warning letter is public information. Preliminary investigations and documents supplied or obtained in connection with preliminary investigations are confidential until a formal notice of administrative license action is issued. Section 650. Notice of the final disposition of an investigation will be sent to the subject and other specified persons, depending on whether it is a personnel, agency or education matter. Section 655.

B. Docket No. 16-0203-1003 (Fee Rule)

No fee increase is provided for in the fee rule. Instead, the existing fees of $35 for AEMT and paramedic initial, reinstatement and recognition reciprocity licensure and $25 for AEMT and paramedic renewal are consolidated at section 301.

SUMMARY

The Department's proposed repeal chapter, rewrite chapter and fee rule appear to be authorized under section 56-1023, Idaho Code.

cc: Department of Health and Welfare
Tamara Prisock & Wayne Denny

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.02.03 - EMERGENCY MEDICAL SERVICES

DOCKET NO. 16-0203-1001 (CHAPTER REPEAL)

NOTICE OF RULEMAKING - PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section 56-1023, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than September 15, 2010.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking: This chapter of rules is being repealed under this docket. It is being completely revised, updated, and rewritten under Docket Nos. 16-0203-1002 and 16-0203-1003 publishing in this same Bulletin.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: None.

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year. N/A

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, informal negotiated rulemaking was conducted with stakeholders throughout the state starting in May 2009. The stakeholder groups included: Association of Idaho Cities, Idaho Air Medical Services, Idaho Association of Counties, Idaho Commission on Aging, Idaho EMS Chiefs Association, Idaho Fire Chiefs Association, Idaho Hospital Association, Idaho Sheriffs Association, National Ski Patrol, Private EMS Services, Professional Fire Fighters of Idaho, Regional EMS Associations, Seasonal/Industrial EMS Services, Tribal EMS, and Volunteer EMS. The rules were also presented for review by the EMS Physician Commission and the EMS Advisory Committee. The most recent statewide round of twelve "town hall meetings" was conducted from May 17 through June 17, 2010.

INCORPORATION BY REFERENCE: No materials are being incorporated by reference into these rules under this docket.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Wayne Denny at (208) 334-4000, ext. 2085.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2010.

DATED this 29th day of July, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
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IDAPA 16.02.03 IS BEING REPEALED IN ITS ENTIRETY

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.02.03 - EMERGENCY MEDICAL SERVICES

DOCKET NO. 16-0203-1002 (CHAPTER REWRITE)

NOTICE OF RULEMAKING - PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section 56-1023, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than September 15, 2010.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

This chapter of rules is being completely revised, updated, and rewritten under this docket, with the exception of Section 302 which is a fee rule publishing under Docket No. 16-0203-1003 in this same Bulletin. The repeal of this chapter is publishing in this Bulletin under Docket 16-0203-1001.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year:

This rulemaking has no fiscal impact to the state general fund. The Emergency Medical Services (EMS) program is funded through dedicated funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, informal negotiated rulemaking was conducted with stakeholders throughout the state starting in May 2009. The stakeholder groups included: Association of Idaho Cities, Idaho Air Medical Services, Idaho Association of Counties, Idaho Commission on Aging, Idaho EMS Chiefs Association, Idaho Fire Chiefs Association, Idaho Hospital Association, Idaho Sheriffs Association, National Ski Patrol, Private EMS Services, Professional Fire Fighters of Idaho, Regional EMS Associations, Seasonal/Industrial EMS Services, Tribal EMS, and Volunteer EMS. The rules were also presented for review by the EMS Physician Commission and the EMS Advisory Committee. The most recent statewide round of twelve "town hall meetings" was conducted from May 17 through June 17, 2010.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule:

The documents being incorporated by reference into these rules are used by the state to establish and enforce standards for EMS licensure, data standards, and scope of practice for EMS personnel. These are being incorporated by reference into these rules to give them the force and effect of law. Further, the documents are not being reprinted in this chapter of rules due to their length and format and because of the cost for republication.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Wayne Denny at (208) 334-4000, ext. 2085.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2010.

DATED this 29th day of July, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720, Boise, ID 83720-0036
phone: (208) 334-5564; fax: (208) 334-6558
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THE FOLLOWING IS THE PROPOSED TEXT FOR DOCKET 16-0203-1002

IDAPA 16
TITLE 02
CHAPTER 03

16.02.03 - EMERGENCY MEDICAL SERVICES (EMS)

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

001. TITLE AND SCOPE.

01. Scope. These rules include criteria for training programs, certification and licensure of personnel, licensure of ambulance agencies and nontransport agencies, licensure of ambulances and nontransport vehicles, establishment of fees for training, inspections, certifications, licensure, and appropriate requirements for license renewal of personnel, ambulance services and nontransport services, and ambulances and nontransport vehicles. ( )

02. Title. The title of these rules is IDAPA 16.02.03, "Emergency Medical Services." ( )

002. WRITTEN INTERPRETATIONS.
In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this Bureau has an EMS Education and Examination Standards Manual that contains policy and interpretation of these rules and the documentation of compliance with these rules. Copies of the Education and Examination Standards Manual may be obtained from the EMS Bureau, 650 W. State Street, Suite B-17, Boise, Idaho 83702, P.O. Box 83720, Boise, Idaho 83720-0036. ( )

003. ADMINISTRATIVE APPEALS.
All contested cases are governed by the provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." ( )

004. INCORPORATION BY REFERENCE.

01. Idaho Emergency Medical Services Licensure Standards Manual. The Board of Health and Welfare has adopted the Idaho Emergency Medical Services Licensure Standards Manual, edition 2011-1, and hereby incorporates this Standards Manual by reference. Copies of this Standards Manual may be obtained from the EMS Bureau (see Section 005 of these rules), or online at: http://www.idahoems.org. ( )

02. Idaho Emergency Medical Services Data Standards Manual. The Board of Health and Welfare has adopted the Idaho Emergency Medical Services Data Standards Manual, edition 2011-1, and hereby incorporates this Standards Manual by reference. Copies of this Standards Manual may be obtained from the EMS Bureau (see Section 005 of these rules), or online at: http://www.idahoems.org. ( )

03. Idaho Emergency Medical Services Physician Commission Standards Manual. The Idaho Emergency Medical Services (EMS) Physician Commission has adopted the Idaho Emergency Medical Services (EMS) Physician Commission Standards Manual, edition 2011-1, and hereby incorporates this Standards Manual by reference. Copies of this Standards Manual may be obtained from the EMS Bureau (see Section 005 of these rules), or online at: www.emspc.dhw.idaho.gov. ( )

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE NUMBER -- INTERNET WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. ( )

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. ( )

03. Street Address. ( )

a. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. ( )

b. The EMS Bureau is located at 650 W. State Street, Suite B-17, Boise, Idaho 83702. ( )

04. Telephone. ( )

a. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. ( )

b. The telephone number for the EMS Bureau is (208) 334-4000. The toll-free, phone number is 1-877-554-3367. ( )

05. Internet Websites. ( )

a. The Department's internet website is found at http://www.healthandwelfare.idaho.gov. ( )

b. The Emergency Medical Services Bureau's internet website is found at http://www.idahoems.org. ( )

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS ACT COMPLIANCE AND REQUESTS.

01. Confidentiality of Records. Any disclosure of confidential information used or disclosed in the course of the Department's business is subject to the restrictions in state or federal law, federal regulation, and Idaho Department of Health and Welfare Rules, IDAPA 16.05.01, "Use and Disclosure of Department Records." ( )

02. Public Records Act. Individuals have a right to review and copy records maintained by the Department, subject to the provisions of the Idaho Public Records Act, Title 9, Chapter 3, Idaho Code, these rules, and state and federal laws that make records confidential. The Department's Administrative Procedures Section (APS) and designated custodians in Department offices receive and respond to public records requests. The APS can be reached at the mailing address for the Department's business office. Non-identifying or non-confidential information provided to the public by the Department in the ordinary course of business is not required to be reviewed by a public records custodian. Original records must not be removed from the Department by individuals who make public records requests. ( )

007. -- 008. (RESERVED).

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.
The following individuals must comply with the provisions in IDAPA 16.05.06, "Criminal History and Background Checks." ( )

01. Initial Licensure. Candidates for initial licensure described in Section 305 of these rules. ( )

02. Reinstatement of Licensure. Individuals requesting reinstatement of licensure described in Section 316 of these rules. ( )

03. Recognition of Licensure from Other Jurisdictions. Individuals requesting licensure in Idaho described in Section 340 of these rules. ( )

04. Certificate of Eligibility. Individuals requesting a certificate of eligibility described in Section 350 of these rules. ( )

010. DEFINITIONS AND ABBREVIATIONS A THROUGH E.
For the purposes of this chapter of rules the following terms apply: ( )

01. Advanced Emergency Medical Technician (AEMT). A person who has met the qualifications for licensure as set forth in Sections 56-1011 through 56-1023, Idaho Code, is licensed by the EMS bureau under Sections 56-1011 through 56-1023, Idaho Code, carries out the practice of emergency care within the scope of practice determined by the Commission and practices under the supervision of an Idaho licensed physician. ( )

02. Advanced Life Support (ALS). The provision of medical care, medication administration, and treatment with medical devices which correspond to the knowledge and skill objectives in the Paramedic curriculum currently approved by the State Health Officer in accordance with Section 201 of these rules and within the scope of practice defined by the Commission, by persons licensed as Paramedics in accordance with these rules. ( )

03. Advertise. Communication of information to the public, institutions, or to any person concerned, by any oral, written, or graphic means including handbills, newspapers, television, radio, telephone directories, and billboards. ( )

04. Affiliated. The formal association that exists between an agency and those licensed personnel who appear on the agency's roster which includes active participation, collaboration, and involvement. Affiliation can be demonstrated by the credentialing of licensed personnel by the agency medical director. ( )

05. Agency. Any organization licensed by the EMS bureau that operates an air medical service, ambulance service, or nontransport service. ( )

06. Air Ambulance. Any privately or publicly owned fixed wing aircraft or rotary wing aircraft used for, or intended to be used for, the transportation of persons experiencing physiological or psychological illness or injury who may need medical attention during transport. This may include dual or multipurpose vehicles which otherwise comply with Sections 56-1011 through 56-1023, Idaho Code, and specifications established by Board rule. ( )

07. Air Medical Agency. An agency licensed by the EMS bureau that responds to requests for patient care and transportation from hospitals and EMS agencies using a fixed wing aircraft or rotary wing aircraft. ( )

08. Air Medical Response. The deployment of an aircraft licensed as an air ambulance to an emergency scene intended for the purpose of patient treatment and transportation. ( )

09. Ambulance. Any privately or publicly owned motor vehicle, or nautical vessel, used for, or intended to be used for, the transportation of sick or injured persons who may need medical attention during transport. This may include dual or multipurpose vehicles which otherwise comply with Sections 56-1011 through 56-1023, Idaho Code, and specifications established by Board rules. ( )

10. Ambulance-Based Clinicians. Licensed Professional Nurses and Advanced Practice Professional Nurses who are currently licensed in accordance with Sections 54-1401 through 54-1418, Idaho Code, and Physician Assistants who are currently licensed in accordance with Sections 54-1801 through 54-1841, Idaho Code. ( )

11. Ambulance Agency. An agency licensed by the EMS bureau operated with the intent to provide personnel and equipment for medical treatment at an emergency scene, during transportation or during transfer of persons experiencing physiological or psychological illness or injury who may need medical attention during transport. ( )

12. **Applicant**. Any organization that is requesting an agency license under Sections 56-1011 through 56-1023, Idaho Code, and includes the following: ( )

a. An organization seeking a new license; ( )

b. An existing agency that intends to: ( )

i. Change the level of licensed personnel it utilizes; ( )

ii. Change its geographic coverage area (except by agency annexation); ( )

iii. Begin or discontinue providing patient transport services or; ( )

iv. Add prehospital, prehospital quick response, transfer, or critical care operational declarations. ( )

13. **Assessment**. The evaluation of a patient by EMS licensed personnel intending to provide treatment or transportation to that patient. ( )

14. **Basic Life Support (BLS)**. The provision of medical care, medication administration, and treatment with medical devices which correspond to the knowledge and skill objectives in the EMR or EMT curriculum currently approved by the State Health Officer in accordance with Section 201 of these rules and within the scope of practice defined by the Commission, by persons licensed as EMRs or EMTs in accordance with these rules. ( )

15. **Board**. The Idaho Board of Health and Welfare. ( )

16. **Call Volume**. The number of requests for service that an agency either expects to (anticipated) or has responded to (actual) during a designated period of time. ( )

17. **Commission**. The Idaho Emergency Medical Services Physician Commission. ( )

18. **Compensated Volunteer**. An individual who performs a service without promise, expectation, or receipt of compensation other than payment of expenses, reasonable benefits or a nominal fee to perform such services. This individual cannot be a part-time or full-time employee of the same organization performing the same services as a volunteer and employee. ( )

19. **Department**. The Idaho Department of Health and Welfare. ( )

20. **Emergency**. A medical condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the person's health in serious jeopardy, or in causing serious impairments of bodily function or serious dysfunction of any bodily organ or part. ( )

21. **Emergency Medical Responder (EMR)**. A person who has met the qualifications for licensure as set forth in Sections 56-1011 through 56-1023,Idaho Code, is licensed by the EMS bureau under Sections 56-1011 through 56-1023, Idaho Code, carries out the practice of emergency care within the scope of practice determined by the Commission and practices under the supervision of an Idaho licensed physician. ( )

22. **Emergency Medical Services (EMS)**. The system utilized in responding to a perceived individual need for immediate care in order to prevent loss of life or aggravation of physiological or psychological illness or injury. ( )

23. **EMS Bureau**. The Emergency Medical Services (EMS) Bureau of the Idaho Department of Health and Welfare. ( )

24. Emergency Medical Technician (EMT). A person who has met the qualifications for licensure under Sections 56-1011 through 56-1023, Idaho Code, is licensed by the EMS bureau under Sections 56-1011 through 56-1023, Idaho Code, carries out the practice of emergency care within the scope of practice determined by the Commission, and practices under the supervision of an Idaho licensed physician. ( )

25. Emergency Scene. Any setting outside of a hospital, with the exception of the inter-facility transfer, in which the provision of EMS may take place. ( )

011. DEFINITIONS AND ABBREVIATIONS F THROUGH Z.
For the purposes of this chapter of rules the following terms apply: ( )

01. Full-Time Paid Personnel. Personnel who perform a service with the promise, expectation, or receipt of compensation for performing such services. Full-time personnel differ from part-time personnel in that full-time personnel work a more regular schedule and typically work more than thirty-five (35) hours per week. ( )

02. Glasgow Coma Score (GCS). A scale used to determine a patient's level of consciousness. It is a rating from three (3) to fifteen (15) of the patient's ability to open his eyes, respond verbally, and move normally. The GCS is used primarily during the examination of patients with trauma or stroke. ( )

03. Intermediate Life Support (ILS). The provision of medical care, medication administration, and treatment with medical devices which correspond to the knowledge and skill objectives in the AEMT curriculum currently approved by the State Health Officer in accordance with Section 201 of these rules and within the scope of practice defined by the Commission, by persons licensed as AEMTs in accordance with these rules. ( )

04. Licensed Personnel. Those individuals who are emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics. ( )

05. National Registry of Emergency Medical Technicians (NREMT). An independent, non-governmental, not for profit organization which prepares validated examinations for the state's use in evaluating candidates for licensure. ( )

06. Nontransport Service. An agency licensed by the EMS bureau, operated with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but not intended to be the service that will actually transport sick or injured persons. ( )

07. Nontransport Vehicle. Any vehicle operated by an agency with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but not intended as the vehicle that will actually transport sick or injured persons. ( )

08. Paramedic. A person who has met the qualifications for licensure under Sections 56-1011 through 56-1023, Idaho Code, is licensed by the EMS bureau under Sections 56-1011 through 56-1023, Idaho Code, carries out the practice of emergency care within the scope of practice determined by the Commission, and practices under the supervision of an Idaho licensed physician. ( )

09. Part-Time Paid Personnel. Personnel who perform a service with the promise, expectation, or receipt of compensation for performing such services. Part-time personnel differ from the full-time personnel in that the part-time personnel typically work an irregular schedule and work fewer than thirty-five (35) hours per week. ( )

10. Patient. A sick, injured, incapacitated, or helpless person who is under medical care or treatment. ( )

11. Patient Care. The performance of acts or procedures under emergency conditions in responding to a perceived individual need for immediate care in order to prevent loss of life or aggravation of physiological or psychological illness or injury. ( )

12. Patient Movement. The relatively short distance transportation of a patient from an off-highway

emergency scene to a rendezvous with an ambulance or air ambulance. ( )

13. Patient Transport. The transportation of a patient by ambulance or air ambulance from a rendezvous or emergency scene to a medical care facility. ( )

14. Planned Deployment. The deliberate, planned placement of EMS personnel outside of an affiliating agency's deployment model declared on the application under which the agency is currently licensed. ( )

15. Physician. A person licensed by the State Board of Medicine to practice medicine and surgery, or osteopathic medicine and surgery in Idaho. ( )

16. Prehospital. Any setting outside of a hospital, with the exception of transfers, in which the provision of EMS may take place. ( )

17. Response Time. The total time elapsed from when the agency receives a call for service to when the agency arrives and is available at the scene. ( )

18. Supervision. The medical direction by a licensed physician of activities provided by licensed personnel affiliated with a licensed ambulance, air medical, or nontransport service, including: establishing standing orders and protocols, reviewing performance of licensed personnel, providing instructions for patient care via radio or telephone, and other oversight. ( )

19. State Health Officer. The Administrator of the Division of Public Health. ( )

20. Third Service. A public EMS agency that is neither law-enforcement nor fire-department based. ( )

21. Transfer. The transportation of a patient from one (1) medical care facility to another. ( )

22. Uncompensated Volunteer. An individual who performs a service without promise, expectation, or receipt of any compensation for the services rendered. An uncompensated volunteer cannot be a part-time or full-time employee of the same organization performing the same services as a volunteer and employee. ( )

012. -- 049. (RESERVED).

