

**Maryland General Assembly  
Department of Legislative Services**

**Proposed Regulations  
Maryland Institute for Emergency Medical Services Systems  
(DLS Control No. 14-069)**

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**Overview and Legal and Fiscal Impact**

These regulations conform requirements for nurses providing specialty care transport (SCT) services to requirements under COMAR 10.27.09.04 and alter requirements concerning the provision of SCT under certain circumstances, quality assurance reporting, staffing and equipment of SCT ambulances, and the training of those staff.

The regulations present no legal issue of concern.

There is no fiscal impact on State or local agencies.

**Regulations of COMAR Affected**

**Maryland Institute for Emergency Medical Services Systems:**

EMS Operational Programs: Definitions: COMAR 30.03.01.01

Jurisdictional EMS Operational Programs: COMAR 30.03.02.02

Commercial Ambulance Services: ALS Service: COMAR 30.09.11.05

Specialty Care Transport Services: COMAR 30.09.14.02, .04, .05, and .07

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**Legal Analysis**

**Background**

An independent State agency, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) is governed by the State Emergency Medical Services Board and charged with the coordination of all emergency medical services in the State. This includes planning, operations, evaluation, and research. MIEMSS coordinates and evaluates emergency medical services delivered in this State, licenses and regulates commercial ambulance services, and licenses and regulates individuals providing emergency medical services. In accordance with statutory requirements, these regulations were developed in coordination with the State Board of Nursing and in consultation with representatives of the ambulance services in Maryland.

**Summary of Regulations**

COMAR 30.03.01.01 provides definitions for COMAR Title 30, Subtitle 3, concerning emergency medical services (EMS) operational programs. These regulations amend the definition of “on-line medical direction” to conform to COMAR 10.27.09.04, which defines the term as “oversight and orders by licensed physicians at base stations to EMS providers or

members of the transport team providing patient care at an Advanced Life Support (ALS) or Basic Life Support (BLS) level.”

COMAR 30.03.02.02 concerns criteria for approval as a jurisdictional EMS operational program. These regulations amend Regulation .02 to provide that a jurisdictional EMS operational program may not provide interfacility specialty care transport from one hospital to another unless a staffed and equipped SCT ambulance is not available within a clinically reasonable time, the second facility provides healthcare personnel authorized by law to provide the level of care required by the patient during transport, and the ambulance used is at least an ALS ambulance.

COMAR 30.09.11 concerns ALS service. These regulations amend Regulation .05, concerning SCT restrictions. As amended, Regulation .05 prohibits a licensed commercial ambulance service from providing SCT unless, no more than ten times a year, if a licensed SCT ambulance service is not available within a clinically reasonable time (1) the sending facility provides health care personnel authorized by law to provide the level of care required by the patient during transport; (2) required specialty equipment is available; (3) the ambulance used is licensed as at least an ALS ambulance; (4) notice is made to State Office of Commercial Ambulance Licensing and Regulation (SOCALR) within 24 hours of transport; and (5) a report is submitted to SOCALR within seven days of the transport.

COMAR 30.09.14.02 concerns SCT services. As amended, Regulation .02G requires a licensed specialty care ambulance service to retain one or more registered nurses or nurse practitioners who (1) have specified knowledge of content, including the transport arena, specified knowledge and skill sets, specified procedures, and transport safety; and (2) comply with the requirements of COMAR 10.27.09. New Regulation .02H requires those registered nurses or nurse practitioners to screen all requests for SCT and determine, in collaboration with the referring physician and program medical director and in accordance with regulations, the appropriate team configuration required for the patient. New Regulation .02I requires a licensed specialty care ambulance service to credential any registered nurse retained by the service to ensure that the nurse meets all regulatory requirements. Formerly Regulation .02H, Regulation .02J, as amended, alters the requirements for quality assurance programs required for licensed specialty care commercial ambulance services. These quality assurance programs must include (1) a review by registered nurses and physicians of patient care provided during SCT; (2) a review by the program medical director or designated specialty physician for a SCT requiring a change in the plan of care during transport, in which a patient’s condition worsened during transport, in which there was a change of destination during transport, or in which there was an unexpected outcome or event; (3) written documentation of reviews of SCT; (4) patient feedback on outcomes to the sending facility; and (5) quality assurance process for call-taking, call-screening, and dispatch.

