

MARYLAND REGISTER

## Proposed Action on Regulations

<b>Transmittal Sheet</b>  <b>PROPOSED OR REPROPOSED</b>  <b>Actions on Regulations</b>	<b>Date Filed with AELR Committee</b>	<b>TO BE COMPLETED BY DSD</b>
	04/14/2014	Date Filed with Division of State Documents
		Document Number
		Date of Publication in MD Register

1. Desired date of publication in Maryland Register: 5/16/2014

### 2. COMAR Codification

Title	Subtitle	Chapter	Regulation
30	03	01	.01
30	03	02	.02
30	09	11	.05
30	09	14	.02, .04, .05, .07

### 3. Name of Promulgating Authority

Maryland Institute for Emergency Medical Services Systems

<b>4. Name of Regulations Coordinator</b>	<b>Telephone Number</b>
Sarah M Sette	(410)706-8514

### Mailing Address

653 West Pratt Street

<b>City</b>	<b>State</b>	<b>Zip Code</b>
Baltimore	MD	21201

**Email**  
ssette@miemss.org

<b>5. Name of Person to Call About this Document</b>	<b>Telephone No.</b>
Sarah M. Sette	(410)706-8514

**Email Address**

ssette@miemss.org

**6. Check applicable items:**

- New Regulations
- Amendments to Existing Regulations  
Date when existing text was downloaded from COMAR online: January 2014.
- Repeal of Existing Regulations
- Recodification
- Incorporation by Reference of Documents Requiring DSD Approval
- Reproposal of Substantively Different Text:  
: Md. R  
(vol.) (issue) (page nos) (date)  
Under Maryland Register docket no.: --P.

**7. Is there emergency text which is identical to this proposal:**

- Yes  No

**8. Incorporation by Reference**

Check if applicable: Incorporation by Reference (IBR) approval form(s) attached and 18 copies of documents proposed for incorporation submitted to DSD. (Submit 18 paper copies of IBR document to DSD and one copy to AELR.)

**9. Public Body - Open Meeting**

OPTIONAL - If promulgating authority is a public body, check to include a sentence in the Notice of Proposed Action that proposed action was considered at an open meeting held pursuant to State Government Article, §10-506(c), Annotated Code of Maryland.

OPTIONAL - If promulgating authority is a public body, check to include a paragraph that final action will be considered at an open meeting.

**10. Children's Environmental Health and Protection**

Check if the system should send a copy of the proposal to the Children's Environmental Health and Protection Advisory Council.

**11. Certificate of Authorized Officer**

I certify that the attached document is in compliance with the Administrative Procedure Act. I also certify that the attached text has been approved for legality by Sarah M. Sette, Assistant Attorney General, (telephone #(410)706-8514) on February 11, 2014. A written copy of the approval is on file at this agency.

**Name of Authorized Officer**

Richard Alcorta, MD

**Title**

Acting Co-Executive Director

**Telephone No.**

(410)706-5974

**Date**

February 11, 2014

**Title 30**  
**MARYLAND INSTITUTE FOR EMERGENCY MEDICAL  
SERVICES SYSTEMS (MIEMSS)**

**Subtitle 03 EMS OPERATIONAL PROGRAMS**

**30.03.01 Definitions**

**Subtitle 03 EMS OPERATIONAL PROGRAMS**

**30.03.02 Jurisdictional EMS Operational Programs**

**Subtitle 09 COMMERCIAL AMBULANCE SERVICES**

**30.09.11 ALS Services**

**Subtitle 09 COMMERCIAL AMBULANCE SERVICES**

**30.09.14 Specialty Care Transport Services**

Authority: Education Article §§13-509, 13-510, 13-515 and 13-516

**Notice of Proposed Action**

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The Maryland Emergency Medical Services Board proposes to amend Regulation .01 under COMAR 30.03.01, Regulation .02 under COMAR 30.03.02, Regulation .05 under COMAR 30.09.11, and Regulations .02, .04, .05, and .07 under COMAR 30.09.14.

This action was considered and approved by the Maryland Emergency Medical Services Board at its regular meeting on November 12, 2013, notice of which was given by publication on the Maryland Institute for Emergency Medical Services Systems website, [www.miemss.org](http://www.miemss.org), from December 12, 2012, through November 12, 2013, pursuant to State Government Article, §10-506(c), Annotated Code of Maryland.

**Statement of Purpose**

The purpose of this action is to make the requirements for nurses providing specialty care transport services consistent with COMAR 10.27.09.04, as well improving quality assurance processes for specialty care transports and updating required equipment and continuing education.

**Comparison to Federal Standards**

There is no corresponding federal standard to this proposed action.