050. ADVANCE DO NOT RESUSCITATE DIRECTIVES.

01. Protocols. ( )

a. The EMS Advisory Committee will establish standard protocols for EMS personnel to respond to advance DNR directives. ( )

b. The protocol will be reviewed at least annually by the EMS Advisory Committee to determine if changes in protocol should be made to reflect technological advances. ( )

c. The Department will notify Idaho EMS personnel of DNR protocols and any subsequent changes. ( )

02. Do Not Resuscitate Order. ( )

a. A standard DNR form will be made available to physicians by the Department or its designee. ( )

b. One (1) copy will be maintained in the patient's file and one (1) copy will be kept by the patient. ( )

03. Do Not Resuscitate Identification. ( )

a. Only a physician signed DNR order or a Department approved bracelet or necklace will be honored by EMS personnel. ( )

b. The bracelet or necklace will have an easily identifiable logo that solely represents a DNR code. ( )

c. The Department will advise EMS personnel of what constitutes an acceptable identification. ( )

d. No DNR identification may be issued without a valid DNR order in place. ( )

e. Only vendors authorized by the Department may sell or distribute DNR identifications. ( )

051. -- 099. (RESERVED).

100. STATEWIDE EMS ADVISORY COMMITTEE.
The Director will appoint a Statewide EMS Advisory Committee to provide counsel to the Department in administering the EMS Act. The Committee members will have a normal tenure of three (3) years after which time they may be excused or reappointed. However, in order to afford continuity, initial appointments will be made to one-third (1/3) of the membership for two (2) years, one-third (1/3) for three (3) years, and one-third (1/3) of the membership for four (4) years. The Committee chairman will be selected by the State Health Officer. ( )

01. Committee Membership. The Statewide EMS Advisory Committee will be constituted as follows: ( )

a. One (1) representative recommended by the State Board of Medicine; ( )

b. One (1) representative recommended by the Idaho Chapter of American College of Emergency Physicians; ( )

c. One (1) representative recommended by the Committee on Trauma of the Idaho Chapter of the American College of Surgeons; ( )

d. One (1) representative recommended by the State Board of Nursing; ( )

e. One (1) representative recommended by the Idaho Medical Association; ( )

f. One (1) representative recommended by the Idaho Hospital Association; ( )

g. One (1) representative of local government recommended by the Idaho Association of Counties; ( )

h. One (1) representative of a career third service EMS/Ambulance service; ( )

i. One (1) representative of a volunteer third service EMS/Ambulance service; ( )

j. One (1) representative of a third service nontransport EMS service; ( )

k. One (1) representative of a fire department-based EMS/Ambulance service recommended by the Idaho Fire Chiefs Association; ( )

l. One (1) representative of a fire department-based nontransport EMS service; ( )

m. One (1) representative of an air medical service; ( )

n. One (1) Emergency Medical Technician who represents the interests of Idaho personnel licensed at

that level; ( )

o. One (1) Advanced Emergency Medical Technician who represents the interests of Idaho personnel licensed at that level; ( )

p. One (1) Paramedic who represents the interests of Idaho personnel licensed at that level; ( )

q. One (1) representative who is an administrative county EMS director; ( )

r. One (1) EMS instructor who represents the interests of Idaho EMS educators and evaluators;( )

s. One (1) consumer; ( )

t. One (1) representative of a private EMS transport service; ( )

u. One (1) pediatrician who represents the interests of children in the EMS system recommended by the Idaho Chapter of the American Academy of Pediatrics; and ( )

v. One (1) board certified or equivalent pediatric emergency medicine physician. ( )

02. Responsibilities of Committee. The EMS Advisory Committee will meet at least annually or as needed for the purposes of: ( )

a. Reviewing policies and procedures for provision of emergency medical services and recommending same to the EMS Bureau; ( )

b. Reviewing EMS training curricula, training standards, and examination processes and recommending same to the EMS Bureau; ( )

c. Reviewing EMS candidate selection policy and candidate performance requirements and recommending to the EMS Bureau certification and standards for EMS personnel; ( )

d. Reviewing and making recommendations on the licensing of ambulance services in Idaho. ( )

e. Reviewing and making recommendations on the licensing of nontransport services in Idaho.( )

101. -- 199. (RESERVED).

EMS EDUCATION
(Sections 200 through 299)

200. EMS TRAINING PROGRAMS.
EMS training programs must meet all requirements under the standards listed in Section 201 of these rules. In order for the EMS Bureau to verify compliance, the course coordinator must submit an application to the EMS Bureau before the course begins. The EMS Training Program may be approved by the EMS Bureau only if all requirements are met. The EMS Training Program must be approved in order for candidates to qualify for access to a certification examination. ( )

201. EMS TRAINING STANDARDS.
All initial training programs must be conducted per the following criteria: ( )

01. Course Coordinator. Each EMS training program must have a designated course coordinator who has overall responsibility for management of the course and specific duties, including: ( )

a. Documentation of candidate qualifications, attendance, skill proficiency, and clinical sessions; ( )

b. Advance scheduling and prior orientation of all other instructors and guest lecturers to the knowledge and skills objectives of the session being taught; ( )

c. Coordination of access for candidates into health care facilities and licensed EMS services using the curriculum of the course; and ( )

d. Acquisition of equipment for all skills objectives within the curriculum being taught. ( )

02. Instructor Qualifications. The course instructor(s) conducting EMS training courses must meet the appropriate qualifications established in Sections 225 through 230 of these rules. ( )

03. Physician Oversight. AEMT and Paramedic training courses must be conducted under the direction of a physician. ( )

04. Curriculum and Equipment. Training courses must use course curricula approved by the State Health Officer and have access to equipment related to all skills objectives within the curricula. ( )

202. CERTIFICATION EXAMINATIONS.
Certification examinations will be approved by the State Health Officer and conducted by individuals who are certified or licensed at or above the skill level being examined, by registered nurses, or by licensed physicians.( )

203. MONITORING OF INSTRUCTOR PERFORMANCE.
The EMS Bureau will monitor instructor performance for all EMS training programs, including candidates' performance on National Registry and other standardized examinations, surveys of candidate satisfaction, and results of other evaluation instruments. Summary findings will be made available to licensed EMS services and other organizations sponsoring EMS training programs. ( )

204. INSPECTION.
Representatives of the EMS Bureau are authorized to enter the training facility at reasonable times, for the purpose of ensuring that the training program meets or exceeds the provisions of these rules and the EMS Standards Manual. ( )

205. CONSISTENCY WITH SCOPE OF PRACTICE.
All curricula approved for use in Idaho or used as the basis for licensure by a candidate trained elsewhere must be consistent with the scope of practice established by the Commission for the level of licensure requested by the candidate. ( )

206. CONSISTENCY WITH NATIONAL STANDARDS.
The EMS Bureau considers the National Standard Curriculum and the National EMS Scope of Practice Model as models for design or adaptation of EMS training program content and EMS licensure levels. ( )

207. -- 224. (RESERVED).

225. QUALIFICATIONS OF EMERGENCY MEDICAL RESPONDER COURSE INSTRUCTORS.
Emergency Medical Responder Course Instructors must be approved by the EMS Bureau, based on being licensed for at least three (3) years at or above the level of the session of the curriculum being taught. ( )

226. QUALIFICATIONS OF EMT COURSE INSTRUCTORS.
EMT course instructors must be approved by the EMS Bureau, based on the following requirements: ( )

01. Application. Submission of an application to the EMS Bureau; ( )

02. Adult Instructional Methodology. Completion of one (1) or more courses approved by the EMS Bureau based on content that includes the following instructional methodologies: ( )

a. The adult learner; ( )

b. Learning objectives; ( )

c. Learning process; ( )

d. Lesson plans; ( )

e. Course materials; ( )

f. Preparation; ( )

g. Teaching aids; ( )

h. Teaching methods; and ( )

i. Evaluations. ( )

03. EMS Instructor Orientation. Completion of the EMS Bureau orientation program for EMS instructors or equivalent; and ( )

04. Licensure. Licensure at or above the level of curriculum being taught, for at least three (3) years. Licensed individuals and other health care providers must also be licensed at the EMT level. ( )

227. PRIMARY OR LEAD EMT INSTRUCTORS.
Primary or lead instructors must be approved as EMT Course Instructors, personally instruct at least seventy-five percent (75%) of the didactic training of the course, and instruct or oversee the skills training in the curriculum. ( )

228. EMT SKILLS INSTRUCTORS.
EMT skills instructors must be approved as EMT Course Instructors and must personally instruct the psychomotor portions of the curriculum. ( )

229. ADVANCED EMT AND PARAMEDIC INSTRUCTORS.
AEMT and Paramedic Instructors must be approved by the EMS Bureau based on having credentials, education, or experience that correspond to the knowledge and skills objectives being taught. ( )

230. -- 299. (RESERVED).

PERSONNEL REQUIREMENTS FOR LICENSURE
(Sections 300 through 399)

300. STANDARDS OF PROFESSIONAL CONDUCT.

01. Method of Treatment. Licensed EMS personnel must practice medically acceptable methods of treatment and must not endeavor to extend their practice beyond their competence and the authority vested in them by the medical director. ( )

02. Commitment to Self-Improvement. Licensed EMS personnel must continually strive to increase and improve their knowledge and skills and render to each patient the full measure of their abilities. ( )

03. Respect for the Patient. Licensed EMS personnel must provide all services with respect for the dignity of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems. ( )

04. Confidentiality. Licensed EMS personnel must hold in strict confidence all privileged information concerning the patient except as disclosure or use of this information is permitted or required by law or Department

rule. ( )

05. Conflict of Interest. Licensed EMS personnel must not accept gratuities for preferential consideration of the patient and must guard against conflicts of interest. ( )

06. Professionalism. Licensed EMS personnel must uphold the dignity and honor of the profession and abide by its ethical principles and should be familiar with existing laws governing the practice of emergency medical services and comply with those laws. ( )

07. Cooperation and Participation. Licensed EMS personnel must cooperate with other health care professionals and participate in activities to promote community and national efforts to meet the health needs of the public. ( )

08. Ethical Responsibility. Licensed EMS personnel must refuse to participate in unethical procedures, and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner. ( )

301. GENERAL PERSONNEL LICENSURE REQUIREMENTS.
Any person who advertises or provides emergency medical services must obtain and maintain a current EMS personnel license or recognition issued by the EMS Bureau. ( )

302. -- 304. (RESERVED).

305. INITIAL LICENSURE.

01. What Are the Requirements for Obtaining an Initial EMS Personnel License in Idaho? Upon successful completion of an approved course, a candidate may apply for licensure to the EMS Bureau. Candidates must provide documentation that they meet the following requirements: ( )

a. EMR and EMT candidates must be sixteen (16) years old with parental or legal guardian consent or eighteen (18) years old without parental or legal guardian consent. AEMT and Paramedic candidates must be eighteen (18) years old. ( )

b. Candidates must declare each state or jurisdiction in which they have ever applied for, been denied for, or held EMS certification or licensure. ( )

c. Candidates must authorize the EMS authority in the other state(s) or jurisdictions to release the candidate's registration, licensure, and certification information to the Idaho EMS Bureau. ( )

d. Candidates must have current affiliation with a licensed EMS agency which functions at, or higher than, the level of licensure being sought by the candidate. Candidates must declare all organizations in which they are allowed to practice as licensed personnel. ( )

e. Candidates must have a valid state driver's license, an Idaho identification card issued by a county driver's license examining station, or an identification card issued by the Armed Forces of the United States. ( )

f. Candidates must successfully complete a criminal background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." Denial without the grant of an exemption under IDAPA 16.05.06 will result in denial or revocation of licensure. ( )

g. Candidates must successfully complete the standardized examination designated by the EMS Bureau. The examination type must correspond to the level of licensure being sought in accordance with the EMS Education and Examination Standards Manual in effect at the time of application. Successful completion of the standardized certification examination at or above the level of licensure being sought within the preceding thirty-six (36) months for EMR and EMT or twenty-four (24) months for AEMT and Paramedic will satisfy this requirement. ( )

h. See Section 302 of these rules for applicable fees. ( )

02. How Long After Successfully Completing an EMS Training Course Is an Individual Eligible to Attempt the Certification Examination? ( )

a. Candidates wishing to obtain an Idaho EMS license must successfully complete all components of the standardized certification examination within twenty-four (24) months of course completion. ( )

b. If all components of the standardized certification examination are not completed within twenty-four (24) months of course completion, the candidate must repeat the initial training course and all components of the certification examination in order to be eligible for EMS personnel licensure. ( )

03. Where Can Instructions for EMS Personnel Licensure Application Be Found? Application instructions may be obtained from the EMS Bureau (see Section 005 of these rules), or online at: http://www.idahoems.org. ( )

306. -- 309. (RESERVED).

310. LICENSE DURATION.

01. How Are Initial EMS Personnel License Expiration Dates Determined? All personnel licensure is for the following specified intervals of time. ( )

a. EMR and EMT personnel licenses expire on March 31 or September 30. Expiration dates for EMR and EMT initial licenses are set for not less than thirty-six (36) months and not more than forty-two (42) months from the date of successful certification examination completion in order to establish an expiration date of March 31 or September 30. ( )

b. AEMT and Paramedic personnel licenses expire on March 31 or September 30. Expiration dates for AEMT and Paramedic initial licenses are set for not less than twenty-four (24) months and not more than thirty (30) months from the date of successful certification examination completion in order to establish an expiration date of March 31 or September 30. ( )

02. What Is the Duration of EMS Personnel Licenses Following Renewal? ( )

a. EMR and EMT personnel licenses are issued for three (3) years. ( )

b. AEMT and paramedic personnel licenses are issued for two (2) years. ( )

311. -- 314. (RESERVED).

315. LICENSE RENEWAL.

01. What Is Required to Renew an EMS Personnel License? Licensed personnel must provide documentation that they meet the following requirements: ( )

a. Affiliation with a licensed EMS agency which functions at, or higher than, the level of licensure being sought. Documentation that the license holder is currently credentialed or undergoing credentialing by the affiliating EMS agency medical director will be submitted as assurance of affiliation for license renewal. ( )

b. Continuing education consistent with the license holder's level of licensure. All continuing education and skill proficiency requirements must be completed as described in Sections 317 through 335 of these rules. ( )

i. Renewal of an initial license that was based on successful certification examination. All continuing education and skill proficiency requirements must be completed between the date of successful completion of the examination(s) and expiration date of the initial license. ( )

ii. Renewal of an initial license that was issued based on recognition of certification or licensure from other jurisdictions. All continuing education and skill proficiency requirements must be completed between the effective and expiration dates of the license being renewed. ( )

iii. Renewal of successive licenses. All continuing education and skill proficiency requirements must be completed between the effective and expiration dates of the license being renewed. ( )

c. Declaration of any misdemeanor or felony adjudications during the licensure period. ( )

d. Documentation of license renewal requirements is due to the EMS Bureau prior to the license expiration date. Failure to submit a complete renewal application by the license expiration date renders the license invalid and the individual must not practice or represent himself as licensed personnel. ( )

e. See Section 302 of these rules for applicable fees. ( )

02. Who Is Responsible for Submission of the Required EMS Personnel Application Documentation? The EMS personnel license holder is responsible for meeting license renewal requirements and submitting completed license renewal documentation to the EMS Bureau before the expiration date of their current license. ( )

03. How Soon Prior to the License Expiration Date May EMS Personnel Submit License Renewal Documents to the EMS Bureau? Licensed EMS personnel may submit renewal documentation to the EMS Bureau up to six (6) months prior to the current license expiration date. ( )

04. What Happens When an EMS Personnel License Expiration Date Falls on a Weekend, Holiday or Other Day That the EMS Bureau Is Closed? When a license expiration date falls on a weekend or holiday or other day the EMS Bureau is closed, the EMS Bureau will accept applications until the close of the next regular business day following the weekend or holiday. ( )

05. How Are License Renewal Applications Evaluated? The EMS Bureau evaluates each renewal application for completeness and accuracy. Random renewal applications are selected for audit by the EMS Bureau. Renewal applications will also be audited when information declared on the application appears incomplete, inaccurate, or fraudulent. ( )

316. LAPSED LICENSE.

01. What Happens if the EMS Bureau Evaluation of the Renewal Application Is Not Completed Prior to the Personnel License Expiration Date? A personnel license does not expire while under evaluation by the EMS Bureau, provided the license renewal candidate submitted the renewal application to the EMS Bureau prior to the application deadline. ( )

02. What Happens if a License Renewal Candidate does not Provide Renewal Application Information as Requested? The license of a candidate for license renewal who does not provide information as requested by the EMS Bureau within fourteen (14) days of receipt of the request will be considered lapsed. ( )

03. What Happens if an Individual Fails to Submit Renewal Documentation Before the Expiration Date of the Personnel License? Individuals who fail to submit a complete renewal application prior to the expiration date of their license cannot practice or represent themselves as licensed EMS personnel. ( )

