

1 KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

2 (Amendment)

3 202 KAR 7:510 Air ambulance services.

4 RELATES TO: KRS 311A.030, 311A.190

5 STATUTORY AUTHORITY: KRS 311A.020, 311A.025, 311A.030, 311A.190

6 NECESSITY, FUNCTION, AND CONFORMITY: KRS 311A.020 requires the board to
7 exercise all administrative functions in the regulation of air ambulance services, the
8 EMS system, and the licensing of air ambulance services. KRS 311A.030 requires the
9 board to promulgate administrative regulations for the licensing, inspection, and
10 regulation of this administrative regulation establishes minimum licensing requirements
11 for air ambulance providers.

12 Section 1. Provider Licensing Requirements. (1) A person or entity shall not provide,
13 advertise, or profess to engage in the provision of air ambulance service originating in
14 Kentucky without having first obtained a license from the board pursuant to this
15 administrative regulation.

16 (2) A provider shall comply with local ordinances, state and federal statutes and
17 administrative regulations.

18 (3) A provider shall display its license in a prominent public area at the service base
19 station and all satellite locations. The following information shall be included on the
20 license:

21 (a) Operating name of the provider;

- 1 (b) Physical location of the base station;
- 2 (c) The number and physical location of satellite stations, if any, operated by the
- 3 licensee;
- 4 (d) The license classification;
- 5 (e) The level of service provided;
- 6 (f) The number of rotor and fixed-wing aircraft operated by the provider; and
- 7 (g) The specific geographic area to be served by the licensee.

8 (4) Providers shall provide the KBEMS Office with an accurate map and a written
9 description of its geographic service area within the Commonwealth, which shall identify
10 with specificity the complete boundary of the area served by the provider when applying
11 for initial licensure or if the service area has changed since the last map was provided to
12 the KBEMS Office.

13 (5) A licensed provider may respond to emergency calls outside of its geographic
14 service area only if the provider is providing:

- 15 (a) Mutual aid under an existing agreement with another licensed provider whose
- 16 geographic service area includes the area in which the emergency call is made;
- 17 (b) Disaster assistance; or
- 18 (c) Nonemergency transfers from damaged or closed health facilities.

19 Section 2. Licensing, Inspection and Change of Ownership. (1) To obtain a license,
20 an air ambulance provider shall file a "Kentucky Application for Ambulance Service
21 Licensing", Form EMS-1 (6/96), with the KBEMS Office.

22 (2) An applicant for a license or a licensee shall, as a condition precedent to licensing
23 or relicensing, be in compliance with all applicable sections of this administrative

1 regulation as determined through means including a physical inspection process,
2 subject to subsection (4)(b)[2] of this section.

3 (3) A license shall expire on December 31 following the original date of issue and
4 shall subsequently expire annually on December 31 of each year.

5 (4) A license may be renewed upon:

6 (a) Payment of the prescribed fee; and

7 (b) Upon action by the board, based upon recommendation of staff[:

8 ~~1. That the air ambulance provider has current accreditation through a board~~
9 ~~recognized accreditation process such as the Comtransport on Accreditation of Medical~~
10 ~~Transport Systems (CAMTS); or~~

11 ~~—2. F]following the physical inspection of the provider.~~

12 (5) A license to operate shall be issued only for the person or entity, service area,
13 and premises, including the number of aircraft, named in the application, and shall not
14 be transferable.

15 (6) A new application shall be filed if a change of ownership of an air ambulance
16 service occurs. A change of ownership for licenses shall be deemed to occur if more
17 than fifty (50) percent of the assets, capital stock, or voting rights of a corporation or
18 provider operating an air ambulance is purchased, transferred, leased, or acquired by
19 comparable arrangement by one (1) person or entity from another.

20 (7) If a new application for a license is filed due to change of ownership, the new
21 license shall be issued for the remainder of the current licensure period.

22 (8) There shall be full disclosure to the board of the changes in ownership, such as
23 name and address, of:

1 (a) Each person having direct or indirect ownership interest of ten (10) percent or
2 more in the service;

3 (b) Officers and directors of the corporation, if a service is organized as a corporation;
4 or

5 (c) Partners, if a provider is organized as a partnership.

6 (9) Representatives of the board shall have access to the service during hours that
7 the service operates.