**Estimate of Economic Impact**

**I. Summary of Economic Impact.**

The economic impact of retaining required staff and equipment is limited to licensed

specialty care transport services. Streamlining equipment standards may reduce expenses offsetting any increase from additional quality assurance requirements. The regulations reflect current practice and standards.

<b>II. Types of Economic Impact.</b>	Revenue (R+/R-)	
	Expenditure (E+/E-)	Magnitude
A. On issuing agency:	NONE	
B. On other State agencies:	NONE	
C. On local governments:	NONE	
	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups:	NONE	
(1) Retention of specialty care nurses	(-)	Negligible
(2) Equipment	(+)	Unknown
(3) Quality Assurance Process	(-)	Unknown
E. On other industries or trade groups:	NONE	
F. Direct and indirect effects on public:	NONE	
(1) Improved Quality Assurance Process	(+)	Unknown

**III. Assumptions.** (Identified by Impact Letter and Number from Section II.)

- D(1). Specialty care services already retain specialty care nurses who must meet certain requirements under the Nurse Practice Act.
- D(2). Streamlining and reducing need for duplication should reduce expenses.
- D(3). Improved quality assurance process may create expense but also provide benefit to industry and public.
- F(1). Improved Quality Assurance process will ensure quality care for public.

**Economic Impact on Small Businesses**

The proposed action has minimal or no economic impact on small businesses.

**Impact on Individuals with Disabilities**

The proposed action has no impact on individuals with disabilities.

**Opportunity for Public Comment**

Comments may be sent to Bill Adams, Director, State Office of Commercial Ambulance Licensing and Regulation, Maryland Institute for Emergency Medical Services Systems, 653 West Pratt Street, Baltimore, Maryland 21201, or call 410-706-8511, or email to badams@miemss.org, or fax to 410-706-8552. Comments will be accepted through June

16, 2014. A public hearing has not been scheduled.

### **Economic Impact Statement Part C**

A. Fiscal Year in which regulations will become effective: FY 2015

B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?

Yes

C. If 'yes', state whether general, special (exact name), or federal funds will be used:

The Commercial Ambulance Service Fund.

D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:

E. If these regulations have no economic impact under Part A, indicate reason briefly:

F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.

There are offsetting increases in expenses, decreases in expenses and potential for increases in profit.

G. Small Business Worksheet:

Attached Document:

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## **Title 30 MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS (MIEMSS)**

### **Subtitle 03 EMS OPERATIONAL PROGRAMS**

#### **Chapter 01 Definitions**

Authority: Education Article, §§13-509, 13-510, and 13-516, Annotated Code of Maryland

##### **.01 Definitions.**

A. In this subtitle, the following terms have the meanings indicated.

B. Terms Defined.

(1)–(10) (text unchanged)

(11)(a) "On-line medical direction" means [medical oversight and orders by licensed physicians to EMS providers providing patient care.] *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.*

(b) "On-line medical direction" includes medical orders and oversight by a licensed practitioner at a specialty care unit at a hospital to a registered nurse during a specialty care transport provided the licensed practitioner is permitted by the facility to provide these services and the services are within the scope of the individual's license.

(12)–(16) (text unchanged).

**.02 Criteria for Approval as a Jurisdictional EMS Operational Program.**

- A. (text unchanged)
- B. A jurisdictional EMS operational program may not provide interfacility specialty care transport from one hospital to another unless:
  - (1) Approved as a specialty care transport ambulance service; or
  - (2) The following conditions are met:
    - (a) A [licensed or] staffed and equipped specialty care transport ambulance [service] is not available within a clinically reasonable time, as determined by the referring physician;
    - (b) [Health care providers authorized by law to provide the level of care required are available to staff the ambulance] The sending facility provides health care personnel authorized by law to provide the level of care required by the patient during transport, which may include a nurse meeting the requirements of COMAR 10.27.09.04(C)(2); [and]
    - (c) Required specialty equipment is available and.
  - (3) The ambulance used is at least an ALS ambulance.
- C. The EMS Board shall approve only jurisdictional EMS operational programs that are consistent with the goals and objectives of the EMS plan under Education Article, §13-509, Annotated Code of Maryland.