04. Can EMS Personnel License Expiration Dates Be Extended When an Individual Fails to Submit Renewal Documentation? No grace periods or extensions to an expiration date may be granted. After the expiration date the EMS personnel license will no longer be valid. ( )

05. Can a Lapsed EMS Personnel License Be Reinstated? An individual may reinstate a lapsed EMS personnel license provided the required documentation is submitted to the EMS Bureau within twenty-four (24) months of the expiration date of the lapsed license. ( )

06. What Is Required to Reinstate a Lapsed EMS Personnel License? Individuals desiring to reinstate a lapsed personnel license must provide documentation that they meet the following requirements: ( )

a. Affiliation with a licensed EMS agency which functions at, or higher than, the level of licensure being sought. ( )

b. Continuing education consistent with the license holder's level of licensure. All continuing education must be completed as described in Subsection 316.07 of this rule. ( )

c. Reinstatement candidates must have a valid state driver's license, an Idaho identification card which is issued by a county driver's license examining station, or identification card issued by the Armed Forces of the United States. ( )

d. Reinstatement candidates must successfully complete a criminal background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." Denial without the grant of an exemption under IDAPA 16.05.06 will result in denial or revocation of licensure. ( )

e. Reinstatement candidates must successfully complete the standardized examination designated by the EMS Bureau. The examination type must correspond to the level of licensure being sought in accordance with the EMS Education and Examination Standards Manual in effect at the time of application. Successful completion of the standardized certification examination at or above the level of licensure being sought within the preceding thirty-six (36) months for EMR and EMT or twenty-four (24) months for AEMT and Paramedic will satisfy this requirement. ( )

f. See Section 302 of these rules for applicable fees. ( )

07. What Are the Continuing Education Requirements for Reinstatement of a Lapsed EMS Personnel License? The reinstatement candidate must document the following continuing education: ( )

a. An adequate number of continuing education hours to meet the renewal requirements for the last valid licensure cycle; and ( )

b. Additional continuing education hours, in any combination of categories and venues, proportionate to the amount of time since the expiration date of the lapsed license as follows: ( )

i. EMR -- Three-quarters (3/4) of one (1) hour of continuing education per month of lapsed time. ( )

ii. EMT -- One and one-half (1 ½) hours of continuing education per month of lapsed time. ( )

iii. AEMT -- Two and one-quarter (2 ¼) hours of continuing education per month of lapsed time. ( )

iv. Paramedic -- Three (3) hours of continuing education per month of lapsed time. ( )

08. How Is the Expiration Date Determined for a Reinstated License? The expiration date for a lapsed license that is being reinstated is determined as stated in Section 310 of these rules. ( )

09. What Are the Requirements for Reinstatement of an EMS Personnel License Lapsed for More Than Twenty-Four Months? An individual whose license has been expired for more than twenty-four (24) months must meet all initial licensure requirements to include attending and successfully completing an initial training program for the level of licensure being sought. ( )

317. CONTINUING EDUCATION AND SKILLS PROFICIENCY.
All continuing education and skills proficiency assurance must be consistent with the objectives of the initial course curriculum or be a logical progression of those objectives. Continuing education will be from the following

categories and venues: ( )

01. Categories. ( )

a. Pediatric assessment and management; ( )

b. Anatomy and physiology; ( )

c. Medical terminology; ( )

d. Pathophysiology; ( )

e. Life span development; ( )

f. Public health; ( )

g. Pharmacology; ( )

h. Airway management, respirations, and artificial ventilation; ( )

i. Assessment; ( )

j. Medicine; ( )

k. Shock and resuscitation; ( )

l. Trauma; ( )

m. Special patient populations; and ( )

n. EMS systems and operations. ( )

02. Venues of Continuing Education. ( )

a. Structured classroom sessions; ( )

b. Refresher programs that revisit the original curriculum and have an evaluation component; ( )

c. Nationally recognized courses; ( )

d. Regional and national conferences; ( )

e. Teaching topical material; ( )

f. Agency medical director approved self-study or directed study; ( )

g. Case reviews and grand rounds; ( )

h. Formal distance learning; ( )

i. Journal article review with an evaluation instrument; and ( )

j. Author or coauthor an EMS related article in a nationally recognized publication. ( )

03. Are Continuing Education Records Subject to Audit? The EMS Bureau reserves the right to audit continuing education records to verify that renewal requirements have been met. ( )

318. -- 319. (RESERVED).

320. WHAT MUST AN EMR DO TO MEET THE CONTINUING EDUCATION AND SKILLS PROFICIENCY REQUIREMENTS FOR LICENSE RENEWAL?
A candidate for EMR license renewal must provide documentation demonstrating completion of the following: ( )

01. Continuing Education. Successful completion of twenty-four (24) hours of continuing education. ( )

a. Personnel licensed at the EMR level must complete at least two (2) hours in seven (7) of the categories listed in Subsection 317.01 of these rules during each licensure period. The remaining ten (10) hours of continuing education can be from any single category or combination of categories. ( )

b. Personnel licensed at the EMR level must include two (2) of the continuing education venues listed in Subsection 317.02 of these rules in each licensure period. ( )

02. Skills Proficiency. Demonstrated proficiency in the skills listed in the EMS Licensure Standards Manual. ( )

03. Optional Module Skills Proficiency. Demonstrated proficiency in each optional module skill the EMR is authorized to perform. ( )

321. -- 324. (RESERVED).

325. WHAT MUST AN EMT DO TO MEET THE CONTINUING EDUCATION AND SKILLS PROFICIENCY REQUIREMENTS FOR LICENSE RENEWAL?
A candidate for EMT license renewal must provide documentation demonstrating completion of the following: ( )

01. Continuing Education. Successful completion of forty-eight (48) hours of continuing education. ( )

a. Personnel licensed at the EMT level must complete at least four (4) hours in pediatrics and four (4) hours in any of the eight (8) remaining categories listed in Subsection 317.01 of these rules during each licensure period. The additional twelve (12) hours of continuing education can be from any single category or combination of categories. ( )

b. Personnel licensed at the EMT level must include four (4) of the continuing education venues listed in Subsection 317.02 of these rules in each licensure period. ( )

02. Skills Proficiency. Demonstrated proficiency in the skills listed in the EMS Licensure Standards Manual. ( )

03. Optional Module Skills Proficiency. Demonstrated proficiency in each optional module skill the EMT is authorized to perform. ( )

326. -- 329. (RESERVED).

330. WHAT MUST AN AEMT DO TO MEET THE CONTINUING EDUCATION AND SKILLS PROFICIENCY REQUIREMENTS FOR LICENSE RENEWAL?
A candidate for AEMT license renewal must provide documentation demonstrating completion of the following: ( )

01. Continuing Education. Successful completion of fifty-four (54) hours of continuing education. ( )

a. Personnel licensed at the AEMT level must complete at least four (4) hours in pediatrics and four (4) hours in nine (9) of the remaining categories listed in Subsection 317.01 of these rules during each licensure period. The additional fourteen (14) hours of continuing education can be from any single category or combination of categories. ( )

b. Personnel licensed at the AEMT level must include four (4) of the continuing education venues listed in Subsection 317.02 of these rules in each licensure period. ( )

02. Skills Proficiency. Demonstrated proficiency in the skills listed in the EMS Licensure Standards Manual. ( )

03. Optional Module Skills Proficiency. Demonstrated proficiency in each optional module skill the AEMT is authorized to perform. ( )

331. -- 334. (RESERVED).

335. WHAT MUST A PARAMEDIC DO TO MEET THE CONTINUING EDUCATION AND SKILLS PROFICIENCY REQUIREMENTS FOR LICENSE RENEWAL?
A candidate for paramedic license renewal must provide documentation demonstrating completion of the following: ( )

01. Continuing Education. Successful completion of seventy-two (72) hours of continuing education. ( )

a. Personnel licensed at the Paramedic level must complete at least eight (8) hours in pediatrics and four (4) hours in eleven (11) of the remaining categories listed in Subsection 317.01 of these rules during each licensure period. The additional twenty (20) hours of continuing education can be from any single category or combination of categories. ( )

b. Personnel licensed at the Paramedic level must include six (6) of the continuing education venues listed in Subsection 317.02 of these rules in each licensure period. ( )

02. Skills Proficiency. Demonstrated proficiency in the skills listed in the EMS Licensure Standards Manual. ( )

03. Optional Module Skills Proficiency. Demonstrated proficiency in each optional module skill the paramedic is authorized to perform. ( )

336. -- 339. (RESERVED).

340. RECOGNITION OF REGISTRATION, CERTIFICATION OR LICENSURE FROM OTHER JURISDICTIONS.

01. Can EMS Personnel Licensed in Other States Practice in Idaho? Individuals possessing an EMS personnel license or certification from a state other than Idaho may not practice in Idaho without prior recognition or reciprocity granted by the EMS Bureau. ( )

02. Can Personnel Licensure Candidates Trained in Other States Be Licensed in Idaho? Individuals trained outside of Idaho must apply for and obtain an Idaho EMS license prior to advertising or providing EMS services in Idaho. ( )

03. Can Individuals Who Have NREMT Registration but Do Not Possess an Idaho EMS Personnel License Practice in Idaho? Individuals possessing only registration with the National Registry of Emergency Medical Technicians (NREMT) may not practice in Idaho without an Idaho EMS personnel license. ( )

04. Can Individuals Licensed or Certified in Other States Practice for a Limited Time Under

Certain Circumstances? Individuals who are currently licensed or certified by another State to practice EMS can apply to the EMS Bureau for limited recognition to practice in Idaho. Limited recognition does not grant an individual the ability to practice outside of the specifics approved on the request for limited recognition. ( )

05. Can Individuals Certified or Licensed in Other States Having Interstate Compacts with Idaho Practice in Idaho? Individuals certified or licensed in a state that has an interstate compact that allows reciprocal recognition of EMS personnel may practice in Idaho as licensed personnel as defined in the interstate compact. ( )

06. How Can an Individual Who Has NREMT Registration or Is Licensed or Certified in Another State Obtain an Idaho EMS Personnel License? Individuals possessing current NREMT registration or a current EMS certification or license from another state at or above the level of licensure they are seeking in Idaho are eligible for EMS personnel licensure in Idaho if they satisfy the following requirements: ( )

a. EMR and EMT candidates must be sixteen (16) years old with parental or legal guardian consent or eighteen (18) years old without parental or legal guardian consent. AEMT and Paramedic candidates must be eighteen (18) years old. ( )

b. Candidates must declare each state or jurisdiction in which they have ever applied for, been denied for, or held EMS certification or licensure. ( )

c. Candidates must authorize the EMS authority in the other state(s) or jurisdiction(s) to release the candidate's registration, licensure, and certification information to the Idaho EMS Bureau. ( )

d. Candidates must have current affiliation with a licensed EMS service which functions at, or higher than, the level of licensure being sought by the candidate. Candidates must declare all organizations in which they are allowed to practice as licensed personnel. ( )

e. Candidates must have a valid state driver's license, an Idaho identification card which is issued by a county driver's license examining station, or identification card issued by the Armed Forces of the United States. ( )

f. Candidates must successfully complete a criminal background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." Denial without the grant of an exemption under IDAPA 16.05.06 will result in denial or revocation of licensure. ( )

g. Candidates must successfully complete the standardized examination designated by the EMS Bureau. The examination type must correspond to the level of licensure being sought in accordance with the EMS Education and Examination Standards Manual in effect at the time of application. Successful completion of the standardized certification examination at or above the level of licensure being sought within the preceding thirty-six (36) months for EMR and EMT or twenty-four (24) months for AEMT and Paramedic will satisfy this requirement. ( )

h. See Section 302 of these rules for applicable fees. ( )

341. -- 344. (RESERVED).

345. CHANGES TO AN EXISTING LICENSE.

01. How May an Individual Surrender a Current EMS Personnel License? An individual who possesses a current EMS personnel license may relinquish that license at any time by submitting a letter of intent, with his license, to the EMS Bureau. ( )

02. Will Surrendering a License Prevent Future Investigative or Disciplinary Actions? Surrender or expiration of a license may not prevent investigative or disciplinary action against the individual, which may take place thereafter. ( )

03. How May an Individual Relinquish a Current EMS Personnel License for a License at a Lower Level? An individual who possesses a current license may relinquish that license and receive a license at a lower level with the same expiration date as the original license. The individual must have current affiliation with a licensed EMS agency which functions at, or higher than, the level of licensure being sought. ( )

04. Will Relinquishing a License Prevent Future Investigative or Disciplinary Actions? Relinquishing a license may not prevent investigative or disciplinary action against the individual, which may take place thereafter. ( )

05. What Are the Reporting Requirements for Changes in Status? Licensed personnel will notify the EMS Bureau within thirty (30) days of a change in name, mailing address, telephone number or agency affiliation. ( )

06. How Are Lost Personnel License Cards Replaced? A license holder may request a duplicate wallet card by contacting the EMS Bureau. ( )

07. Can a Personnel License Period Be Shortened? The EMS Bureau will issue a license with a shortened licensure period upon the request of license holder. ( )

346. MULTIPLE LICENSES -- CAN AN INDIVIDUAL MAINTAIN EMS PERSONNEL LICENSES AT MORE THAN ONE LEVEL?
An individual may hold Idaho EMS licenses at more than one (1) level, but can only renew one (1) EMS personnel license at one (1) level. ( )

347. -- 349. (RESERVED).

350. CERTIFICATE OF ELIGIBILITY.

01. What Is a Certificate of Eligibility? A Certificate of Eligibility documents that an individual is fully eligible for EMS personnel licensure once they obtain affiliation with an EMS agency. A certificate of eligibility is not a license to practice. ( )

02. What Are the General Requirements for Obtaining a Certificate of Eligibility? Individuals who have satisfied all requirements for EMS personnel licensure except for obtaining agency affiliation may apply to the EMS Bureau for a certificate of eligibility. The EMS Bureau will revoke a certificate of eligibility when the certificate holder is determined to no longer meet eligibility requirements. ( )

351. INITIAL CERTIFICATE OF ELIGIBILITY.

01. What Are the Requirements for Obtaining an Initial Certificate of Eligibility in Idaho? Upon successful completion of an approved course, a candidate may apply for certificate of eligibility to the EMS Bureau. In addition, candidates must satisfy the following requirements: ( )

a. EMR and EMT certificate of eligibility candidates must be sixteen (16) years old with parental or legal guardian consent or eighteen (18) years old without parental or legal guardian consent. AEMT and Paramedic certificate of eligibility candidates must be eighteen (18) years old. ( )

b. Certificate of eligibility candidates must declare each state or jurisdiction in which they have ever applied for, been denied for, or held EMS certification or licensure. ( )

c. Certificate of eligibility candidates must authorize the EMS authority in the other state(s) or jurisdictions to release the candidate's registration, licensure, and certification information to the Idaho EMS Bureau. ( )

d. Certificate of eligibility candidates must have a valid state driver's license, an Idaho identification card which is issued by a county driver's license examining station, or identification card issued by the Armed Forces of the United States. ( )

e. Certificate of eligibility candidates must successfully complete a criminal background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." Denial without the grant of an exemption under IDAPA 16.05.06 will result in denial or revocation of certificate of eligibility. ( )

f. Certificate of eligibility candidates at any level must successfully complete the standardized examination designated by the EMS Bureau. The examination type must correspond to the level of certificate of eligibility being sought in accordance with the EMS Education and Examination Standards Manual in effect at the time of application. Successful completion of the standardized certification examination at or above the level of certificate of eligibility being sought within the preceding thirty-six (36) months for EMR and EMT or twenty-four (24) months for AEMT and Paramedic will satisfy this requirement. ( )

02. Where Can Instructions for EMS Certificate of Eligibility Application Be Found? Application instructions may be obtained from the EMS Bureau (see Section 005 of these rules), or online at: http://www.idahoems.org. ( )

352. CERTIFICATE OF ELIGIBILITY DURATION.

01. How Are Initial EMS Personnel Certificate of Eligibility Expiration Dates Determined? All certificates of eligibility are for the following specified intervals of time. ( )

a. EMR and EMT certificates of eligibility expire on March 31 or September 30. Expiration dates for EMR and EMT certificates of eligibility are set for not less than thirty-six (36) months and not more than forty-two (42) months from the date of successful certification examination completion in order to establish an expiration date of March 31 or September 30. ( )

b. AEMT and Paramedic certificates of eligibility expire on March 31 or September 30. Expiration dates for AEMT and Paramedic certificates of eligibility are set for not less than twenty-four (24) months and not more than thirty (30) months from the date of successful certification examination completion in order to establish an expiration date of March 31 or September 30. ( )

02. What Is the Duration of EMS Certificates of Eligibility Following Renewal? ( )

a. EMR and EMT certificates of eligibility are issued for three (3) years. ( )

b. AEMT and Paramedic certificates of eligibility are issued for two (2) years. ( )

353. -- 354. (RESERVED).