8 (10) A regulatory violation identified during an inspection shall be transmitted in
9 writing by the board and given to the provider.

10 (11) The provider shall submit a written plan for the elimination or correction of a
11 regulatory violation to the KBEMS Office within ten (10) working days after receipt of the
12 statement of violation and shall include the specific date by which the violation may be
13 corrected.

14 (12) Within ten (10) working days following a review of the plan, the KBEMS Office
15 shall notify the provider in writing whether or not the plan is accepted as providing for
16 the elimination or correction of the violation.

17 (13) The KBEMS Office may conduct a follow-up visit to verify compliance with the
18 plan.

19 (14) If a portion or all of the plan is insufficient:

20 (a) The KBEMS Office shall specify the reasons why the plan cannot be accepted;
21 and

22 (b) The provider shall modify or amend the plan and resubmit it to the KBEMS Office
23 within ten (10) days after receipt of notice that the plan is insufficient.

1 (15) Unannounced inspections [~~by the KBEMS Office~~] may be conducted at the
2 discretion of the board or its representative. [~~for a:~~

3 [~~(a) Complaint allegation;~~

4 ~~—(b) Follow-up visit; or~~

5 ~~—(c) Relicensing inspection.]~~

6 (16) Any licensed provider may be recommended for discipline based upon:

7 (a) Failure to submit, amend, or modify a plan of correction in order to eliminate or
8 correct regulatory violations;

9 (b) Failure to eliminate or correct regulatory violations;

10 (c) Falsifying an application for licensing;

11 (d) Changing a license issued by the board;

12 (e) Attempting to obtain or obtaining a license by:

13 1. Fraud;

14 2. Forgery;

15 3. Deception;

16 4. Misrepresentation; or

17 5. Subterfuge;

18 (f) Providing false or misleading advertising;

19 (g) Falsifying, or causing to be falsified a:

20 1. Patient record;

21 2. Service run report; or

22 3. Other reports provided to the KBEMS Office;

23 (h) Providing an unauthorized level of service;

1 (i) Demonstrating a history of staff violations that have resulted in disciplinary action;

2 (j) Failing to provide the board or its representative with information upon request, or
3 obstructing an investigation regarding alleged or confirmed violations of statutes or
4 administrative regulations;

5 (k) Issuing a check for a license on an invalid account or an account with insufficient
6 funds to pay fees to KBEMS; ~~[or]~~

7 (l) Submitting fraudulent or misleading claims for reimbursement to:

8 1. An individual;

9 2. A private insurance company; or

10 3. A governmental agency; or

11 (m) Any violation of KRS 311A or regulations promulgated there under.

12 Section 3. Utilization of Aircraft by Licensed Providers. (1) At the time of initial
13 inspection, each provider shall inform the KBEMS Office of the make, model, year,
14 serial number, and FAA identification number for each aircraft it uses.

15 (2) Except as provided by this administrative regulation, an aircraft shall not be
16 placed into operation until after the board has been notified and has verified through a
17 physical inspection that the aircraft meets the requirements of this administrative
18 regulation.

19 (3) Each provider shall notify the KBEMS Office via U.S. mail, email, or fax, no later
20 than the next board business day, of the permanent removal of any licensed aircraft
21 from service by the license holder.

22 (4) A licensed provider may use a replacement aircraft on a temporary basis if an
23 approved aircraft is out of service, if:

1 (a) The KBEMS Office receives notice within twenty-four (24) hours or on the next
2 business day by fax or email of the need for the provider to place an aircraft into service
3 on a temporary basis; and

4 (b) Within five (5) business days, the provider provides the board written notice
5 identifying:

6 1. The make, model, year, serial number, and FAA identification number for the
7 aircraft being removed from service and for the aircraft being placed into temporary
8 service; and

9 2. The temporary replacement aircraft meets the requirements of this administrative
10 regulation.

11 (5) A temporary replacement aircraft shall not be used for more than sixty (60) days,
12 unless the KBEMS Office has verified through a physical inspection that it meets the
13 requirements of this administrative regulation.

14 (6) The KBEMS Office shall be notified by email or fax within twenty-four (24) hours
15 or on the next business day when a temporary aircraft is removed from service and the
16 original licensed aircraft is returned to service.