**Title 30 MARYLAND INSTITUTE FOR  
EMERGENCY MEDICAL SERVICES SYSTEMS  
(MIEMSS)**

**Subtitle 09 COMMERCIAL AMBULANCE SERVICES**

**Chapter 11 ALS Service**

Authority: Education Article, §13-515, Annotated Code of Maryland

**.05 Specialty Care Transport Restrictions.**

A licensed commercial ambulance service may not provide specialty care transport unless:

- A. Licensed as a specialty care transport ambulance service; or
- B. *No more than ten times a year*, [If] *if* a licensed specialty care transport ambulance service is not available within a clinically reasonable time as determined by the referring physician:
  - (1) [Appropriately trained health care providers are available to staff the ambulance ; and] The sending facility provides health care personnel authorized by law to provide the level of care required by the patient during transport, which may include a nurse meeting the requirements of COMAR 10.27.09.04(C)(2);
  - (2) Required specialty equipment is available[.] ;
  - (3) The ambulance used is licensed as at least an ALS ambulance;
  - (4) Notice is made to SOCALR within 24 hours of the transport; and
  - (5) A report, reviewed and signed by the medical director, is submitted to SOCALR within 7 days of the transport, documenting the patient's condition, the care rendered, crew configuration and efforts made by the referring physician and the service to secure appropriate SCT resources.

**Title 30 MARYLAND INSTITUTE FOR  
EMERGENCY MEDICAL SERVICES SYSTEMS  
(MIEMSS)**

**Subtitle 09 COMMERCIAL AMBULANCE SERVICES**

**Chapter 14 Specialty Care Transport Services**

**.02 General.**

- A. -F (text unchanged)
- G. A licensed specialty care ambulance service shall retain one or more registered nurses or nurse practitioners who:

- (1) Are licensed by the Maryland Board of Nursing;
- (2) [Meet the requirements of the Maryland Board of Nursing to provide nursing care to critically ill patients during interfacility transport;] *Have knowledge of content which includes, but is not limited to:*
  - (a) The transport arena (including transport team membership and role responsibility);
  - (b) Regulations governing the Standards of Practice of the Registered Nurse COMAR 10.27.09;
  - (c) Documentation;
  - (d) Coordination with other transport team members;
  - (e) Knowledge and skill set appropriate to the client to be transported
  - (f) Review of safety standards specific to the transport environment;
  - (g) Relevant components of the MIEMSS Base Station Course;
  - (h) Review of the MIEMSS Interhospital Transfer Resource Manual;
  - (i) Risk Benefit Ratio assessment and triage decision-making process,
  - (j) Age appropriate advanced life saving procedures, complications associated with procedures; and complications associated with delay in intervening with any of the procedures;
  - (k) Respiratory monitoring including differentiation between upper and lower airway obstruction, covert and overt signs of respiratory failure and airway management;
  - (l) Neurological and spinal cord emergencies and monitoring;
  - (m) Cardiovascular and hemodynamic monitoring including dysrhythmia recognition and pertinent laboratory data and interpretation;
  - (n) Blood and Blood product administration;
  - (o) Knowledge of MIEMSS Maryland Medical Protocols for EMS Providers appropriate to the client population transported;
  - (p) Age appropriate care algorithms and protocols;
  - (q) The responsibilities and accountability of the RN to serve as team leader in absence of the physician;
  - (r) Insuring a safe environment and operational issues related to transport including rapid egress from a trauma incident;
  - (s) Transport Safety, which includes but is not limited to:
    - (i) Safety briefing related to the vehicle;
    - (ii) Protective clothing; and
    - (iii) Mission profile.

- (3) Demonstrate knowledge of the EMS system by:
  - (a) Completing a MIEMSS-approved base station course; or
  - (b) Being a currently licensed EMS provider; *and*
- (4) Comply with the requirements of COMAR 10.27.09;

(H) A licensed specialty care ambulance service shall retain one or more registered nurses or nurse practitioners who meet the requirements of subparagraph G to :

[(4)] (1) [Shall screen] *Screen* all requests for specialty care transport; and

[(5)] (2) [Shall determine] *Determine*, in collaboration with the referring physician and program medical director, and in accordance with Regulation .04 of this chapter, the appropriate transport team configuration required for the patient.

I. The licensed specialty care ambulance service shall credential any registered nurse retained by the service to ensure the registered nurse meets the requirements of subparagraph G.