355. CERTIFICATE OF ELIGIBILITY RENEWAL.

01. What Is Required to Renew a Certificate of Eligibility? Candidates for certificate of eligibility renewal must provide documentation that they meet the following requirements: ( )

a. Continuing education consistent with the level of the certificate of eligibility. All continuing education and skill proficiency requirements must be completed between the effective and expiration dates of the current certificate of eligibility. ( )

b. Documentation of certificate of eligibility renewal requirements is due to the EMS Bureau prior to the certificate of eligibility expiration date. ( )

c. Declaration of any misdemeanor or felony adjudications during the certificate of eligibility period. ( )

02. How Soon May Candidates Submit Certificate of Eligibility Renewal Documents? Candidates for certificate of eligibility renewal may submit renewal documentation to the EMS Bureau up to six (6) months prior to the current certificate of eligibility expiration date. ( )

03. Is the Submission Deadline Extended When a Certificate of Eligibility Expiration Date Falls on a Day the EMS Bureau Is Closed? When a certificate of eligibility expiration date falls on a weekend, holiday, or other day the EMS Bureau is closed, the EMS Bureau will accept applications until the close of the next regular business day following the weekend or holiday. ( )

356. CERTIFICATE OF ELIGIBILITY CONTINUING EDUCATION AND PROFICIENCY ASSURANCE.

01. What Are the Continuing Education and Proficiency Assurance Requirements for Certificate of Eligibility Renewal? All continuing education and proficiency assurance must be consistent with the objectives of the initial course curriculum or be a logical progression of those objectives. Continuing education will be from the following categories and venues: ( )

02. Categories. ( )

a. Pediatric assessment and management; ( )

b. Anatomy and physiology; ( )

c. Medical terminology; ( )

d. Pathophysiology; ( )

e. Life span development; ( )

f. Public health; ( )

g. Pharmacology; ( )

h. Airway management, respirations and artificial ventilation; ( )

i. Assessment; ( )

j. Medicine; ( )

k. Shock and resuscitation; ( )

l. Trauma; ( )

m. Special patient populations; and ( )

n. EMS systems and operations. ( )

03. Venues of Continuing Education. ( )

a. Structured classroom sessions; ( )

b. Refresher programs that revisit the original curriculum and have an evaluation component; ( )

c. Nationally recognized courses; ( )

d. Regional and national conferences; ( )

e. Teaching topical material; ( )

f. Self-study or directed study approved by the EMS Bureau; ( )

g. Case reviews and grand rounds; ( )

h. Formal distance learning; ( )

i. Journal article review with an evaluation instrument; and ( )

j. Author or coauthor an EMS related article in a nationally recognized publication. ( )

04. Are Continuing Education Records Subject to Audit? The EMS Bureau reserves the right to audit continuing education records to verify the renewal requirements have been met. ( )

357. -- 359. (RESERVED).

360. WHAT MUST THE HOLDER OF AN EMR CERTIFICATE OF ELIGIBILITY DO TO MEET THE CONTINUING EDUCATION AND SKILLS PROFICIENCY REQUIREMENTS FOR RENEWAL?
A candidate for EMR certificate of eligibility renewal must provide documentation demonstrating completion of the following: ( )

01. Examination. Successful completion of the standardized examination designated by the EMS Bureau. ( )

02. Continuing Education. Successful completion of twenty-four (24) hours of continuing education in the following education categories and venues: ( )

a. Personnel applying for certificate of eligibility renewal at the EMR level must complete at least two (2) hours in seven (7) of the categories listed in Subsection 356.01 of these rules during each certificate of eligibility period. The remaining ten (10) hours of continuing education can be from any single category or combination of categories. ( )

b. Personnel applying for certificate of eligibility renewal at the EMR level must include two (2) of the continuing education venues listed in Subsection 356.02 of these rules in each certificate of eligibility period. ( )

361. -- 364. (RESERVED).

365. WHAT MUST THE HOLDER OF AN EMT CERTIFICATE OF ELIGIBILITY DO TO MEET THE CONTINUING EDUCATION AND SKILLS PROFICIENCY REQUIREMENTS FOR RENEWAL?
A candidate for EMT certificate of eligibility renewal must provide documentation demonstrating completion of the following: ( )

01. Examination. Successful completion of the standardized examination designated by the EMS Bureau. ( )

02. Continuing Education. Successful completion of forty-eight (48) hours of continuing education in the following education categories and venues: ( )

a. Personnel applying for certificate of eligibility renewal at the EMT level must complete at least four (4) hours in pediatrics and four (4) hours in eight (8) of the remaining categories listed in Subsection 356.01 of these rules during each certificate of eligibility period. The remaining twelve (12) hours of continuing education can be from any single category or combination of categories. ( )

b. Personnel applying for certificate of eligibility renewal at the EMT level must include four (4) of the continuing education venues listed in Subsection 356.02 of these rules in each certificate of eligibility period. ( )

366. -- 369. (RESERVED).

370. WHAT MUST THE HOLDER OF AN AEMT CERTIFICATE OF ELIGIBILITY DO TO MEET THE CONTINUING EDUCATION AND SKILLS PROFICIENCY REQUIREMENTS FOR RENEWAL?
A candidate for AEMT certificate of eligibility renewal must provide documentation demonstrating completion of the following: ( )

01. Examination. Successful completion of the standardized examination designated by the EMS Bureau. ( )

02. Continuing Education. Successful completion of fifty-four (54) hours of continuing education in the following education categories and venues: ( )

a. Personnel applying for certificate of eligibility renewal at the AEMT level must complete at least four (4) hours in pediatrics and four (4) hours in nine (9) of the remaining categories listed in Subsection 356.01 of these rules during each certificate of eligibility period. The remaining fourteen (14) hours of continuing education can be from any single category or combination of categories. ( )

b. Personnel applying for certificate of eligibility renewal at the AEMT level must include four (4) of the continuing education venues listed in Subsection 356.02 of these rules in each certificate of eligibility period. ( )

371. -- 374. (RESERVED).

375. WHAT ARE THE CONTINUING EDUCATION AND SKILLS PROFICIENCY REQUIREMENTS FOR RENEWAL OF A PARAMEDIC CERTIFICATE OF ELIGIBILITY?
A candidate for paramedic certificate of eligibility renewal must provide documentation demonstrating completion of the following: ( )

01. Examination. Successful completion of the standardized examination designated by the EMS Bureau. ( )

02. Continuing Education. Successful completion of seventy-two (72) hours of continuing education in the following education categories and venues: ( )

a. Personnel applying for certificate of eligibility renewal at the Paramedic level must complete at least eight (8) hours in pediatrics and four (4) hours in eleven (11) of the remaining categories listed in Subsection 356.01 of these rules during each certificate of eligibility period. The remaining twenty (20) hours of continuing education can be from any single category or combination of categories. ( )

b. Personnel applying for certificate of eligibility renewal at the Paramedic level must include six (6) of the continuing education venues listed in Subsection 356.02 of these rules in each certificate of eligibility period. ( )

376. -- 399. (RESERVED).

AGENCY LICENSURE
(Sections 400 through 499)

400. AGENCY LICENSE REQUIRED.

01. Who Must Be Licensed as an EMS Agency in Idaho? Any entity that advertises or provides ambulance, air medical or nontransport emergency medical services in Idaho must be licensed as an EMS agency as defined in these rules. ( )

02. What Are the Conditions Under Which an EMS Agency License Is Not Required to Provide Services? An organization that is licensed without restriction to provide emergency medical services in another state

and has not been restricted from operating in Idaho by the EMS Bureau may provide emergency medical services in Idaho within the limits of its license without an Idaho EMS license only when the organization: ( )

a. Holds an EMS license in another state where an interstate compact specific to EMS agency licensure with Idaho is in effect or; ( )

b. Is responding to a natural or manmade 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 or; ( )

c. Transfers a patient from an out of state medical facility to a medical facility in Idaho. The organization may also return the patient to the point of origin or; ( )

d. Transfers a patient from an out of state medical facility through Idaho or; ( )

e. Transports a patient from an out of state emergency scene into Idaho to a medical facility or rendezvous with another ambulance. ( )

03. Under What Conditions Would the EMS Bureau Restrict an EMS Organization Otherwise Eligible to Respond in Idaho? EMS organizations licensed in other states that desire to respond in Idaho will be subject to the same administrative license actions as Idaho licensed agencies. ( )

04. What Services Does a License Allow an Agency to Perform? Except as provided by a planned deployment agreement as described in Section 429 of these rules, an agency can provide only those services that are within the agency's service type, level of clinical sophistication, and operational declarations stated on the most recent license(s) issued by the EMS Bureau. ( )

401. WHAT ARE THE ELIGIBILITY REQUIREMENTS FOR AGENCY LICENSURE?
An entity is eligible for agency licensure upon demonstrated compliance with the requirements set forth in Idaho statute, administrative code, and the EMS Licensure Standards Manual in effect at the time the EMS Bureau received the application. ( )

402. GROUND EMS AGENCY LICENSING MODEL.

01. How Are Ground EMS Agencies Licensed? Eligible agencies in Idaho will be licensed using a descriptive model which bases the licensure of the agency on the declarations made in the most recent approved initial or renewal application. An agency may only provide those EMS services described in the most recent approved application on which an agency license was granted by the EMS Bureau. ( )

02. What Are the Ground Agency License Categories in Idaho? The EMS Bureau licenses ground EMS agencies based on the agency's service type, level of clinical sophistication, and operational declarations. ( )

03. What Are the Service Types Under Which the EMS Bureau Licenses Ground EMS Agencies? Ground EMS agencies are licensed as either an ambulance or nontransport service, depending on the agency's declared capability(ies). ( )

04. Can a Nontransport Agency Move Patients by Vehicle? A nontransport agency is not the agency that is intended for patient transport. A nontransport agency can move a patient by vehicle only when: ( )

a. The responding ambulance or air ambulance agency(ies) cannot access the emergency scene; and ( )

b. Patient care is provided by EMS personnel licensed at the EMT level, or higher unless Subsection 402.04.c. applies: ( )

c. Movement of the patient is a short distance to rendezvous with an ambulance or air ambulance; ( )

i. The EMS personnel must be in active communication with the ambulance or air ambulance with which they will rendezvous; and ( )

ii. The patient care integration agreement under which the non-transport agency operates must address and enable patient movement by a licensed EMR. ( )

d. A non-transport agency must report all patient movement events to the EMS Bureau within thirty (30) days of the event. ( )

403. WHAT ARE THE CLINICAL LEVELS UNDER WHICH THE EMS BUREAU LICENSES GROUND EMS AGENCIES?
Ground EMS agencies are licensed at one (1) or more of the following clinical sophistication levels depending on the agency's highest level of licensed personnel and life support services advertised or offered. ( )

01. Nontransport. ( )

a. EMR/BLS; ( )

b. EMT/BLS; ( )

c. AEMT/ILS; and ( )

d. Paramedic/ALS. ( )

02. Ambulance. ( )

a. EMT/BLS; ( )

b. AEMT/ILS; and ( )

c. Paramedic/ALS. ( )

404. WHAT ARE THE OPERATIONAL DECLARATION(S) UNDER WHICH THE EMS BUREAU LICENSES GROUND EMS AGENCIES?
Agencies will be 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. ( )

01. Prehospital. The prehospital operational declaration is available to EMT/BLS, AEMT/ILS and Paramedic/ALS ambulance agencies with primary responsibility for responding to calls for EMS within their designated geographic coverage area. ( )

02. Prehospital Support. The prehospital support operational declaration is available to EMT/BLS, AEMT/ILS, and Paramedic/ALS ambulance agencies that provide support under agreement to a prehospital agency having primary responsibility for responding to calls for EMS within a designated geographic coverage area. ( )

03. Prehospital Quick Response. The prehospital quick response operational declaration is available to EMR/BLS, EMT/BLS, AEMT/ILS, and Paramedic/ALS nontransport agencies that provide EMS personnel and equipment within their designated geographic coverage area. ( )

04. Transfer. The transfer operational declaration is available to EMT/BLS, AEMT/ILS, and Paramedic/ALS ambulance agencies that provide EMS personnel and equipment for the transportation of patients from one (1) medical care facility to another within their designated geographic coverage area. ( )

05. Critical Care. The critical care agency provides continuous care, monitoring, medication, or procedures requiring knowledge or skills not contained within the Paramedic scope of practice as defined in IDAPA

16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission." The critical care operational declaration is available to Paramedic/ALS ambulance agencies that provide EMS personnel and equipment for the transportation of patients from an emergency scene or from one (1) medical care facility to another within their designated geographic coverage area. ( )

06. Standby. The standby operational declaration is available to EMR/BLS, EMT/BLS, AEMT/ILS, and Paramedic/ALS agencies that provide EMS personnel and equipment to be staged at prearranged events within their designated geographic coverage area. ( )

07. Limited Duration. The limited duration operational declaration is available to EMR/BLS, EMT/BLS, AEMT/ILS, and Paramedic/ALS agencies that provide EMS personnel and equipment for a finite period of time with no expectation of license renewal. ( )

08. Seasonal. The seasonal operational declaration is available to EMR/BLS, EMT/BLS, AEMT/ILS, and Paramedic/ALS agencies that provide EMS personnel and equipment only during a period of time that corresponds to the seasonal activity the agency supports. ( )

09. Industrial. The industrial operational declaration is available to EMR/BLS, EMT/BLS, AEMT/ILS, and Paramedic/ALS agencies that provide EMS personnel and equipment only during those periods of time when potential patients are present in the setting the agency supports. The industrial agency provides EMS personnel and equipment intended to treat patients who are employees or contractors of the license holder. The agency with an industrial declaration is not intended to treat members of the general public. ( )

10. Non-Public. The non-public operational declaration is available to EMR/BLS, EMT/BLS, AEMT/ILS, and Paramedic/ALS agencies that provide EMS personnel and equipment intended to treat patients who are employed or contracted by the license holder. The non-public operational declaration is not available to an agency that has any operational declarations other than industrial, limited duration, or seasonal. The agency with a non-public operational declaration is not intended to treat members of the general public. The non-public agency must maintain written plans for patient treatment and transportation. ( )

11. Rescue. The rescue operational declaration is available to EMR/BLS, EMT/BLS, AEMT/ILS, and Paramedic/ALS agencies that provide EMS personnel and equipment to locate endangered persons at an emergency incident, treat the injured, and remove those persons from danger. ( )

12. Extrication. The extrication operational declaration is available to EMR/BLS, EMT/BLS, AEMT/ILS, and Paramedic/ALS agencies that provide EMS personnel and equipment intended to remove and support trapped persons from a vehicle or machinery. ( )

405. WHAT ARE THE ENDORSEMENTS(S) UNDER WHICH THE EMS BUREAU RECOGNIZES UNLICENSED ORGANIZATIONS?

Organizations that do not meet the EMS personnel requirements for agency licensure that desire to provide patient care operations at an emergency scene will be recognized by the EMS Bureau as an Extrication or Emergency Response Endorsement organization. ( )

01. Extrication Endorsement. The extrication endorsement is available to organizations that provide personnel and equipment intended to remove trapped persons from a vehicle or machinery. Extrication endorsement organizations do not meet the EMS personnel requirements for agency licensure. ( )

a. Written agreement(s) with the prehospital agency(ies) in the extrication organization's designated geographic coverage area must exist. Organizations that provide only extrication services must be endorsed by the prehospital or prehospital quick response agency(ies) with whom they operate at accident scenes. The prehospital or prehospital quick response agency(ies) endorsing the extrication organization must submit a copy of the endorsement signed by an official from the extrication endorsement agency and the prehospital or prehospital quick response agency(ies) to the EMS Bureau. ( )

b. Licensed personnel representing the agency with primary responsibility for the geographic coverage area must be present during extrication operations to provide patient care. Licensed personnel operating

under a planned deployment agreement with the prehospital or prehospital quick response agency will satisfy this requirement. ( )

c. Only operations to address scene safety and immediate life threats may take place prior to the arrival of licensed personnel representing an agency. ( )

02. Emergency Response Endorsement. The emergency response endorsement is available to organizations that provide personnel and equipment intended to stabilize injured persons at an emergency scene. Emergency Response Endorsement organizations do not meet the EMS personnel requirements for agency licensure. ( )

a. Written agreement(s) with the prehospital agency(ies) in the emergency response endorsement organization's designated geographic coverage area must exist. Organizations that provide only emergency response services must be endorsed by the prehospital or prehospital quick response agency(ies) with whom they operate at emergency scenes. The prehospital or prehospital quick response agency(ies) endorsing the emergency response organization must submit a copy of the endorsement signed by an official from the emergency response agency and the prehospital or prehospital quick response agency(ies) to the EMS Bureau. ( )

b. Licensed personnel representing an agency must be present whenever patient care requiring licensed personnel as described in Section 011 of these rules is provided. Licensed personnel operating under a planned deployment agreement with the prehospital or prehospital quick response agency will satisfy this requirement. ( )

c. Only operations to address scene safety and immediate life threats may take place prior to the arrival of licensed personnel representing an agency. ( )

406. AIR MEDICAL AGENCY LICENSING MODEL.

01. How Are Air Medical Agencies Licensed? Eligible agencies in Idaho will be licensed using a descriptive model which bases the licensure of the agency on the declarations made in the most recent approved initial or renewal application. An agency may only provide those EMS services described in the most recent approved initial or renewal application and agency license. ( )

02. What Are the Air Medical Agency License Categories in Idaho? The EMS Bureau licenses air medical EMS agencies based on the agency's service type, level of clinical sophistication, and operational declarations. ( )

03. What Are the Service Types Under Which the EMS Bureau Licenses Agencies That Provide Air Medical Agencies? Air medical EMS agencies are licensed as either Air medical I or Air medical II depending on the agency's declared capability(ies). ( )