17 (7) A provider that fails to meet the reporting requirements for use of a temporary
18 aircraft may be required to immediately cease use of the replacement aircraft until the
19 reporting requirements are met.

20 (8) A provider that fails to remove a temporary aircraft from service upon written order
21 may be fined an amount not to exceed \$1,000 per day for each day or partial day the
22 aircraft is in service and the reporting requirements are not met.

1 (9) This administrative regulation shall not prevent a provider from utilizing other
2 means of transporting patients in:

3 (a) Disasters;

4 (b) Mass casualty incidents; or

5 (c) Extraordinary scene conditions that may impair the safety of the patient or
6 personnel operating at the scene.

7 Section 4. Provider Management Requirements. (1) All providers shall:

8 (a) Maintain an organizational chart that establishes lines of authority, including the
9 designation of:

10 1. An administrator responsible for assuring compliance with this administrative
11 regulation during the daily operation of the service; and

12 2. A designee who shall serve in the absence of the administrator;

13 (b) Maintain records and reports at the ambulance service base station or at a
14 location where the records can be made readily available to KBEMS staff including[;:

15 ~~—1. A] an original, microfilm, electronic equivalent, or copy of all run reports whether~~
16 reported on:

17 1. [a.] The EMS-8A and EMS-8B "Kentucky Emergency Medical Ambulance Run
18 Report" (9/98), with all nonshaded portions of the run report completed as appropriate
19 for each patient and each run; or

20 2. [b.] A paper or electronic run form developed by the provider that contains all of the
21 data components of the nonshaded areas of the EMS-8A and EMS-8B (9/98)[;:] or the
22 latest data components required by the board;

1 (c) Maintain a copy of all completed run report forms, maintained to ensure
2 confidentiality and safekeeping, for a minimum of five (5) years from the date on which
3 the service was rendered, or in the case of a minor, until five (5) years after the minor
4 reaches eighteen (18) years of age. Copies of run reports shall be accessible so as to
5 be immediately available to the board, KBEMS Office or representatives upon request;

6 (d) Maintain personnel files for each employee or volunteer who staffs an aircraft.
7 Personnel files shall be maintained for a minimum of five (5) years following separation
8 from employment. As a minimum, personnel files shall contain:

9 1. Current certification or licensure with corresponding numbers and expiration dates
10 for the position that the individual fulfills on the aircraft;

11 2. Proof that the provider has conducted a pre-employment criminal background
12 check [~~preemployment criminal records check for each individual added to the service~~];
13 and

14 3. Health records, maintained in accordance with state and federal laws and
15 administrative regulations, in a separate secure file, that include:

16 a. A post-offer of employment health assessment;

17 b. Annual tuberculin skin testing or other method of evaluation;

18 c. Hepatitis-B vaccinations and seroconversion testing unless exempted by the
19 employees' physician, or an employee signed waiver; and

20 d. A record of all work-related illnesses or injuries;

21 (e) Maintain a plan and records for the provision of continuing education for staff and
22 volunteers including a written plan for the method of assessment of staff continuing
23 education needs and a coordinated plan to meet those needs including:

- 1 1. Training or continuing education rosters that include the printed name, signature,
2 and certification or license number of those in attendance;
- 3 2. A curriculum vitae for the instructor; and
- 4 3. A brief outline of the presentation including the educational objective for the
5 offering and the method of presentation used for the presentation;
- 6 (f) Maintain an infection control plan in accordance with KyOSHA guidelines;
- 7 (g) Maintain a written plan for training or educating personnel for responding to
8 hazardous materials, criminal, and potential terrorist incidents, including plans for the
9 protection and decontamination of patients, aircraft, equipment, and staff;
- 10 (h) Maintain a written plan for the quality assessment of patient care and provider
11 quality improvement including a periodic review of ambulance run report forms, and
12 evaluation of staff performance related to patient care. This plan shall address as a
13 minimum:
 - 14 1. Aircraft maintenance as it impacts the clinical aspects of patient care delivery,
15 employee health and safety;
 - 16 2. Compliance with protocols and operating procedures;
 - 17 3. Transport response and transport limitations;
 - 18 4. Assessment of dispatch procedures;
 - 19 5. Aircraft operations and safety;
 - 20 6. Equipment preventive maintenance programs; and
 - 21 7. A process for the resolution of customer complaints;