COMAR 30.09.14.04 concerns additional staffing requirements for specialty care commercial ambulance services. As amended, Regulation .04B alters required staffing where care required is outside the scope of practice of a paramedic credentialed to provide SCT to include a nurse or a physician with advanced training and certification in the care of specialty care patients and current knowledge of the EMS system. New Regulation .04D authorizes a SCT service to conduct an SCT even though it is unable to provide a staffed and equipped SCT ambulance within a clinically reasonable time if (1) the sending facility provides specified healthcare personnel, (2) required specialty equipment is available, (3) the ambulance used is

licensed as at least an ALS ambulance, and (4) specified notice and reports are provided to SOCALR.

COMAR 30.09.14.05 concerns additional requirements for a paramedic with SCT training. As amended, Regulation .05C requires the paramedic to receive at least 36 hours of specialty care continuing education every three years, rather than 12 hours every two years.

COMAR 30.09.14.07 concerns additional equipment and medication requirements for SCT ambulances. These regulations amend the list of required equipment under Regulation .07E and specify that the equipment shall be age and weight appropriate for the patient being transported. In addition, Regulation .07G is amended to provide that a SCT service need notify SOCALR of a change to a list of additional medication used by the service due to a temporary change resulting from a medication shortage.

### **Legal Issue**

The regulations present no legal issue of concern.

### **Statutory Authority and Legislative Intent**

The EMS Board cites §§ 13-509, 13-510, 13-515, and 13-516 of the Education Article as authority for the regulations. Section 13-509 authorizes the EMS Board to adopt regulations to implement an Emergency Medical System plan. Section 13-510 requires the Executive Director, in accordance with the Emergency Medical System plan and other relevant policies adopted by the EMS Board, to coordinate the training of all personnel in the Emergency Medical Services System and develop the necessary standards for their certification or licensure, as well as implement all programmatic, operational, and administrative components of the Institute, among other responsibilities. Section 13-515(c)(1) requires the EMS Board, in consultation with representatives of the ambulance service in Maryland, to adopt regulations necessary to establish a periodic licensing system for ambulance services in the State. Furthermore, § 13-515(c)(2) specifies minimum requirements for these regulations, including equipment and staffing requirements. Section 13-516(b) generally prohibits an individual from providing emergency medical services in the State unless issued a license or certificate by the EMS Board under that section. More generally, § 13-508(a) authorizes the EMS Board to adopt regulations to carry out the provisions of Title 13, Subtitle 5 of the Education Article, concerning emergency medical services.

The cited authority is correct and complete. The regulations comply with the legislative intent of the law.

### **Technical Corrections and Special Notes**

As submitted, the regulations contain several formatting errors (*e.g.*, new regulatory text not italicized). The institute has indicated it will correct this issue.

### **Fiscal Analysis**

There is no fiscal impact on State or local agencies.

## **Agency Estimate of Projected Fiscal Impact**

The regulations make requirements for nurses providing SCT services consistent with other sections of COMAR. Additionally, the regulations detail quality assurance processes for SCTs and update both required equipment for SCT ambulances and continuing education requirements for paramedics with SCT training. MIEMSS advises that the regulations have minimal or no impact on State or local governments because MIEMSS already licenses and inspects these SCT service providers. Thus, the regulations do not increase the workload for either State or local governments and can be enforced and implemented with existing budgeted resources. The Department of Legislative Services concurs.

## **Impact on Budget**

There is no impact on the State operating or capital budget.

## **Agency Estimate of Projected Small Business Impact**

MIEMSS advises that the majority of the affected SCT services providers in the State are not small businesses. Further, most of these service providers in the State already comply with the regulations. Thus, MIEMSS advises that the regulations have minimal or no economic impact on small businesses. The Department of Legislative Services concurs.

## **Contact Information**

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