04. If an Air Medical Agency Also Provides Ground-Based EMS Services, How Are They Licensed? An agency that provides both air medical and ground-based EMS services must be licensed as and meet all the requirements of an air medical and either an ambulance or nontransport agency, depending on the ground EMS services provided. ( )

05. What Are the Clinical Levels Under Which the EMS Bureau Licenses Air Medical Agencies? Air medical agencies are licensed at one (1) or more of the following clinical sophistication levels depending on the agency's highest level of life support services advertised or offered: ( )

a. Air medical I-Paramedic/ALS or; ( )

b. Air medical II; ( )

i. EMT/BLS; ( )

ii. AEMT/ILS; ( )

iii. Paramedic/ALS. ( )

407. WHAT ARE THE OPERATIONAL DECLARATION(S) UNDER WHICH THE EMS BUREAU LICENSES AIR MEDICAL AGENCIES?
Air medical agencies will be licensed with one (1) or more of the following operational declarations depending on the services that the agency advertises or offers: ( )

01. Air Medical Transport. The air medical transport operational declaration is available to air medical agencies that provide transportation of patients by air ambulance from a rendezvous or emergency scene to a medical care facility within their designated geographic coverage area. ( )

02. Air Medical Transfer. The air medical transfer operational declaration is available to air medical agencies that provide transportation of patients by air ambulance from one (1) medical care facility to another within their designated geographic coverage area. The air medical transfer operational declaration is available to all air medical I agencies. The air medical transfer operational declaration is available to air medical II agencies only when a licensed professional nurse is present in the patient compartment of the air ambulance. ( )

03. Air Medical Critical Care. The critical care air medical agency provides continuous care, monitoring, medication or procedures requiring knowledge or skills not contained within the Paramedic scope of practice as defined in IDAPA 16.02.02, "Rules of the Idaho EMS Physician Commission." The air medical critical care operational declaration is available only to air medical I agencies that provide transportation of patients by air ambulance from a rendezvous or emergency scene or one (1) medical care facility to another within their designated geographic coverage area. ( )

408. WHAT ADDITIONAL POLICY REQUIREMENTS MUST AN AIR MEDICAL AGENCY MEET?
An air medical agency must submit current copies of the following policies to the EMS Bureau: ( )

01. Non-Discrimination Policy. Air medical agencies must have written non-discrimination policies to ensure that requests for service are not evaluated based on the patient's ability to pay. ( )

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

03. Patient Destination Procedure. Air medical agencies must have patient destination procedures. ( )

04. Safety Program Policies. Air medical agencies must submit to the EMS Bureau written safety program policies that include: ( )

a. Designation of a safety officer. ( )

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

c. Post Accident Incident Plan. ( )

d. Fitness for Duty Requirements. ( )

e. Annual Air Medical Resource Management Training. ( )

f. Procedures for allowing any crewmember to decline or abort a flight. ( )

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

h. A procedure to review all flights for safety concerns and report the concerns to the safety committee. ( )

409. WHAT ADDITIONAL EQUIPMENT REQUIREMENTS MUST AN AIR MEDICAL AGENCY MEET?
An air medical agency must have aircraft and equipment configuration that does not compromise the ability to provide appropriate care or prevent providers from safely performing emergency procedures if necessary while in flight. ( )

410. WHAT ADDITIONAL TRAINING REQUIREMENTS MUST AN AIR MEDICAL AGENCY MEET?
An air medical agency must make available for review written documentation of initial and annual air medical specific recurrent training for air ambulance personnel. Education content must include: altitude physiology, stressors of flight, air medical resource management, survival, navigation, and aviation safety issues including emergency procedures. ( )

411. -- 414. (RESERVED).

415. PERSONNEL REQUIREMENTS FOR LICENSED EMS AGENCIES - GENERAL.

01. What Are the Licensed Personnel Requirements for Agency Licensure? An agency must demonstrate a sufficient number of affiliated personnel licensed at or above the agency's clinical level to ensure availability of appropriately licensed and credentialed personnel corresponding to the agency's anticipated call volume. ( )

02. What Level of Licensed Personnel Must an Agency Have Available? The agency must ensure availability of personnel licensed and credentialed at or above the agency's highest level of clinical sophistication for the entire anticipated call volume for each of the agency's operational declarations. An agency dispatched by a public safety answering point (PSAP) 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 levels of clinical sophistication appropriate to the anticipated call volume for each of the levels of clinical sophistication the agency provides. ( )

03. What Are the Personnel Requirements Specific to Ambulance Agencies? An ambulance agency must ensure that patient care is provided by EMS personnel licensed at the EMT level, or higher. ( )

04. What Are the Personnel Requirements Specific to Prehospital ALS Agencies? A licensed Paramedic must be present whenever prehospital ALS services are provided. ( )

05. What Is the Medical Supervision Requirement for Licensed EMS Agencies? An agency must designate a physician as the agency medical director who will be responsible for the supervision of medical activities as defined by IDAPA 16.02.02, "Rules of the Idaho EMS Physician Commission." ( )

06. What Additional Personnel Requirements Exist for Air Medical Agencies? In addition to meeting the requirements stated above, air medical agencies must also demonstrate the following: ( )

a. There must be sufficient air medical personnel on each air ambulance response to provide adequate patient care appropriate to the mission. ( )

b. Air medical I agencies must ensure that each flight includes a minimum of one (1) licensed professional nurse and one (1) Paramedic. ( )

c. Air medical II agencies must ensure that each flight includes a minimum of two (2) licensed patient care providers with one (1) patient care provider being licensed at or above the agency's highest clinical level of licensure and one (1) of the two (2) required patient care providers on each transfer flight is a licensed professional nurse. ( )

d. The medical director for an air medical agency must meet all of the requirements listed in IDAPA 16.02.02, "Rules of the Idaho EMS Physician Commission" as well as actively practice medicine in the response area served by the agency and have training and experience in emergency medicine or critical care and have training in air ambulance operations that includes flight physiology, stressors of flight, and air medical resource management. ( )

416. PERSONNEL REQUIREMENTS FOR LICENSED EMS AGENCIES – PLANNED DEPLOYMENT.

01. Care Provided by Personnel Licensed at a Clinical Level Higher Than That of an EMS Agency. Personnel licensed at a clinical level that exceeds that of an EMS agency can provide patient care that is within the scope of practice of the licensed personnel only in those cases when a planned deployment agreement exists as described in Section 429 of these rules. ( )

02. Care Provided by Licensed Personnel from an ILS or ALS Agency in an Agency Licensed at a Lower Clinical Level. Licensed personnel from an ILS or ALS agency can provide their credentialed level of care in an agency licensed at a lower level of clinical sophistication when a planned deployment agreement exists that addresses the sharing of resources between the two agencies. The care provided must be in accordance with the planned deployment agreement. ( )

03. Care Provided by Personnel Licensed at a Clinical Level Higher Than That of a Responding EMS Agency While Outside of Their Agency's Geographic Coverage Area. Personnel licensed at a clinical level that exceeds that of a responding EMS agency, who are responding while outside of their agency's geographic coverage, area can provide patient care that is within the scope of practice of the licensed personnel only in those cases when a planned deployment agreement exists as described in Section 429 of these rules. ( )

04. When Can a BLS or ILS Agency Provide Prehospital ALS Services? A BLS or ILS agency may provide ALS prehospital services when a Paramedic is present under a planned deployment agreement as described in Section 429 of these rules. ( )

417. PERSONNEL REQUIREMENTS – AMBULANCE-BASED CLINICIANS.

01. Who Must Be Certified as Ambulance-Based Clinicians in Idaho? Except as provided in Subsections 418.01 and 418.02 of these rules, any Licensed Professional Nurse, Advanced Practice Professional Nurse, or Physician Assistant, as defined in Subsection 010.10 of these rules, who, in affiliation with a licensed EMS agency, advertises or provides out-of-hospital patient care must maintain a current EMS Ambulance-Based Clinician certificate issued by the EMS Bureau. ( )

02. What Is Required to Obtain an Ambulance-Based Clinician Certificate? An individual desiring an Ambulance-Based Clinician certificate must provide the following information to the EMS Bureau on an application provided by the EMS Bureau: ( )

a. Documentation of a current, unrestricted license to practice issued by the Board of Medicine or Board of Nursing; and ( )

b. Documentation of completion of an ambulance-based clinician course that follows the curriculum approved by the state health officer; or ( )

c. Documentation of completion of an EMT course that follows the curriculum approved by the state health officer. ( )

03. What Is Required to Maintain 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 his respective licensing board. ( )

04. May an Ambulance-Based Clinician Certificate Be Revoked? The EMS Bureau may revoke an Ambulance-Based Clinician certificate based on the procedures for administrative license actions as stated in

Sections 600 through 655 of these rules. ( )

05. When Must a Currently Practicing Ambulance-Based Clinician Obtain an Ambulance-Based Clinician Certificate? In order to continue to practice as Ambulance-Based Clinicians, all currently practicing Ambulance-Based Clinicians must obtain an EMS Bureau-issued Ambulance-Based Clinician certificate by July 1, 2011. ( )

06. Can EMR/BLS, EMT/BLS, and AEMT/ILS Agencies Use Ambulance-Based Clinicians to Meet the Requirements for Licensed Personnel? An EMR/BLS, EMT/BLS or AEMT/ILS agency may use Ambulance-Based Clinicians to meet the licensed personnel requirements of agency licensure. ( )

07. What Are the Agency Responsibilities for Verification of Ambulance-Based Clinicians? The agency must verify that all Ambulance-Based Clinicians possess a current Ambulance-Based Clinician certification issued by the EMS Bureau. The agency must ensure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. ( )

418. PERSONNEL REQUIREMENTS – PHYSICIAN ASSISTANTS, LICENSED PROFESSIONAL NURSES, AND ADVANCED PRACTICE PROFESSIONAL NURSES WHO ARE NOT CERTIFIED AS AMBULANCE-BASED CLINICIANS.

01. Can a Physician Assistant, Licensed Professional Nurse, or Advanced Practice Professional Nurse Be the Only Patient Care Provider During a Transport or Transfer? The agency may use a Physician Assistant, Licensed Professional Nurse, or Advanced Practice Professional Nurse as the only patient care provider during a transport or transfer only if the Physician Assistant, Licensed Professional Nurse, or Advanced Practice Professional Nurse is certified by the EMS Bureau as an Ambulance-Based Clinician. ( )

02. Can an AEMT/ILS Ambulance Agency Provide ILS Services When a Physician Assistant, Licensed Professional Nurse, or Advanced Practice Professional Nurse Is the Patient Care Provider During a Transport or Transfer? An AEMT/ILS ambulance agency may use a Physician Assistant, Licensed Professional Nurse, or Advanced Practice Professional Nurse as the crew member providing ILS patient services if the Physician Assistant, Licensed Professional Nurse, or Advanced Practice Professional Nurse is accompanied in the patient compartment of the transport vehicle by a licensed EMT. ( )

419. (RESERVED).

420. VEHICLE REQUIREMENTS.

01. Do All Licensed Agencies Require Vehicles? All EMS agency types do not require vehicles. Vehicle numbers and types for agency licensure are based on the deployment needs of the agency as declared on the most recent agency licensure application. ( )

02. What Are the Vehicle Requirements for Agency Licensure? An agency with a deployment pattern that requires vehicles must meet the following requirements: ( )

a. The agency must possess a sufficient quantity of EMS response vehicles to ensure agency personnel can respond to the anticipated call volume of the agency. ( )

b. All EMS response vehicles must be in sound, safe working condition. EMS response vehicle safety inspection requirements are: ( )

i. All newly acquired used EMS response vehicles must successfully pass a safety inspection conducted by an inspector authorized to perform Department of Transportation vehicle safety inspections prior to being put into service. ( )

ii. All EMS response vehicles involved in a vehicle crash must successfully pass a safety inspection conducted by an inspector authorized to perform Department of Transportation vehicle safety inspections prior to being put back into service. ( )

iii. Vehicle safety inspections must verify conformity to the fuel system, exhaust, wheels and tires, lights, windshield wipers, steering, suspension, brakes, and frame and electrical system elements of a Department of Transportation vehicle safety inspection as defined in Appendix G to Subchapter B of Chapter III at 49 CFR Section 396.17. ( )

iv. Records of vehicle safety inspections will be made available for inspection upon request. ( )

c. All EMS response vehicles must meet minimum Idaho motor vehicle license and insurance requirements. ( )

d. All EMS response vehicles must be appropriately configured according to the declared capability(ies) on the most recent agency license. EMS response vehicles must meet the minimum requirements for applicable federal, industry, or trade specifications and standards for ambulance or air ambulance vehicles as appropriate. Uniquely configured EMS response vehicles must be approved by the EMS Bureau prior to being put into service. ( )

e. 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. ( )

f. Newly acquired EMS response vehicles must be inspected by the EMS Bureau 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. ( )

03. Can Nontransport Agencies Use Ambulance Vehicles? Licensed nontransport agencies may use ambulance vehicles only as nontransport vehicles. ( )

421. -- 424. (RESERVED).

425. EQUIPMENT REQUIREMENTS: WHAT ARE THE EQUIPMENT REQUIREMENTS FOR AGENCY LICENSURE?
An agency must be equipped with the following: ( )

01. Equipment and Supplies. Medical care supplies and devices as specified in the agency minimum equipment list appropriate to the agency's license level, type, and operational declarations. Exceptions to the minimum equipment requirements may be granted by the EMS Bureau upon inspection, when the circumstances and available alternatives ensure that appropriate patient care will be provided for all foreseeable incidents. ( )

02. Safety and Personal Protective Equipment. Safety and personal protective equipment for licensed personnel and other vehicle occupants as specified in the minimum equipment list, including body substance isolation and protection from exposure to communicable diseases and pathogens. ( )

426. COMMUNICATION AND DISPATCH REQUIREMENTS.

01. What Are the Communication Equipment Requirements for Agency Licensure? In order to obtain or maintain eligibility for agency licensure, an agency must meet the following requirements: ( )

a. Air medical agencies must have mobile radios of sufficient quantities to ensure that every aircraft and ground crew has the ability to communicate on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system. ( )

b. Ambulance agencies must have mobile radios of sufficient quantities to ensure that every vehicle crew has the ability to communicate on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system. ( )

c. Nontransport agencies must have mobile or portable radios of sufficient quantities to ensure that

agency personnel at an emergency scene have the ability to communicate on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system. ( )

02. What Are the Dispatch Requirements for Agency Licensure? An agency must have a twenty-four (24) hour dispatch arrangement. ( )

427. RESPONSE REQUIREMENTS AND WAIVERS TO RESPONSE REQUIREMENTS FOR EMS AGENCIES.

01. What Are the Response Requirements for Agency Licensure? Unless a waiver exists as described below an agency must respond to calls within the agency's declared geographic coverage area on a twenty-four (24) hour a day basis. ( )

02. Under What Circumstances May a Nontransport Agency Obtain a Waiver to the Twenty-Four Hour Response Requirement? The controlling authority of a nontransport agency may petition the EMS Bureau for waiver of the twenty-four (24) hour response requirement if one (1) or more of the following conditions exist: ( )

a. The community, setting, industrial site, or event being served by the agency is not populated on a twenty-four (24) hour basis. ( )

b. 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. ( )

c. The provision of twenty-four (24) hour response would cause an undue hardship on the community being served by the agency. ( )

d. The provision of twenty-four (24) hour response would cause abandonment of the service provided by the agency. ( )

03. How Can a Nontransport Agency Petition the EMS Bureau for a Waiver of the Twenty-Four Hour Response Requirement? ( )

a. The controlling authority of an existing nontransport agency desiring a waiver of the twenty-four (24) hour response requirement will submit an application for waiver to the EMS Bureau. ( )

b. The controlling authority of an applicant nontransport agency desiring a waiver of the twenty-four (24) hour response requirement will declare the request for waiver on the initial application for agency licensure to the EMS Bureau. ( )

04. What Is Required to Renew a Waiver of the Twenty-Four Hour Response Requirement for a Nontransport Agency? The controlling authority of a nontransport agency desiring to renew a waiver of the twenty-four (24) hour response requirement will declare the request for waiver on the renewal application for agency licensure to the EMS Bureau. ( )

05. What Is Required for a Waiver of the Twenty-Four Hour Response Requirement for a Nontransport Agency with a Response Area Populated Less Than Twenty-Four Hours Per Day or Less Than Three-Hundred Sixty-Five Days Per Year? A nontransport agency with a service area with less than twenty-four (24) hour population or fewer than three-hundred sixty-five (365) day per year population must include the following information on the petition for waiver of the twenty-four (24) hour response requirement: ( )

a. A description of the hours or days the geographic area is populated. ( )

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

06. What Is Required for a Waiver of the Twenty-Four Hour Response Requirement for a

Nontransport Agency When the Provision of Twenty-Four Hour Response Would Cause an Undue Hardship on the Community Being Served by the Agency or Abandonment of Service? A nontransport agency must include the following information on the petition for waiver of the twenty-four (24) hour response requirement when the provision of twenty-four (24) hour response would cause an undue hardship on the community being served by the agency or abandonment of service: ( )

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

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

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. ( )

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

e. An endorsement recommending waiver from the city(ies) or county(ies) within the agency's geographic response area affected by the petitioner's inability to provide twenty-four (24) hour response. ( )

07. Under What Circumstances May an Ambulance Agency Obtain a Waiver to the Twenty-Four Hour Response Requirement? The controlling authority of an existing ambulance agency desiring a waiver of the twenty-four (24) hour response requirement may submit a petition for waiver to the Board only when the provision of twenty-four (24) hour response would cause an undue hardship on the community being served by the agency or abandonment of service. ( )