- 1 (i) Maintain a written plan for training personnel and responding to mass casualty
2 incidents and disasters, which shall include an internal incident command structure and
3 how it will integrate into a community response plan;
- 4 (j) Maintain an orientation program for all personnel related to:
- 5 1. Aircraft, scene, ground and base safety;
 - 6 2. Communication equipment at the base station and on each aircraft;
 - 7 3. The location and use of fire extinguishers;
 - 8 4. Transport response and transport limitation standards;
 - 9 5. Map reading and geographic orientation;
 - 10 6. Mutual aid agreements;
 - 11 7. Cleaning of equipment including aircraft;
 - 12 8. Stretcher operations and use;
 - 13 9. Completion of run reports; and
 - 14 10. Other standard operating procedures that have been established by the provider;
- 15 (k) Maintain proof of professional liability malpractice insurance; ~~and~~
- 16 (l) Maintain proof of aircraft liability insurance;
- 17 (m) Provide a copy of the current FAA Air Carrier Certificate; and
- 18 (n) Maintain a written policy regarding patient criteria for interfacility transfers
19 including a written statement of medical necessity signed by a physician for each patient
20 transferred.
- 21 (2) Each provider shall, in the county in which their base station or a substation is
22 located;

1 (a) Document evidence of participation in county emergency management disaster
2 exercises, if conducted;

3 (b) Coordinate with the county emergency management director plans for the
4 possible utilization of a provider's personnel for use in the emergency operations center
5 in a disaster; and

6 (c) Maintain a copy of the county and state emergency management agency's
7 emergency operations plan at the ambulance base station.

8 Section 5. Operating Requirements. (1) All air ambulance providers shall provide
9 service twenty-four (24) hours a day, seven (7) days a week, subject to safety issues
10 and weather conditions established in Part 135 of the FAR. These provisions may be
11 met through a call system or through mutual aid agreements.

12 (2) A provider shall have a written plan, developed in consultation with the air
13 ambulance provider's medical director that requires: [~~to assure all requests for service~~
14 ~~are promptly answered]~~

15 (a) Utilization of the current Air Medical Intake Flow Chart as approved by the board;

16 (b) Dispatch of requests for emergency service within two (2) minutes of the call
17 taker's determination of the correct address or location of the emergency incident site
18 and completion of a weather check;

19 (c) Disclosure of the accurate availability of provider's aircraft, including the
20 Estimated Time of Arrival to the requesting agency. If the provider's closest aircraft is
21 not available, and so requested by the requesting agency, the provider shall attempt to
22 contact the closest known aircraft to the scene; and

1 (d) If utilizing a satellite tracking position mechanism that all air ambulance providers
2 shall share current aircraft position data, through computer interface, with any other air
3 ambulance provider.

4 ~~[(3) Requests for emergency service shall be dispatched within two (2) minutes of~~
5 ~~the call taker determining the correct address or location of the emergency incident site~~
6 ~~and completion of a weather check.~~

7 ~~—(4) Any provider that determines it is unable to have an aircraft responding within ten~~
8 ~~(10) minutes from the initial time an emergency call is received from the dispatch center~~
9 ~~shall notify the requesting agency of the inability to respond within the ten (10) minute~~
10 ~~time frame and advise the caller of the time frame in which an aircraft would be~~
11 ~~available to respond. The requesting agency shall then assume responsibility for~~
12 ~~making the decision to wait for that aircraft or to contact another air ambulance~~
13 ~~provider.]~~

14 (3) ~~[(5)]~~ A provider may ~~[shall]~~ enter into mutual aid agreements with other Kentucky
15 licensed air ambulance services operating within the same geographic area. ~~[or~~
16 ~~contiguous counties. These agreements shall be in writing and address:~~

17 ~~-(a) The type of mutual aid assistance to be provided;~~

18 ~~-(b) Response personnel, including levels of training or education, and provisions for~~
19 ~~joint in-service training or education if appropriate;~~

20 ~~-(c) Response aircraft, including unit identifiers and the station or location from which~~
21 ~~the aircraft shall be operated;~~

22 ~~-(d) A plan of action for the mutual aid agreement, including dispatch and notification~~
23 ~~procedures;~~

1 ~~(e) Radio and other communications procedures between the air ambulance~~
2 ~~providers with which the provider has mutual aid agreements;~~

3 ~~(f) On-scene coordination and scene control including medical direction if several~~
4 ~~agencies respond to same incident;~~

5 ~~(g) Exchange of patient information, records, and reports as allowed by law; and~~

6 ~~(h) The effective dates and process for amendment or termination.]~~

7 (4) [6] A provider may accept a request to provide service outside of its service area
8 except it shall require documentation from the requesting facility or provider that a good
9 faith effort was made to utilize a provider licensed for the area.

