



Chapter 132:
EMS Service
Programs
WORKGROUP
September 18, 2013

Agenda

- ⦿ Provider and service counts
- ⦿ Other state regulations
- ⦿ Focus on Service Authorizations
 - 7-Questions

Provider Level	Certified Providers	Providers on Service
FR	741	543
EMR	727	551
EMT-B	2411	1782
EMT	4253	3031
EMT-I	719	584
AEMT	90	84
EMT-P	374	308
PS	977	719
Paramedic	1521	1242
TOTAL	11,824	8,844

Personnel Type	Count of Services
Volunteer (a volunteer is someone that receives nominal compensation not based on the value of service)	589
Paid	130
Both	59
TOTAL	778

Service Level (does not include new levels)	Count	Number Volunteer
FR	57	56
EMT-B	347	322
EMT-I	88	83
EMT-P	40	38
Paramedic Specialist	171	76
CCT	53	4
Total	756	579

Service Type	Count
Nontransport	367
Ambulance	283
Ambulance w/TA	108
Air Medical	14
TOTAL	778



WHAT 'S GOING ON IN OTHER STATES?

Arkansas

Colorado

Minnesota

Mississippi

Oregon

Texas

State	Authorization	Levels & Specialty
Arkansas	<p>License ambulances basic & advanced</p> <p>Permit each vehicle based on staffing</p> <p>Medical Facility Transport license</p>	<p>Basic, AEMT, Paramedic, Advanced Response, Air Medical Transport, Stretcher Ambulance for non-emergent</p> <p>NT is authorized</p>
Colorado	<p>Counties: license services permit vehicles</p>	<p>Ambulance BLS or ALS. Scene with or with out transport, Air Medical Transport, Interfacility (defined by scope)</p> <p>Special scope of practice for interfacility transports</p> <p>NT not found in rules</p>
Minnesota	<p>Primary Service Areas –regions approve BLS or ALS Ambulance</p>	<p>BLS Amb – 2-EMT’s 24/7 ALS Amb -1-EMT and 1-Paramedic; Partime ALS allowed Specialty Transports for populations</p>

Mississippi	License Ambulances Permit each vehicle	Ambulance: Invalid, BLS, ALS-P, AMT, ALS, AMT CCP, Specialty authorization for supervisory vehicles and fly-cars Issue Special Use in addition to EMS service license Define Medical FR as level of certification, not service authorization NT not found in rules
Oregon	Ambulance only	EMT, Intermediate, Advanced Specialty: Marine Craft NT not found in rules
Texas	Unclear	BLS ambulance response requires 2- Emergency Care Attendants as a minimum (volunteer only) Specialty: Subscription Services, Mobile ICU NT First Responder Organizations (FRO) are recognized

State	Fee
Arkansas	None
Colorado	By county annually
Minnesota	\$150 new and renewal application \$96 for each ambulance Every other year
Mississippi	\$500 for new and renewal ambulance license both BLS and ALS – annually Plus additional \$500 for Air, Critical Care and Subscription Services
Oregon	Ambulance license fee: \$75 w/4 or less FTE \$250 w/5 or more FTE
Texas	FRO: \$60 initially Ambulance: \$500 application fee and \$180 each vehicle Reinspection: \$30 if due to noncompliance or deficiencies

1. Should we authorize systems?

Current practice:

- ⦿ Authorize individual services in cities
- ⦿ Option to satellite services
 - Change of Status Application
 - System Affiliation Agreement

2. Should we change type of authorization?

CURRENT PRACTICE

- ⦿ Levels of authorization
 - Nontransport
 - Ambulance
 - Ambulance w/Transport Agreement
 - Air Medical Transport

3. Should we authorize level of care as basic or advanced?

CURRENT PRACTICE

- ⦿ Authorize to highest level of care to be provided by certification level.
 - FR/EMR
 - EMT-B/EMT
 - EMT-I
 - EMT-P/AEMT
 - PS
 - Paramedic
 - EMT-P/PS/Paramedic CCT

4. Should we have the option to base frequency or type of inspection on compliance?

CURRENT PRACTICE

- ⦿ All services are inspected every 3-years.
- ⦿ Service with excessive deficiencies or ongoing non-compliance are inspected more frequently if time allows.

CHALLENGE

- ⦿ Some services require more assistance than others.
- ⦿ Dwindling resources limit staff time.

5. Should we have fees for authorization?

CURRENT PRACTICE

- No fees for application, inspections, persistent non-compliance

CHALLENGE

- Dwindling resources

6. Should proof of ownership and insurance be required?

CURRENT PRACTICE

- No proof of ownership; vehicle, malpractice or liability insurance is required

CHALLENGE

- Some services are “owned by staff” and don’t have insurance putting patients, bystanders and providers at risk.

7. Should we authorize specialty services?

CURRENT PRACTICE

- We offer temporary authorization for up to 30-days.
- Requirements are the same.

CHALLENGES

- Requests for SWAT, race tracks, industrial authorizations must comply with all Ch 132 requirements.