08. What Is Required for Waiver of the Twenty-Four Hour Response Requirement for an Ambulance Agency When the Provision of Twenty-Four Hour Response Would Cause an Undue Hardship on the Community Being Served by the Agency or Abandonment of Service? An ambulance agency must include the following information on the petition for waiver of the twenty-four (24) hour response: ( )

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

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

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. ( )

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

e. An endorsement recommending waiver from the city(ies) or county(ies) within the agency's geographic response area affected by the petitioner's inability to provide twenty-four (24) hour response. ( )

428. MEDICAL SUPERVISION PLAN REQUIREMENTS – WHAT ARE THE MEDICAL SUPERVISION PLAN REQUIREMENTS FOR AN AGENCY?
Agencies must comply with the medical supervision plan requirements as stated in IDAPA 16.02.02, "Rules of the Idaho EMS Physician Commission." ( )

429. WHAT AGREEMENTS MUST AN AGENCY HAVE IN PLACE?
An agency must meet the following requirements: ( )

01. Patient Care Integration Agreement. ( )

a. Prehospital, prehospital support, and prehospital quick response agencies that share common geographic coverage areas must develop cooperative written agreements that address integration of patient care between the agencies. A prehospital quick response agency may not provide a level of care that exceeds the level of clinical sophistication of the responding prehospital agency unless the integration plan specifically addresses the continuation of the higher level of care throughout the patient transport. ( )

b. Agencies with operational declarations for standby, limited duration, seasonal, industrial, rescue, and extrication must develop a cooperative written agreement with the prehospital agency(ies) that will provide patient transportation. The agreement must address integration of patient care between the agencies. These agencies may not provide a level of care that exceeds the level of clinical sophistication of the responding prehospital agency unless the integration plan specifically addresses the continuation of the higher level of care throughout the patient transport. No written agreement is required in those cases where these agencies will provide the prehospital transport services. ( )

c. Prehospital agencies and endorsement organizations that share common geographic coverage areas must develop cooperative written agreements that address the training of personnel and the provision of patient care at accident scenes. ( )

02. Planned Deployment Agreement. ( )

a. Planned deployment allows affiliated EMS personnel to act and provide predetermined services outside of the affiliating agency's geographic coverage area or while responding with another agency within the affiliating agency's geographic coverage area. ( )

b. Planned deployment agreements for extrication endorsement and emergency response endorsement organizations must be approved by the medical director from the agency from which the planned deployment will occur as well as the chief administrative officials of the agencies from which and into which the planned deployment will occur. ( )

c. The medical directors and chief administrative officials of the agencies from which and into which the planned deployment will occur must approve the planned deployment. ( )

d. The planned deployment agreement must be specific as to the geographic locations and the services allowed by the planned deployment. The planned deployment agreement must address integration of care and patient transport. ( )

430. DATA COLLECTION AND SUBMISSION.

01. Who Must Submit Response Records? An agency must submit response information in accordance with the EMS Data Standards Manual. ( )

02. What Information Must an Agency Maintain and Submit? An agency must maintain records of each agency response and submit them to the EMS Bureau within thirty (30) days after the end of the previous calendar month in accordance with the EMS Data Standards Manual. Current and correct agency demographic information specified as a part of the Idaho Specific NEMSIS Data Elements must be submitted no later than the last business day of April, July, October and January. ( )

03. What Qualifications Must an EMS Data System Utilized by an Agency Meet? In order to be considered for data exportation to the EMS Bureau on behalf of an agency, an EMS data system must at a minimum be certified "compliant" by the National Emergency Medical Services Information System - Technical Assistance Center (www.nemsis.org). ( )

04. What Validation of Data Exported from a Compliant EMS Agency Data System Must Occur Before Records Can Be Submitted? The EMS agency must submit a set of complete response records as described in the EMS Data Standards Manual to the EMS Bureau in order to validate the EMS agency data system's ability to export data that are complete and accurate. ( )

05. When Must an EMS Agency Submit Data for Validation? An EMS agency must submit data as described in the EMS Data Standards Manual in advance of or within fifteen (15) days of acquiring a new or different EMS agency data system. ( )

06. What Format Must Be Used When Submitting Agency Data? Agency response records must be compliant with the National Emergency Medical Services Information System (NEMSIS) Data Dictionary, v.2.2.1 and NEMSIS Dataset Schema (XSD) and in accordance with the EMS Data Standards Manual. ( )

07. What Data Elements Comprise a Complete Response Record? The response record must, at a minimum, contain the Idaho Specific NEMSIS Data Elements and business rules and quality validations, specified by the EMS Data Advisory Committee and incorporated into the EMS Data Standards Manual. ( )

431. WHAT MUST AN ORGANIZATION DO TO APPLY FOR LICENSURE AS AN AGENCY?
An organization seeking licensure as an agency must submit a completed agency license application to the EMS Bureau to be considered for licensure. ( )

432. APPLICATION FORM.

01. Is There a Standardized Application Form? The EMS Bureau maintains a standardized agency application. ( )

02. Must an Applicant Use the Standardized Application? Requests for agency licensure must be submitted on the standardized form provided by the EMS Bureau. ( )

03. How Can the Agency Application Be Obtained? The most current standardized form can be obtained by contacting the EMS Bureau. See Section 005 of these rules for contact information. ( )

433. WHAT INFORMATION IS REQUIRED ON THE AGENCY APPLICATION?
Each application for initial licensure must contain the following: ( )

01. Call Volume. The applicant will submit, on the form provided in the agency application, a categorized breakdown of call volume projections for the first full year of operation in each of the following categories: ( )

a. The total call volume for each operational declaration within the applicant's geographic coverage area. ( )

b. The percentage of patients requiring transport. ( )

02. Geographic Coverage Area. A specific description of the Idaho jurisdiction(s) that the applicant will serve using known geopolitical boundaries or geographic coordinates and a graphic representation of the same. The applicant will declare a geographic coverage area for each requested operational declaration. Each operational declaration can have a different geographic coverage area. ( )

03. Staffing. The applicant will submit, on the form provided in the agency application, a staffing projection for the first full year of operation that: ( )

a. Identifies all licensed personnel by name and license level; ( )

b. Ensures all licensed personnel are appropriately licensed and credentialed; ( )

c. Identifies all individuals listed as either: uncompensated volunteer, compensated volunteer, part-time paid, or full-time paid; ( )

d. Describes how the staffing pattern will ensure appropriately licensed personnel are available to provide the required care. ( )

04. Vehicles and Equipment. The applicant will submit, on the form provided in the agency application, a list of vehicles and equipment. The applicant must declare any vehicles and equipment that are shared with another agency, other license category, or operational declaration and describe how the vehicle or equipment is stationed, used, and the frequency of use by each license category, operational declaration, and agency. ( )

05. Communications. The applicant will submit, on the form provided in the agency application, a list of communications equipment per Section 426 of these rules. ( )

06. Dispatch. The applicant will submit a copy of the dispatch agreement included in the agency application. The dispatch agreement must be signed by an official from the dispatch organization and by the applicant. ( )

07. Agency Costs and Revenue. The applicant will submit, on the form provided in the agency application, a categorized breakdown of cost and revenue projections for the first full year of operation in each of the following categories: ( )

a. Operating expenses specific to the EMS operation; ( )

b. Revenues specific to the EMS operation; ( )

c. Capital resources and purchases specific to the EMS operation; ( )

d. Personnel costs specific to the EMS operation; and ( )

e. Tax-based revenue and support specific to the EMS operation. ( )

08. Response Times. The applicant will submit, on the form provided in the agency application, a statement of response time projections as described below. ( )

a. Applicants in areas where response time data for a similar agency exists will describe how the model declared in the application will change known response times within the geographic coverage areas. Applicants will submit, on the form provided in the agency application, declarations of the following: ( )

i. The longest response time recorded in the preceding twenty-four (24) months by a similar agency within the geographic coverage area, responding to an emergency call in ideal weather during daylight hours. The longest known response time declaration will include a description of the beginning and ending points of the response and a description of how the applicant will affect this response time. ( )

ii. The projected longest response time within the geographic coverage area, responding to an emergency call in ideal weather during daylight hours. The longest projected response time declaration will include a description of the beginning and ending points of the response and the predicted frequency of calls to the area with the longest projected response time. ( )

iii. The average recorded response time in the preceding twenty-four (24) months by a similar agency within the geographic coverage area, responding to an emergency call in ideal weather during daylight hours. ( )

iv. The applicant's projected average response time within the geographic coverage area, responding to an emergency call in ideal weather during daylight hours and a description of how the applicant will achieve this average response time. ( )

b. Applicants in areas where no response time data for a similar agency exists will only be required to submit response time projections. Applicants will submit, on the form provided in the agency application, declarations of the following: ( )

i. The projected longest response time within the geographic coverage area, responding to an emergency call in ideal weather during daylight hours. The longest projected response time declaration will include a description of the beginning and ending points of the response and the predicted frequency of calls to the area with

the longest projected response time. ( )

ii. The applicant's projected average response time within the geographic coverage area, responding to an emergency call in ideal weather during daylight hours and a description of how the applicant will achieve this average response time. ( )

09. Clinical Benefits. The applicant will submit a narrative describing the projected clinical benefits that will result from licensure. The narrative must include the following: ( )

a. An endorsement from the applicant's medical director that describes the rationale for change; ( )

b. Description of the projected change in the level of care provided for patients within the geographic coverage area; ( )

c. Description of the projected change in time to treatment for patients within the geographic coverage area; ( )

d. Description of the location of agency resources and equipment available to the applicant; ( )

e. Description of the impact on other resources and the community; ( )

f. Description of the process to train personnel. ( )

10. Medical Supervision Plan. Each application for initial licensure must contain a Medical Supervision Plan as described in IDAPA 16.02.02, "Rules of the EMS Physician Commission." ( )

434. IS AN APPLICATION REVIEWED WHEN RECEIVED AT THE EMS BUREAU?
The EMS Bureau will review the application for completeness upon receipt. ( )

435. WHAT NOTIFICATIONS OCCUR UPON RECEIPT OF AN AGENCY APPLICATION?
The EMS Bureau will make the following notifications upon receipt of an agency application: ( )

01. Applicant. The EMS Bureau will send a written reply to the applicant within fourteen (14) days of receipt verifying the application or any subsequent application material was received and found to be either complete or incomplete. ( )

02. Applicant Actions Following Notification from the EMS Bureau. Applicants whose applications are determined to be incomplete will be given the opportunity to address the findings of the EMS Bureau initial review and resubmit documentation needed to complete the application. ( )

03. Incomplete Application Having No Action Taken Within Sixty Days of Notification. Any incomplete application having no action taken by the applicant within sixty (60) days of notification by the EMS Bureau will be considered void and will have to be resubmitted as an initial application. ( )

04. Other Jurisdictions. ( )

a. Within fourteen (14) days of receipt of a completed application for agency licensure that includes any operational declarations other than industrial or non-public, the EMS Bureau will send a written notice to all cities, counties, and other units of local government that have any geographic coverage area in common with the applicant. ( )

b. The notice will include the applicant's proposed geographic coverage area, agency type, clinical level, operational declarations, and a summary of any declarations made by the applicant that assume knowledge, cooperation, or collaboration of any of the cities, counties, and other units of local government that have any geographic coverage area in common with the applicant. ( )

436. IS THERE A COMMENT PERIOD FOR AGENCY LICENSURE APPLICATION?
There will be a comment period for any application for agency licensure that includes any of the following operational declarations: prehospital, prehospital quick response, prehospital support, transfer, critical care, standby, limited duration, seasonal, rescue, or extrication. ( )

01. Is Every Application for Agency Licensure Subject to a Comment Period? The comment period described below does not apply to applications for non-public agencies and industrial agencies that include no other operational declaration(s). ( )

02. Who Can Support or Oppose the Application? Any city(ies), county(ies), and other unit(s) of local government that have any geographic coverage area in common with the applicant may petition the EMS Bureau in support of, or in opposition to, the application. ( )

03. Is There a Deadline for Submission of Notices in Support of, or in Opposition to, the Application? Applications are held for a forty-five (45) day comment period following the notification of application. A city, county, and other unit of local government may submit to the EMS Bureau a notice in support of, or in opposition to, an application during the comment period. ( )

04. Can an Application Proceed Prior to the Close of the Comment Period? The comment period may be waived only in those cases where petitions of support for the application are received from all cities, counties, and other units of local government that have any geographic coverage area in common with the applicant. ( )

05. What Happens if There Are No Comments or No Opposition to the Application During the Comment Period? If, at the end of the comment period, no notices of opposition are received by the EMS Bureau, the comment period will close and the application will be evaluated per Section 445 of these rules. ( )

06. What Happens if an Application Is Opposed? The following will happen when a notice of opposition is received during the comment period: ( )

a. The EMS Bureau will notify the applicant and the party opposing the application within fourteen (14) days of the end of the comment period. ( )

b. The EMS Bureau will provide requested application information as well as other public information held by the EMS Bureau to address or clarify the issues stated in the notice of opposition. ( )

c. The city(ies), count(ies), or other unit(s) of local government opposing the application will have forty-five (45) days in which to submit a declaration to the EMS Bureau containing a description of the specific elements of the application being opposed. ( )

d. The EMS Bureau will provide the declaration from city, county, or other unit of local government opposing the application to the applicant. The applicant will have forty-five (45) days in which to submit a formal response. ( )

07. Hearing. The party opposing the application will be responsible for arranging a public hearing in which the applicant and the party opposing the application will address the items of concern within the application. The party opposing the application will be responsible for costs associated with the advertising and conducting the public hearing. Requirements for the public hearing are: ( )

a. The hearing will not be scheduled until the applicant response is received or the applicant response period is closed. The hearing must be scheduled and advertised at least fourteen (14) days prior to being held. ( )

b. The party opposing the application will post a notice of the public hearing in at least one (1) conspicuous place in applicant's proposed geographic coverage area; a copy of such notice must also be published in a daily or weekly newspaper published within the applicant's proposed geographic coverage area. The place, hour, and day of the public hearing will be specified in the notice. ( )

c. The hearing will be held in the county courthouse that serves the geographic coverage area of the

applicant. In those cases where the geographic coverage area extends into more than one (1) county, the hearing will be held in the courthouse of county with the largest portion of the geographic coverage area. ( )

d. A hearing officer appointed by the Department will preside over the public hearing. ( )

e. The applicant and persons in favor of the applicant's position will be permitted to present testimony, and may be questioned by the party opposing the application and the hearing officer. Persons opposing the applicant's position will be permitted to present testimony, and may be questioned by the applicant and the hearing officer. At the discretion of the hearing officer, testimony in favor of, or in opposition to, an application may be presented in alternating order. Following the conclusion of testimony in favor and in opposition, and questioning, the applicant will be allowed to provide a rebuttal. The hearing officer may impose reasonable limits on the time allowed for testimony and rebuttal, provided that restrictions apply equally to all parties, and a standardized timepiece is used for all testimony. Following conclusion of rebuttal by the applicant, the meeting will be closed to further public testimony. ( )

f. All persons attending the hearing are bound by the Roberts' Rules of Order for parliamentary procedure regarding decorum, and must comply with directions of the hearing officer. The hearing officer may compel the removal from the hearing of persons who engage in improper conduct. ( )

08. Hearing Record. The hearing officer must arrange for a record to be made of a hearing. The hearing must be recorded unless a party requests a stenographic recording by a certified court reporter, in writing, at least seven (7) days prior to the date of hearing, The court reporter must be paid for by the party requesting a stenographic record. The record must be transcribed at the expense of the party requesting a transcript and prepayment or guarantee of payment may be required. When a transcript is requested, any party may obtain a copy at the party's own expense. The Department must maintain the complete record of each contested case for a period of not less than six (6) months after the expiration of the last date for judicial review, unless otherwise provided by law. ( )

09. Hearing Officer's Recommendation. A written recommendation must be submitted by the hearing officer to the EMS Bureau not later than thirty (30) days after completion of the hearing. The recommendation must include specific findings on all major facts at issue; a reasoned statement in support of the recommendation and all other findings and recommendations of the hearing officer. ( )

437. CAN AN APPLICANT MODIFY AN APPLICATION DURING THE APPLICATION PROCESS?
An applicant can modify or withdraw an application at any time during the application process. Applications with material changes will be processed per Section 435 of these rules. ( )

438. WHAT IF AN APPLICANT REACHES AGREEMENT WITH THE ENTITY(IES) OPPOSING THE APPLICATION?
The comment period may be waived when an application is modified and petitions of support are received from all cities, counties, and other units of local government that have any geographic coverage area in common with the applicant. ( )

439. HOW ARE OPPOSED APPLICATIONS PROCESSED?
The EMS Bureau will consider the findings of the responses and hearing and will either continue to process or reject the application. ( )

440. CAN AN APPLICANT APPEAL IF AN APPLICATION IS REJECTED?
Appeals to rejected applications will be processed per IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." ( )

441. -- 444. (RESERVED).