10 (5) [7] A preventive maintenance program shall be maintained that complies with Part
11 135 FAR or Part 91 FAR.

12 (6)[8] Minimally, documentation of annual inspections or annual preventative
13 maintenance records in addition to any records of maintenance performed
14 ~~[Documentation]~~ shall be maintained by the provider to support evidence of periodic
15 inspections or calibrations required for maintenance and operation of medical
16 equipment utilized ~~[maintained]~~ on the aircraft.

17 (7) [9] Each aircraft and its equipment shall be checked after each use to ensure that
18 it is in a clean and sanitary condition, unless precluded by emergency conditions.
19 Minimally, documentation shall be maintained by the provider to support the evidence of
20 a daily medical equipment checklist.

21 (8) [10] A communications system shall be developed, coordinated, and maintained
22 by each ambulance provider. The communication system shall meet the following
23 requirements:

1 (a) Radio equipment used in emergency medical services aircraft shall be
2 appropriately licensed through the FCC. Copies of the current FCC licenses shall be on
3 file in the provider's office;

4 (b) Aircraft shall be equipped with two (2) way radio communication equipment
5 capable, under normal conditions, of contacting dispatch centers and hospitals;

6 (c) Aircraft shall have air-to-air, ground-to-air, and air-to-ground communication
7 capabilities and shall be capable of communicating with ground personnel to properly
8 coordinate the landing and primary medical responders on the ground who may be
9 caring for the patient; ~~and~~

10 (d) Aircraft shall have a minimum of two (2) portable communication devices capable
11 of operating on the provider frequency that shall be provided for personnel when away
12 from the aircraft; and

13 (e) All aircraft when approaching and departing a landing zone in uncontrolled
14 airspace shall announce their intentions to other aircraft via 123.025 MHz.

15 (9) [44] Air ambulance providers shall comply with FAR specifications for flight
16 following and position plotting by a provider based or maintained communication center.
17 The communication center shall be equipped with communications equipment and
18 staffed by a properly trained ACS to receive and coordinate all calls as provided for by
19 FAR. If providing fixed-wing service, this requirement may be met by filing an FAA flight
20 plan.

21 (10) [42] An ACS shall have documented training appropriate to the transport
22 ~~[mission]~~ of the provider that shall as a minimum address the following areas:

23 (a) FAA and FCC regulations pertinent to air ambulance operations;

- 1 (b) Air medical radio communications;
- 2 (c) Medical terminology;
- 3 (d) Flight coordination and utilization;
- 4 (e) Navigation and weather interpretation;
- 5 (f) Flight following; and
- 6 (g) Emergency procedures.

7 (11) [13] An air ambulance provider shall provide proof that it:

- 8 (a) Complies with FAR pertaining to maintenance inspections, flight, and duty time;
- 9 (b) Complies with FAA and FAR required maintenance activities; and
- 10 (c) Holds FAR required air ambulance operations specifications.

11 Section 6. Aircraft Requirements. (1) Fixed and rotor-wing air ambulance aircraft
12 shall:

13 (a) Have an entry that allows patient loading and unloading without tilting the patient
14 greater than thirty (30) degrees from the horizontal axis;

15 (b) Have a heating system that maintains a temperature of not less than sixty-five
16 (65) degrees Fahrenheit in the patient compartment during patient transport in winter
17 weather conditions or demonstrates a procedure for maintaining patient temperature
18 sufficient to prevent hypothermia;

19 (c) Have an air-conditioning system that shall maintain a temperature of not more
20 than eighty-five (85) degrees Fahrenheit in the patient compartment during patient
21 transport in summer weather conditions. This requirement shall be met within one (1)
22 year from the effective date of this regulation; [~~or demonstrates a procedure for~~
23 ~~maintaining patient temperature sufficient to prevent hyperthermia;~~]