[H] J. A licensed specialty care commercial ambulance service shall have a quality assurance program required by COMAR 30.03.04 which shall include:

- (1) A review by registered nurses and physicians of patient care provided during specialty care transport;
- (2) A review by the program medical director or designated specialty physician of each specialty care transport:
  - (a) Requiring a change in the plan of care during transport; [or]
  - (b) Whose condition worsened during transport; [and]
  - (c) *In which there was a change of destination during transport; or*
  - (d) *In which there was an unexpected outcome or event; and*

(3) Written documentation of reviews of specialty care transports which shall be available to SOCALR upon request[.];

(4) *Patient feedback on outcomes to the sending facility; and*

(5) *A quality assurance process for call-taking, call-screening and dispatch.*

#### **.04 Additional Staffing Requirements for Specialty Care Commercial Ambulance Services.**

A. (text unchanged)

B. If the care required is outside the scope of practice of a paramedic credentialed to provide specialty care transport under the Maryland Medical Protocols for EMS Providers:

- (1) (text unchanged)
- (2) At least two additional individuals who meet the following requirements:
  - (a) (text unchanged)

(b) One shall be a registered nurse or physician with advanced training and certification in the care of specialty care patients and current knowledge of the EMS system as defined in Regulation [.03C(3)] .02G(3) of this chapter.

C. If the care required is within the scope of practice of a paramedic with specialty care transport training:

(1) (text unchanged)

(2) At least one individual who is:

(a) (text unchanged)

(b) A registered nurse with advanced training and certification in the care of specialty care patients and current knowledge of the EMS system as defined in Regulation [.03C(3)] .02G(3) of this chapter; and

(3) (text unchanged)

D. If an SCT service is not able to provide a staffed and equipped SCT ambulance within a clinically reasonable time as determined by the referring physician it may conduct the SCT transport if:

(1) The sending facility provides health care personnel, which may include a nurse meeting the requirements of 10.27.09.04(C)(2), authorized by law to provide the level of care required by the patient during transport Appropriately trained health care providers are available to staff the ambulance;

(2) Required specialty equipment is available.;

(3) The ambulance used is licensed as at least an ALS ambulance;

(4) (i) Notice is made to SOCALR within 24 hours of the transport; and

(ii) A report, reviewed and signed by the medical director, is submitted to SOCALR within 7 days of the transport, documenting the patient's condition, the care rendered, crew configuration and efforts made by the referring physician and the service to secure appropriate SCT resources.

#### **.05 Additional Requirements for Paramedic with Specialty Care Transport Training.**

A. -B. (text unchanged)

C. The paramedic shall receive at least [12] 36 hours of specialty care continuing education every [2]3 years.

#### **.06 Additional Documentation Requirements for Specialty Care Transport Ambulance Services.**

The specialty care ambulance service shall maintain documentation on file for each individual providing patient care including:

A. Annual review of clinical competency in the skills required for the type that are transported; and

B. Proof of training on the use of the equipment necessary to care for and transport the patient, including those items in Regulation .04 of this chapter.

#### **.07 Additional Equipment and Medication Requirements for Specialty Care Transport Ambulances.**

A.-D. (text unchanged)

E. In addition to the equipment required in COMAR 30.09.10 and 30.09.11, the following shall be carried in a licensed ambulance when providing specialty care *and shall be age and weight appropriate for the patient being transported*:

(1) - (3) (text unchanged)

(4) Ventilation and Airway Maintenance Equipment and Supplies[. One transport ventilator] capable of at least the following:

(a) - (f) text unchanged

(g) Adjustable tidal volume for adult patients between [300] 200 milliliters and 1,000 milliliters or greater;

(h) Adjustable tidal volume for pediatric patients [between 15] *as low as 50* milliliters [and 200 milliliters];

(i) - (j) (text unchanged)

(5) (text unchanged)

(6) Miscellaneous supplies and equipment:

(a) When transporting adult patients:

(i) - (ii) (text unchanged)

(iii) One [chest tube insertion set with] pleurevac [and thoracostomy tubes, one of each sizes 20, 26, and 32

french];

(iv) [One foley catheter kit and two foley catheters assorted sizes between 12 to 16 french;]

[(v)] One electronic thermometer; and

[(vi)](v) Two surgical clamps capable of clamping up to a 40 french chest tube;

(b) When transporting pediatric patients:

(i) (text unchanged)

(ii) Replacement tracheostomy tubes one each size [00, 0,] 1, 2, 3, and 4 millimeters, *and age appropriate*

*size during transport*;

(iii) One [chest tube insertion set with] pleurevac;

(iv) [One foley kit and foley catheters assorted sizes between 8 to 14 french;]

[(v)] One electronic thermometer; and

[vi] (v) Two surgical clamps; and

(7) (text unchanged)

F. (text unchanged)

G. SOCALR shall be notified in writing of any changes to the list of additional medications used by the specialty care transport service, *other than a temporary change resulting from a medication shortage*, within 7 days of the change.

H. There shall be sufficient quantities of medications to care for one[adult] *patient* for the longer of:

(1) 1 hour; or

(2) Two times the estimated time of transport.

I. If the ambulance is also licensed as a neonatal ambulance under COMAR 30.09.12, the vehicle does not need to carry duplicates of required items.