445. APPLICATION EVALUATION.

01. How Does the EMS Bureau Review Completed Applications? When the comment period is concluded, the EMS Bureau will review the application for compliance with the standards set forth in Idaho statute,

administrative code, and the EMS Licensure Standards Manual in effect at the time of application submission. ( )

02. What Findings May Result from the EMS Bureau Evaluation and How Is the Applicant Notified? The EMS Bureau will notify the applicant and all cities, counties, and other units of local government that have any geographic coverage area in common with an applicant in writing that the review found the application to be compliant, complete with concerns, or non-compliant. ( )

03. What Applicant Actions Should Follow Notification from the EMS Bureau? Applicants whose applications are determined to be other than compliant will be given the opportunity to address the findings of the EMS Bureau review and resubmit documentation needed to either bring the application into compliance or address the concerns found in the initial EMS Bureau review. ( )

04. What Happens When an Application Is Found To Be in Compliance? The EMS Bureau will include in the notification to applicants whose applications are found to be in compliance with Sections 56-1011 through 56-1023, Idaho Code, this chapter of rules, and the EMS Licensure Standards Manual, an acknowledgment of eligibility for an agency inspection. ( )

446. -- 449. (RESERVED).

450. AGENCY INSPECTION.

01. How Is an Agency Inspection Requested and Scheduled? Applicants eligible for agency inspection should contact the EMS Bureau to schedule an inspection. In the event that the acquisition of capital equipment or hiring or licensure of personnel is necessary for the inspection process, the applicant must notify the EMS Bureau when ready. ( )

02. Is There a Timeframe Following Notification of Eligibility for Inspection in Which the Applicant Must Schedule an Inspection? Any application having no inspection completed within six (6) months of notification of eligibility will be considered void and will have to be resubmitted as an initial application. ( )

451. AGENCY LICENSURE DURATION.

01. What Is the Duration of Agency Licenses? All agency licenses unless otherwise declared on the license are valid for one (1) year from the end of the month of issuance by the EMS Bureau. ( )

02. How Are Agency License Expiration Dates Determined? To the extent possible, EMS agency license expiration dates are established depending on the geographic location of the agency. The geographic distribution of expiration dates can be found in the EMS Licensure Standards Manual. ( )

452. AGENCY LICENSURE RENEWAL.

01. What Must an Agency Do to Renew an Agency License? An agency seeking to renew an agency license must submit a completed standardized agency renewal application to the EMS Bureau. ( )

02. How Can the Agency Renewal Application Be Obtained? The most current standardized form can be obtained by contacting the EMS Bureau. See Section 005 of these rules for contact information. ( )

03. When Must an Agency Submit an Application for License Renewal? The agency must submit a completed application for license renewal to the EMS Bureau no sooner than ninety (90) days and no later than sixty (60) days prior to the expiration date of the current license. ( )

04. What Information Is Required on the Agency Renewal Application? Each application for license renewal must contain the following: ( )

a. The agency will submit, on the form provided in the renewal application, a categorized breakdown of historical call volume for the preceding year of operation in each of the following categories: ( )

i. The total call volume for the applicant's geographic coverage area. ( )

ii. The percentage of patients requiring transport. ( )

b. Any changes made to the geographic coverage area made by agency annexation will be described on the renewal application. Any other changes to the geographic coverage area require an initial license application. ( )

c. The agency will submit, on the form provided in the renewal application, a current staffing plan that: ( )

i. Identifies all licensed personnel by name and license level; ( )

ii. Ensures all licensed personnel are appropriately licensed and credentialed; ( )

iii. Identifies all individuals listed as either: uncompensated volunteer, compensated volunteer, part-time paid, or full-time paid; and ( )

iv. Describes how the staffing pattern continues to ensure appropriately licensed personnel are available to provide the required care. ( )

d. The agency will verify, on the form provided in the renewal application, a list of vehicles and equipment in use by the agency. The agency must declare any vehicles and equipment that are shared with another agency or other license category and describe how the vehicle or equipment is stationed, used, and the frequency of use by each license category and agency. ( )

e. The agency will verify, on the form provided in the renewal application, a list of communications equipment in use by the agency. ( )

f. The agency will verify, on the form provided in the renewal application that no changes have been made to the dispatch agreement included in the prior agency application. ( )

g. The agency will submit, on the form provided in the renewal application, a historical review of response times as follows: ( )

i. The longest response time within the geographic coverage area, responding to an emergency call in ideal weather during daylight hours. The longest known response time declaration will include a description of the beginning and ending points of the response and the frequency of calls to the area with the longest projected response time. ( )

ii. The agency's average response time within the geographic coverage area, responding to an emergency call in ideal weather during daylight hours. ( )

h. Any changes made to the agency Medical Supervision Plan must be included with the application for renewal. ( )

05. What Additional Information Must an Applicant Agency Submit? Any agency, after July 1, 2011, that obtains a new license, changes the level of licensed personnel it utilizes, changes its geographic coverage area (except by agency annexation), begins or discontinues providing patient transport services or adds prehospital, prehospital quick response, transfer, or critical care operational declarations, will submit the following on the form provided in the renewal application: ( )

a. A categorized breakdown of costs and revenue in each of the categories listed on the initial agency application. ( )

b. A narrative describing the actual clinical benefits that resulted from licensure that includes a review of the declarations made on the agency license application. ( )

453. HOW DOES THE EMS BUREAU EVALUATE COMPLETED RENEWAL APPLICATIONS?
When an application is received, the EMS Bureau will, within fourteen (14) days of receipt, review the application for completeness and compliance with standards set forth in Idaho statute, administrative code and the EMS Licensure Standards Manual in effect at the time of application submission. ( )

454. WHAT FINDINGS MAY RESULT FROM THE EMS BUREAU REVIEW?
The EMS Bureau will notify the agency in writing that the review found the application to be either: complete and compliant, incomplete, complete with concerns, or non-compliant. ( )

455. WHAT AGENCY ACTIONS FOLLOW NOTIFICATION FROM THE EMS BUREAU?
Agencies whose renewal applications are determined to be other than complete and compliant will be given the opportunity to address the findings of the EMS Bureau initial review and resubmit documentation needed to either bring the application into compliance or address the concerns found in the EMS Bureau review. ( )

456. WHAT HAPPENS IF AN INCOMPLETE OR NONCOMPLIANT APPLICATION IS NOT RESOLVED PRIOR TO THE EXPIRATION OF THE LICENSE?
If an application is not complete and compliant and is not resolved prior to the expiration date of the license, an agency license will not lapse while undergoing review by the EMS Bureau provided the agency submitted a timely application and takes action to meet licensure requirements within thirty (30) days of notification by the EMS Bureau. ( )

457. WHAT HAPPENS IF THE EMS BUREAU REFUSES TO GRANT RENEWAL OF AN AGENCY LICENSE?
Appeals for refusal to grant renewal of an agency license will be processed per IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." ( )

458. WHAT HAPPENS WHEN A RENEWAL APPLICATION IS FOUND TO BE COMPLETE AND IN COMPLIANCE?
When a renewal application is found to be complete and in compliance, the EMS Bureau will notify agencies and provide a list of not less than five (5) available dates and times within a thirty (30) day period in which to schedule the required renewal inspection. ( )

459. IS THERE A TIMEFRAME IN WHICH RENEWAL INSPECTIONS MUST OCCUR?
Agencies must successfully complete an annual inspection within the thirty (30) day period described in Section 458 of these rules in order to obtain a renewed license. ( )

460. -- 464. (RESERVED).

465. LAPSED LICENSE.

01. What Happens if an Agency Does Not Submit a Complete Application Before the Expiration of the Current License? An agency that does not submit a complete application as prescribed in these rules and the EMS Licensure Standards Manual will be considered lapsed. The license will no longer be valid. ( )

02. Is There a Grace Period for an Agency That Does Not Submit a Complete Application in a Timely Manner? No grace periods or extensions to an expiration date may be granted when an agency does not submit a complete application within the timeframes described in Subsection 452.03 of these rules. ( )

03. Can an Organization with a Lapsed License Continue to Provide EMS Services? An organization with a lapsed license cannot provide EMS services. ( )

04. How Does an Organization with a Lapsed License Regain Agency Licensure? An organization with a lapsed license will be considered an applicant for initial licensure and be bound by the same requirements and processes as any initial applicant. ( )

466. CHANGES TO A CURRENT LICENSE.

01. Can Licenses Issued by the EMS Bureau Be Transferred or Sold? Licenses issued by the EMS Bureau cannot be transferred or sold. ( )

02. When Must Agency Officials Notify the EMS Bureau About Changes? Agency officials must submit an agency update form to the EMS Bureau, within sixty (60) days of any of the following: ( )

a. Changes made to the geographic coverage area by agency annexation. ( )

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. ( )

c. Vehicles or equipment added or removed from the agency. ( )

d. Changes to the agency communication plan or equipment. ( )

e. Changes to the agency dispatch agreement. ( )

f. Changes to the agency Medical Supervision Plan. ( )

03. What Changes Require Agency Officials to Submit an Application for Initial Licensure? Agencies desiring to make any of the following changes must submit an initial agency application to the EMS Bureau and follow the initial application process defined by the EMS Bureau: ( )

a. Clinical level of licensed personnel it utilizes. ( )

b. Geographic coverage area changes, except by agency annexation. ( )

c. A nontransport agency that intends to provide patient transport or an ambulance agency that intends to discontinue patient transport and become a nontransport agency. ( )

d. An agency that intends to add prehospital, prehospital quick response, transfer, or critical care operational declarations. ( )

467. -- 469. (RESERVED).

470. HOW WILL CURRENTLY LICENSED AGENCIES TRANSITION TO THE LICENSURE MODEL DESCRIBED IN SECTIONS 400 THROUGH 499 OF THESE RULES?
Agencies licensed by the EMS Bureau prior to July 1, 2011, will transition to the licensing model described in these rules at the expiration of the then current agency license. Currently licensed agencies will submit a licensure transition application, provided by the EMS Bureau, in order to renew their agency license. ( )

01. Will a Currently Licensed Agency's Transition Application Be Subject to the Same Comment and Review Process as an Applicant for Initial Licensure? Licensure transition applications submitted by currently licensed agencies will not be subject to the initial application comment period provided all initial applicant requirements are met. Licensure transition applications submitted by currently licensed agencies will be subject to the same EMS Bureau application evaluation process as an initial application. ( )

02. What Is the Timeline for Currently Licensed Agencies to Transition to the New Licensing Model and Requirements Described in These Rules? EMS agencies will transition to the new licensing model as described in the EMS Licensure Standards Manual. ( )

471. -- 475. (RESERVED).

476. INSPECTION.
Representatives of the EMS Bureau are authorized to enter an agency's facility(s) at reasonable times, for the purpose of inspecting the agency's vehicle(s), equipment, response records, and other necessary items to determine

compliance with Idaho statute, administrative code, and the EMS Licensure Standards Manual. ( )

01. What Types of Agency Inspections Does the EMS Bureau Conduct? The EMS Bureau will perform initial, annual, random, and targeted agency inspections. ( )

02. What Is the Purpose of the Initial Agency Inspection? The initial inspection is an integral component of the application process that serves to: ( )

a. Physically validate the information contained in the application; ( )

b. Verify applicant compliance with Idaho statute, administrative code, and the EMS Licensure Standards Manual; and ( )

c. Provide observations and assistance where appropriate and requested by the applicant. ( )

03. What Is the Purpose of the Annual Agency Inspection? The annual inspection is an integral component of the agency license renewal process that serves to: ( )

a. Review the agency's history of compliance during the most recent licensure period; ( )

b. Verify current agency compliance with Idaho statute, administrative code, and the EMS Licensure Standards Manual; and ( )

c. Provide observations and assistance where appropriate and requested by the applicant. ( )

04. What Is the Purpose of the Random Agency Inspection? The random inspection serves to: ( )

a. Validate the agency's continual compliance with Idaho statute, administrative code, and the EMS Licensure Standards Manual; and ( )

b. Provide observations and assistance where appropriate and requested by the applicant. ( )

05. What Is the Purpose of the Targeted Agency Inspection? The targeted inspection serves to answer specific concerns related to the agency's compliance with Idaho statute, administrative code, and the EMS Licensure Standards Manual. ( )

06. How Do the Initial, Annual, Random, and Targeted Inspections Differ? The EMS Bureau 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: ( )

a. Ability to submit data to the EMS Bureau as defined in Section 430 of these rules; ( )

b. Ability to communicate via radio with the state EMS communications center, local dispatch center, neighboring agencies on whom the applicant will rely for support, first response, air and ground patient transport, higher level patient care, or other purposes. ( )

07. Under What Conditions Would the Results of an EMS Bureau Inspection Cause a Vehicle or Agency to Be Taken 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 EMS Bureau may declare the condition unsafe and remove the vehicle or agency from service until the unsafe condition is corrected. ( )

08. Must All Vehicles Be Inspected During EMS Bureau Inspections? ( )

a. All EMS response vehicles must be inspected during initial agency inspections. ( )

b. A random sample of vehicles may be selected for inspection during annual inspections provided the

agency has a vehicle stockage and inventory plan that provides assurance that all response vehicles meet the minimum equipment requirements. If vehicles selected for random sampling fail to demonstrate compliance with the minimum equipment requirements, the entire fleet of EMS response vehicles must be inspected. ( )

c. Targeted inspections will focus on the specific elements of concern and may not include any vehicle inspections. ( )

477. DO EXEMPTIONS EXIST FOR AGENCIES THAT ARE CURRENTLY ACCREDITED BY A NATIONALLY RECOGNIZED PROFESSIONAL EMS ACCREDITATION AGENCY?
Upon petition by the accredited agency, the EMS Bureau 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 EMS Bureau, the EMS Bureau may elect to relax the frequency of EMS Bureau annual inspections or waive EMS Bureau annual inspections altogether. ( )

478. -- 499. (RESERVED).

STANDARDS FOR THE APPROPRIATE USE OF AIR MEDICAL AGENCIES (Sections 500 through 505)

500. STANDARDS FOR THE APPROPRIATE USE OF AIR MEDICAL AGENCIES BY LICENSED EMS PERSONNEL AT EMERGENCY SCENES.

01. Who Establishes Training Curricula and Continuing Education Requirements for Air Medical Criteria? The EMS Bureau will incorporate education and training regarding the air medical criteria established in Section 501 of these rules into initial training curricula and required continuing education of licensed EMS personnel. ( )

02. Who Must Establish Written Criteria Guiding Decisions to Request an Air Medical Response? Each licensed EMS agency must establish written criteria, approved by the EMS agency medical director, to guide the decisions of the agency's licensed EMS personnel to request an air medical response to an emergency scene. The criteria will include patient conditions found in Section 501 of these rules. ( )

03. What Written Criteria Is Required for EMS Agency Licensure? Written criteria guiding decisions to request an air medical response will be required for all initial and renewal applications for EMS agency licensure for licenses effective on November 1, 2006, or later. ( )

04. Who Is Responsible for Requesting an 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. ( )

05. When Can Licensed EMS Personnel Cancel an Air Medical Response? Licensed EMS personnel must complete a patient assessment prior to their cancellation of an air medical response. ( )

06. Who May Establish Criteria for Simultaneous Dispatch? The licensed EMS agency may establish criteria for simultaneous dispatch for air and ground medical response. Air medical agencies will not respond to an emergency scene unless requested. ( )

07. Who Is Responsible for Selecting an Appropriate Air Medical Agency? Selection of an appropriate air medical agency is the responsibility of the licensed EMS agency. ( )

a. The licensed EMS agency, through written policy, will establish a process of air medical selection. ( )

b. The written policy must direct EMS personnel to honor a patient request for a specific air medical agency when the circumstances will not jeopardize patient safety or delay patient care. ( )

501. AIR MEDICAL RESPONSE CRITERIA.
The need for an air medical request will be determined by the licensed EMS agency licensed personnel based on their patient assessment and transport time. Each licensed EMS agency must develop written criteria based on best medical practice principles. The following conditions must be included in the criteria: ( )

01. What Clinical Conditions Require Written Criteria? The licensed EMS agency written criteria will provide guidance to the licensed EMS personnel for the following clinical conditions: ( )

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

b. Neurological presentation suggestive of spinal cord injury; ( )

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

d. Fracture or dislocation with absent distal pulse; ( )

e. A Glasgow Coma Score of ten (10) or less; ( )

f. Unstable vital signs with evidence of shock; ( )

g. Cardiac arrest; ( )

h. Respiratory arrest; ( )

i. Respiratory distress; ( )

j. Upper airway compromise; ( )

k. Anaphylaxis; ( )

l. Near drowning; ( )

m. Changes in level of consciousness; ( )

n. Amputation of an extremity; and ( )

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

02. What Complicating Conditions Require Written Criteria? When associated with clinical conditions in Subsection 501.01 of this rule, the following complicating conditions require written guidance for EMS personnel: ( )

a. Extremes of age; ( )

b. Pregnancy; and ( )

c. Patient “do not resuscitate” status as described in Section 050 of these rules. ( )

03. What Operational Conditions Require Written Guidance for an Air Medical Response? The licensed EMS agency written criteria will provide guidance to the licensed EMS personnel for the following operational conditions: ( )

a. Availability of local hospitals and regional medical centers; ( )

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

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

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

e. As an additional resource for a multiple patient incident; ( )

f. Remote location of the patient; and ( )

g. Local destination protocols. ( )

502. COMMUNICATIONS.

01. Who Is Responsible for Requesting an Air Medical Response? The licensed EMS agency will establish a uniform method of communication, in compliance with the local incident management system, to request air medical response. ( )

02. What Information Must Be Given When Requesting an Air Medical Response? Requests for an air medical response must include the following information as it becomes available: ( )

a. Type of incident; ( )