- 1 (d) Utilize an alternate aircraft or alternate mode of transportation, if the environment
2 within the aircraft is such that it would be detrimental to the staff's physical welfare or
3 the patient's condition, until those conditions are alleviated;
- 4 (e) Be configured in such a way that air medical personnel shall have access to the
5 patient in order to begin and maintain both basic and advanced life support;
- 6 (f) Have interior lighting adequate to ensure complete observation of the patient;
- 7 (g) Have a procedure in place to limit light in the cockpit area during night operation;
- 8 (h) Have an electric inverter, with two (2) outlets, to convert direct current (DC) to
9 alternating current (AC) for operation of specialized equipment, such as an isolette or
10 intra-aortic balloon pump;
- 11 (i) Have equipment, stretchers, and seating:
- 12 1. Arranged so as not to block rapid egress by air ambulance personnel or patients;
13 and
- 14 2. Affixed or secured in FAA approved racks, compartments, or strap restraints which
15 meet FAR "G" loading requirements;
- 16 (j) Have a patient stretcher or litter which:
- 17 1. Has the capability to raise the head of the patient; and
18 2. Has appropriate devices to secure the patient to the stretcher.
- 19 (k) Provide proof of an FAR Part 135 certificate with an FAR required air ambulance
20 specification; and
- 21 (l) Not transport more patients, personnel, and other persons than can be safely
22 secured by means of seat safety belts or similar devices in the aircraft during flight.

1 (2) Fixed-wing aircraft shall be pressurized if patient flights are to exceed 6000 feet
2 mean sea level.

3 Section 7. Air Ambulance Medical Personnel. (1) A rotor-wing air ambulance service
4 operating an ALS aircraft shall assure that it is minimally staffed by:

5 (a). A pilot as required by this administrative regulation; and

6 (b). Two (2) attendants that meet one of the following staffing configurations:

7 1. [~~One (1) of whom shall be~~] A Kentucky licensed paramedic and RN authorized to
8 practice in the state of Kentucky pursuant to KRS Chapter 314; or

9 2. [~~One (1) of whom shall be a RN licensed by KBN.~~] A RN and RN both of which are
10 authorized to practice in the state of Kentucky pursuant to KRS Chapter 314; or

11 3. A Physician authorized to practice in the state of Kentucky pursuant to KRS
12 Chapter 311 and RN authorized to practice in the state of Kentucky pursuant to KRS
13 Chapter 314.

14 (c) Each attendant must additionally maintain documentation of current certification
15 or the equivalent thereof as approved by the board of the following:

16 1. ACLS;

17 2. BLS;

18 3. PALS;

19 4. PHTLS or ITLS or TNATC; and

20 5. NRP.

21 (2) BLS fixed-wing patient transports [~~missions~~] shall be minimally staffed by:

22 (a) A pilot as required by this administrative regulation; and

1 (b) Two (2) attendants whom shall be minimally certified as EMTs by the board.
2 [~~certified by the board as an EMT.~~]

3 (3) ALS fixed-wing patient transports shall be minimally staffed by:

4 (a) A pilot as required by this administrative regulation and

5 (b) [~~missions shall have at least~~] two (2) attendants [~~on each flight~~] of which:

6 1.[(a)] The first patient attendant [~~on an ALS fixed-wing patient transport~~] shall be:

7 a.[4]. A flight nurse; or

8 b.[2.] A [~~licensed~~] RN authorized to practice in the state of Kentucky pursuant to KRS
9 Chapter 314, qualified by specific patient population, experience, and current
10 competencies in emergency and critical care; and

11 2.[(b)] The second patient attendant [~~on an ALS fixed-wing patient transport~~] shall be:

12 a.[4.] A [~~licensed~~] RN authorized to practice in the state of Kentucky pursuant to KRS
13 Chapter 314, qualified by specific patient population, experience, and current
14 competency in emergency and critical care; or

15 b.[2-] A licensed paramedic; or

16 c.[3-] A certified or registered respiratory therapist qualified by specific patient
17 population, experience, and current competency in transport-specific patient care; or

18 d.[4-] A physician authorized to practice in the state of Kentucky pursuant to KRS
19 Chapter 311 [~~licensed~~] and qualified by relevant training, experience, and current
20 competency in transport-specific patient care.

21 (c) A staffing variance on an ALS fixed-wing patient transport necessitated by staffing
22 or patient care requirements shall not be permitted unless prior approval is granted by
23 the medical director or designee.

1 (4) ALS specialty care transport patient transports by rotor or fixed wing air
2 ambulance shall be minimally staffed by:

3 (a). A pilot meeting the requirements of this administrative regulation; and

4 (b). Two (2) attendants with relevant training, experience and current competency in
5 transport-specific patient care as authorized by the medical director or their designee of
6 which:

7 1. The first patient attendant shall be:

8 a. A RN authorized to practice in the state of Kentucky pursuant to KRS Chapter 314;
9 or

10 b. A nurse practitioner; or

11 c. A physician authorized to practice in the state of Kentucky pursuant to KRS
12 Chapter 311; and

13 2. The second patient attendant shall be:

14 a. A RN authorized to practice in the state of Kentucky pursuant to KRS Chapter 314;
15 or

16 b. A Kentucky licensed paramedic; or

17 c. A certified or registered respiratory therapist; or

18 d. A nurse practitioner; or

19 e. A physician authorized to practice in the state of Kentucky pursuant to KRS
20 Chapter 311.

21 ~~—[(4) An attendant shall remain with the patient, in the patient compartment, at all~~
22 ~~times during transport.]~~

1 (5) All regular and specialty care air ambulance patient attendants [~~medical flight~~
2 ~~personnel~~] shall attend and document flight orientation training [~~prior to acting as~~
3 ~~primary medical personnel.~~] Flight orientation training shall include:

- 4 (a) Altitude physiology;
- 5 (b) Aircraft-specific operations and in-flight safety;
- 6 (c) Emergency egress and survival training;
- 7 (d) [~~Scene safety;~~] Crew Resource Management; and
- 8 (e) Communication equipment utilization and emergency procedures.

- 9 — [~~(e) Use of extrication equipment;~~
- 10 — (f) ~~Scene triage;~~
- 11 — (g) ~~Kentucky EMS statutes and administrative regulations; and~~
- 12 — (h) ~~Communication equipment utilization and emergency procedures.]~~

13 (6) All regular air ambulance patient attendants shall complete and document
14 additional flight orientation training to include:

- 15 (a) Scene safety;
- 16 (b) Use of extrication equipment;
- 17 (c) Scene triage;
- 18 (d) Kentucky EMS statutes and administrative regulations;
- 19 (e) Advanced Airway Management;
- 20 (f) Anatomy, physiology and assessment of adult, pediatric and neonatal patients as
21 outlined within the program's scope of care;
- 22 (g) Cardiac emergencies and advanced critical care;
- 23 (h) Burns;

- 1 (i) Environmental Emergencies;
2 (j) High Risk OB;
3 (k) Multi-trauma emergencies;
4 (l) Toxicology;
5 (m) Hazardous materials awareness level training;
6 (n) Hemodynamic Monitoring;
7 (o) Mechanical ventilation and respiratory physiology; and
8 (p) Pharmacology.
- 9 (7) All regular air ambulance patient attendants shall complete and document annual
10 continuing education which shall include a review of:
- 11 (a) Infection Control;
12 (b) Kentucky EMS rules and regulations regarding ground and air transport;
13 (c) Crew Resource Management;
14 (d) Stressors of Flight if not included in Crew Resource Management;
15 (e) Survival Training; and
16 (f) Skill maintenance program or competency program for invasive, high risk or low
17 volume procedures as outlined in the program's scope of care.
- 18 (8) An attendant shall remain with the patient, in the patient compartment, at all times
19 during transport.
- 20 (9) [6] All aircraft, providing ALS care, that are licensed and based in Kentucky shall
21 have [schedule] a Kentucky licensed paramedic on board all aircraft that respond to
22 scene flights. A variance from the paramedic requirement for all other flights that is
23 necessitated by patient care requirements shall be permitted only if the medical director

1 or designee approves the action. All aircraft responding to flights originating in Kentucky
2 shall be licensed by the board.

3 (10) [7] Aircraft that are licensed in Kentucky but based in contiguous states may use
4 the staffing requirements of the state in which they are located provided they are
5 licensed in that state and the staffing requirements for that state, at a minimum for
6 scene flights shall be:

7 (a) Paramedic and RN;

8 (b) RN and RN; or

9 (c) Physician and RN.