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

c. Scene contact unit or scene incident commander, or both; ( )

d. Number of patients if known; ( )

e. Need for special equipment; ( )

f. How to contact on scene EMS personnel, and ( )

g. How to contact the landing zone officer. ( )

03. Who Is Notified of a Request for an Air Medical Response? The air medical agency will notify the State EMS Communication Center within ten (10) minutes of launching an aircraft in response to a request for emergency services. Notification will include: ( )

a. The name of the requesting entity; ( )

b. Location of the landing zone; and ( )

c. Scene contact unit and scene incident commander, if known. ( )

04. Who Is Provided the Estimated Time of Arrival at the Specified Landing Zone? Upon receipt of a request for emergency services, the air medical agency will provide the requesting entity with an estimated time to arrival in hours and minutes at the location of the specified landing zone and any changes to that estimated time. ( )

05. Who Must Confirm Availability of an Air Medical Response? Upon receipt of a request, the air medical agency will inform the requesting entity if the air medical agency is not immediately available to respond. ( )

503. LANDING ZONE AND SAFETY.

01. Who Is Responsible for Setting Up Landing Zone Procedures? The licensed EMS agency in conjunction with the air medical agency(ies) must have written procedures for establishment of landing zones. Such procedures will be compatible with the local incident management system. ( )

02. What Are the Responsibilities of Landing Zone Officers? The procedures for establishment of landing zones must include identification of Landing Zone Officers with responsibility for the following: ( )

a. Landing zone preparation; ( )

b. Landing zone safety; and ( )

c. Communication between ground and air agencies. ( )

03. What Training Is Required for Landing Zone Officers? The licensed EMS agency will ensure that EMS licensed personnel, designated as Landing Zone Officers, have completed training in establishing an air medical landing zone based on the following elements: ( )

a. The required size of a landing zone; ( )

b. The allowable slope of a landing zone; ( )

c. The allowable surface conditions; ( )

d. Hazards and obstructions; ( )

e. Marking and lighting; ( )

f. Landing zone communications; and ( )

g. Landing zone safety. ( )

04. What Is the Deadline for Training as a Landing Zone Officer for EMS License Renewal? All licensed EMS certified personnel will complete training described in Subsection 503.03 of this rule as a component of required continuing education for license renewal not later than September 30, 2010. ( )

05. Who Has the Final Decision to Use an Established Landing Zone? The air medical pilot may refuse the use of an established landing zone. In the event of pilot refusal, the landing zone officer will initiate communications to identify an alternate landing zone. ( )

504. PATIENT DESTINATION.
The air medical agency must have written procedures for determination of patient destination. ( )

01. Procedures for Destination Protocol and Medical Supervision. The air medical agency written procedure will consider the licensed EMS agency destination protocol and medical supervision received. ( )

02. Availability of Written Procedures. The air medical agency must make the written procedures available to licensed EMS agencies that utilize their services. ( )

03. Determination of Destination Will Honor Patient Preference. The air medical procedures for determination of destination will honor patient preference if the requested facility is capable of providing the necessary medical care and if the requested facility is located within a reasonable distance not compromising patient care or the EMS system. ( )

505. PERIODIC REVIEW OF EMS SYSTEM DATA.
The Department of Health and Welfare, EMS Bureau, will periodically review agency response data with other EMS

system data such as those found in the Trauma Registry maintained in accordance with Title 57, Chapter 20, Idaho Code. ( )

01. How Often Will the Department Conduct a Review of Air Medical Criteria? The Idaho EMS Bureau will review the rules, utilization and effectiveness of air medical criteria every three (3) years with the first review being completed no later than June 30, 2009. ( )

02. What May Be Included During the Review of Air Medical Criteria? The EMS Bureau review of air medical criteria may include the following: ( )

a. Licensed EMS agency response data; ( )

b. Licensed EMS agency guidelines; ( )

c. Patient treatment and outcome information; and ( )

d. Trauma Registry data. ( )

03. What Information Must Be Provided During the Review of Air Medical Response Criteria? Licensed EMS agencies must provide incident specific patient care related data identified and requested by the EMS Bureau in the review of air medical response criteria. ( )

04. To Whom Will the EMS Bureau Report the Aggregate Data and Findings? The EMS Bureau will report the aggregate data and findings from the review of air medical criteria to all licensed EMS agencies, hospitals, county commissioners, and EMS medical directors. ( )

506. -- 599. (RESERVED).

COMPLAINTS, INVESTIGATIONS, AND DISCIPLINARY SANCTIONS (Sections 600 through 655)

600. WHO MAY REPORT A SUSPECTED VIOLATION?
Any person who suspects a violation of Sections 56-1011 through 56-1023, Idaho Code, IDAPA 16.02.02 "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission," or this chapter of rules may report the violation to the EMS Bureau. ( )

601. -- 604. (RESERVED).

605. HOW IS A COMPLAINT SUBMITTED WHEN A VIOLATION IS SUSPECTED?
Complaints must be submitted in writing on a complaint intake form found online at: http://www.idahoems.org. ( )

606. ARE ANONYMOUS COMPLAINTS ACCEPTED?
Anonymous complaints are accepted; however, the inability to collect further information from the complainant may hinder the progress of the investigation. ( )

607. -- 609. (RESERVED).

610. WHEN WILL THE EMS BUREAU INITIATE AN OFFICIAL INVESTIGATION?
An official investigation will be initiated when: ( )

01. Complaint with Allegation(s). A complaint with allegation(s) that, if substantiated, would be violations of Sections 56-1011 through 56-1023, Idaho Code, IDAPA 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission," or this chapter of rules, or; ( )

02. Discovery of Potential Violation of Statute. EMS Bureau staff or other authorities discover a

potential violation of Sections 56-1011 through 56-1023, Idaho Code, IDAPA 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission," or this chapter of rules. ( )

611. -- 614. (RESERVED).

615. WHAT VIOLATIONS MAY RESULT IN ADMINISTRATIVE LICENSE ACTION?
The Bureau Chief may impose an administrative license action on a license holder, applicant, or candidate for EMS license for any action, conduct, or failure to act which is inconsistent with the professionalism, standards, or both, established by these rules including: ( )

01. Any Violation of These Rules. ( )

02. Unprofessional Conduct. Any act(s) that violate Section 300 (Standards of Professional Conduct) of these rules. ( )

03. Failure to Maintain Standards of Knowledge, Proficiency, or Both. Failure to maintain standards of knowledge, or proficiency, or both, required under these rules. ( )

04. Mental Incompetency. A lawful finding of mental incompetency by a court of competent jurisdiction. ( )

05. Impairment of Function. Performance of duties pursuant to EMS license while under the influence of alcohol, illegal substance, or legal drug or medication causing impairment of function. ( )

06. Denial of Criminal History Clearance. Any conduct, action, or conviction which does or would result in denial without exemption of a criminal history clearance under IDAPA 16.05.06, "Criminal History and Background Checks." ( )

07. Discipline, Restriction, Suspension or Revocation. Discipline, restriction, suspension, or revocation in any other jurisdiction. ( )

08. Danger or Threat to Persons or Property. Any conduct, condition, or circumstance determined by the Bureau Chief which constitutes a danger or threat to the health, safety, or well-being of persons or property. ( )

09. Performing Any Medical Procedure or Providing Medication. Performing any medical procedure or providing medication which deviates from or exceeds the scope of practice for the corresponding level of licensure established under IDAPA 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission." ( )

10. Falsification of Applications or Reports. The submission of fraudulent or false information in any report, application, or documentation to the EMS Bureau. ( )

11. Obtaining a License by Means of Fraud. Misrepresentation in an application by means of concealment of a material fact. ( )

616. -- 629. (RESERVED).

630. WHAT IF THE SUBJECT OF AN INVESTIGATION REFUSES TO PARTICIPATE?
The refusal to participate by the subject will not prohibit full investigation, or a peer review hearing, nor prevent potential administrative license action. ( )

631. WHAT IF THE SUBJECT OF THE INVESTIGATION NO LONGER HOLDS AN ACTIVE LICENSE WHEN THE INVESTIGATION CONCLUDES?
Surrender or lapse of a license will not prohibit full investigation with the potential consequence of EMS Bureau imposing a formal administrative license action or fine. ( )

632. -- 634. (RESERVED).

635. WHAT HEARINGS MAY BE CONDUCTED?

01. Rejected Applications. Hearings concerning any applications rejected by the EMS Bureau will be processed per IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." ( )

02. Compliance Conference Hearing. The EMS Bureau may offer the subject of an investigation the opportunity for a compliance conference hearing when: scope of practice or medical practice misconduct with little or no injury to the public, EMS system, or profession has occurred; or there is little likelihood of repetition and the matter can be resolved by consent order. ( )

a. Compliance conference participants will include the subject of the investigation, EMS Bureau staff and other parties deemed appropriate by the EMS Bureau. ( )

b. The subject may be offered specific remediation or disciplinary action by consent, which, if agreed to, will resolve the matter with no further right to appeal. ( )

c. If the remediation or disciplinary action is not agreed to by consent order, the matter may be referred to a peer review hearing. ( )

03. Peer Review Hearing. The EMS Bureau may elect to conduct a peer review hearing for a case that is not appropriate for or not resolved by a compliance conference. ( )

636. WHO SERVES ON A PEER REVIEW TEAM?
The peer review team will consist of four team members selected by the EMS Bureau as appropriate to the case being considered from the following: ( )

01. Licensed Personnel. EMS personnel license holder licensed at or above the license level of the subject or; ( )

02. Agency Administrator. EMS agency administrator or; ( )

03. Training Officer. EMS agency training officer or; ( )

04. Course Coordinator. Course coordinator of an EMS Bureau approved training course or; ( )

05. Instructor. EMS Bureau approved EMS instructor and; ( )

06. Chair. Each peer review team will be chaired by a licensed Idaho EMS physician as follows: ( )

a. An Idaho EMS Physician Commissioner for cases involving EMS personnel or; ( )

b. An Idaho EMS agency medical director for cases involving an EMS agency; or ( )

c. An Idaho EMS Bureau approved training course sponsoring physician for cases involving unlicensed EMS educators. ( )

637. -- 640. (RESERVED).

641. WHAT CORRECTIVE ACTIONS MAY BE USED FOR RESOLUTION OF POTENTIAL VIOLATIONS?

01. Letter of Guidance. A letter of guidance may be issued directing the subject to standards, educational resources, or local jurisdiction for resolution when minor misconduct with no injury to the public, EMS system, or profession has occurred and there is little likelihood of repetition. ( )

02. Warning Letter. A warning letter may be used for a first offense if no injury to the public, EMS system, or profession has occurred for a personnel or agency license violation. ( )

642. WHAT TYPES OF ADMINISTRATIVE ACTION MAY BE IMPOSED BY THE EMS BUREAU?

01. Deny. The EMS Bureau may deny an application. ( )

02. Refuse to Renew. The EMS Bureau may refuse to renew a license. ( )

03. Retain with Probationary Conditions. The EMS Bureau may allow an EMS license holder to retain a license as agreed to in a consent order or with conditions imposed by the EMS Bureau. ( )

04. Suspend. ( )

a. The EMS Bureau may suspend an EMS license for a period of day(s) or month(s) up to twelve (12) months with or without conditions. ( )

b. The EMS Bureau Chief may suspend a license pending final outcome of an EMS investigation or criminal proceeding when criminal charges or allegations indicate an imminent danger or threat to the health, safety, or well-being of persons or property. ( )

05. Revoke. The EMS Bureau may revoke an EMS license. ( )

a. An application for reinstatement may be filed with the EMS Bureau one (1) year from the date of license revocation. ( )

b. The EMS Bureau will convene a peer review hearing to consider the reinstatement application. ( )

c. The EMS Bureau may accept or reject the application for reinstatement. ( )

d. Reinstatement of an EMS personnel license is subject to the lapsed license reinstatement requirements in Section 316 of these rules. ( )

e. Reinstatement of a revoked EMS agency license will be processed per Subsection 465.04 of these rules. ( )

643. -- 644. (RESERVED).

645. WHEN CAN A FINE BE IMPOSED BY EMS BUREAU?
In addition to administrative license action allowed by rule, a fine may be imposed by the EMS Bureau upon recommendation by a peer review team on a licensed EMS agency as a consequence to the following agency licensure rule violations: ( )

01. Failure to Respond. Failure to respond to a request for service to a prehospital incident when dispatched to a medical illness or injury. ( )

02. Unauthorized Response. Responding to a request for service which deviates from or exceeds capabilities authorized by the EMS agency license. ( )

03. Using Unlicensed Personnel. Allowing unlicensed EMS personnel to respond to requests for service. ( )

04. Failure to Report Patient Care Data. Failure to submit patient care data as required by these rules. ( )

646. -- 649. (RESERVED).

650. ARE INVESTIGATIONS CONFIDENTIAL?

01. Informal Resolution. Informal resolution of complaints or non-compliance by guidance or warning letter is considered official correspondence and is public information. ( )

02. Administrative License Action. Preliminary investigations and documents supplied or obtained in connection with them are confidential until a formal notice of administrative license action is issued. ( )

651. -- 654. (RESERVED).

655. WHO WILL RECEIVE NOTICE OF THE FINAL DISPOSITION OF AN INVESTIGATION?

01. Subject. The EMS Bureau will send notification to the last known address of the subject of the disposition of the investigation, including any pending or current administrative actions. ( )

02. Other Jurisdiction for EMS Personnel. A copy of administrative action imposed on EMS personnel will be sent to each agency of affiliation, agency medical director, and the NREMT. ( )

03. Other Jurisdictions for EMS Agencies. A copy of administrative action or nature of fines imposed on EMS agencies will be sent to the agency governing authorities and the agency medical director. ( )

04. Other Jurisdictions for Educational Programs. A copy of any administrative action imposed on an EMS educational program or instructor will be sent to the state Board of Education, the sponsoring physician, the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), and the NREMT. ( )

656. -- 999. (RESERVED).

COST/BENEFIT ANALYSIS FORM
Department of Health and Welfare
Administrative Procedures Section (APS)

Docket Number: 16-0203-1003 (fee) – companion to 16-0203-1002 (chapter rewrite)

Agency Contact: Wayne Denny, EMS
Phone: (208) 334-4000, x2085

Rules Specialist: Frank Powell
Phone: (208) 334-5775

Date Analysis Completed: 5/25/10

IDAPA Chapter Number and Title: IDAPA 16.02.03, "Rules Governing Emergency Medical Services"

Fee Rule Status: ☒ **Proposed** ☐ **Temporary** **Effective date:** July 1, 2011

Instructions:

Section 67-5223(3), Idaho Code, adopted by the 2010 Legislature, requires that all proposed rules in which a fee or charge is imposed or increased must include a cost/benefit analysis of the rule change at the time the rule text is submitted for publication. This analysis needs to include an estimated cost to the agency to implement the rule and an estimated cost to be borne by citizens, or the private sector, or both. This statute change is effective July 1, 2010, and must be completed for fee rules published in the *Idaho Administrative Bulletin* after that date.

Cost/Benefit Analysis For This Rule Change:

There will be no change in costs to the Department as a result of this rulemaking. This rulemaking has no fiscal impact to the state general fund. The Emergency Medical Services (EMS) program is funded through dedicated funds.

Though this rulemaking makes some changes to the process of collecting licensing fees, the licensing fees for EMS personnel is not being changed in this rulemaking.

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.02.03 - EMERGENCY MEDICAL SERVICES

DOCKET NO. 16-0203-1003 (FEE RULE)

NOTICE OF RULEMAKING - PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section 56-1023, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than September 15, 2010.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The fees for this chapter of rules are being revised under this docket. The rest of the chapter is being completely revised, updated, and rewritten under Docket No. 16-0203-1002 that immediately precedes this docket in this same Bulletin.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased:

The fees being imposed for licensure are remaining the same as they are in current rule.

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year. This rulemaking has no fiscal impact to the state general fund. The Emergency Medical Services (EMS) program is funded through dedicated funds and these fees are not being increased and the impact will be cost neutral.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, informal negotiated rulemaking was conducted with stakeholders throughout the state starting in May 2009. The stakeholder groups included: Association of Idaho Cities, Idaho Air Medical Services, Idaho Association of Counties, Idaho Commission on Aging, Idaho EMS Chiefs Association, Idaho Fire Chiefs Association, Idaho Hospital Association, Idaho Sheriffs Association, National Ski Patrol, Private EMS Services, Professional Fire Fighters of Idaho, Regional EMS Associations, Seasonal/Industrial EMS Services, Tribal EMS, and Volunteer EMS. The rules were also presented for review by the EMS Physician Commission and the EMS Advisory Committee. The most recent statewide round of twelve "town hall meetings" was conducted from May 17 through June 17, 2010.

INCORPORATION BY REFERENCE: No materials are being incorporated by reference into these rules under this docket.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Wayne Denny at (208) 334-4000, ext. 2085.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 22, 2010.

DATED this 29th day of July, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720, Boise, ID 83720-0036
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THE FOLLOWING IS THE PROPOSED TEXT FOR DOCKET 16-0203-1003

302. LICENSURE FEES -- WHAT ARE THE FEES FOR EMS PERSONNEL LICENSES?

501.04
510.03
510.04

01. Initial, Reinstatement, and Recognition/Reciprocity. The initial, reinstatement, and recognition/reciprocity licensure fee for AEMT and Paramedic is thirty-five dollars ($35). ( )

02. Renewal. The license renewal fee for AEMT and Paramedic is twenty-five dollars ($25). ( )

30~~2~~3. -- 304. (RESERVED).