10 (11) [8] This administrative regulation shall not prevent a provider from utilizing staff
11 other than that required by this administrative regulation in:

12 (a) Disasters;

13 (b) Mass casualty incidents; or

14 (c) Extraordinary scene conditions that may impair the safety of the patient or
15 personnel operating at the scene.

16 (12) Nothing in this or any other regulation promulgated by the board should be
17 construed as preventing any staffing configuration outlined in this regulation from
18 supplementing or replacing the patient care attendants on a ground ambulance licensed
19 in Kentucky for the purpose of facilitating the care and the transport of a patient when
20 the aircraft was unable to complete a patient flight due to deteriorating weather
21 conditions or other unplanned events; or for the purpose of providing a continuum of
22 care from the scene to the aircraft or from the aircraft to the patient destination. Air

1 ambulance personnel shall be responsible for assuring the availability of necessary
2 equipment to care for the patient during transport.

3 Section 8. Provider Requirements for Air Ambulance Pilots. ~~[(1)]~~ The air ambulance
4 provider shall assure that prior to performing emergency medical service transports
5 the[The rotor-wing] PIC complies with all requirements as set forth in 14 FAR Part
6 135.4. All documentation of having met this requirement shall be provided upon
7 request. ~~[shall possess commercial rotorcraft certification or ATP certification and a~~
8 ~~minimum of 1,500 rotorcraft flight hours as PIC.~~

9 ~~(2) A rotor-wing pilot shall:~~

10 ~~—(a) Be trained and educated in accordance with operators FAR Part 135 air~~
11 ~~ambulance operations specifications;~~

12 ~~—(b) Have a minimum of five (5) hours as PIC in the specific aircraft type prior to~~
13 ~~performing emergency medical services missions;~~

14 ~~—(c) Have five (5) hours local area orientation which shall include transport-specific~~
15 ~~night orientation of at least two (2) hours flight time; and~~

16 ~~—(d) Be specifically trained and experienced in flying the terrain and conditions unique~~
17 ~~to the flight program.~~

18 ~~(3) The fixed-wing pilot shall:~~

19 ~~—(a) Be trained in accordance with operators FAR Part 135 operations specifications;~~
20 ~~and~~

21 ~~—(b) Have met five (5) hours as pilot in command in the specific fixed-wing aircraft type~~
22 ~~prior to performing emergency medical services missions.]~~

1 Section 9. Basic Life Support Equipment and Supplies. (1) All rotor air ambulance
2 providers shall carry and maintain, in full operational order, the following minimum BLS
3 equipment and supplies:

4 (a) Suction~~[, ventilation, and blood pressure]~~ equipment, which shall include:

5 1. Two (2) sources of suction apparatus, one (1) of which shall be fixed, and one (1)
6 of which shall be portable; [mechanically operated;]

7 2. Rigid catheters;

8 3. Flexible catheters in adult, pediatric and infant sizes; and

9 4. Bulb syringe or meconium aspiration device for infant and neonate suction;

10 ~~[5. Disposable adult, pediatric and infant bag-valve-mask ventilation units with~~
11 ~~oxygen reservoir, oxygen tubing and masks;~~

12 ~~—6. Nasopharyngeal and oropharyngeal airway kits in sizes for adult and children with~~
13 ~~water soluble lubricant; and~~

14 ~~—7. Adult, obese adult, child, and infant sphygmomanometer cuffs with stethoscope. A~~
15 ~~permanently mounted sphygmomanometer shall not satisfy this requirement;]~~

16 (b) Oxygen and airway supplies and equipment, including:

17 1. An installed [A fixed] oxygen system with a capacity of at least 2000 liters of
18 oxygen shall be supplied for each aircraft;

19 2. Portable oxygen ~~[delivery]~~ system shall supply at least 300 liters;

20 3. There must be a backup source of oxygen. This backup source can be the
21 required portable tank as long as carried in the patient care area during flight in the
22 event the main system fails. Sources must be delivered via a non-gravity dependent
23 delivery device;

- 1 4. Pressure gauge and flow rate regulator for fixed and portable units with a range of
2 zero to fifteen (15) liters per minute;
- 3 ~~[4. Disposable oxygen humidifier and attachment for use on the fixed oxygen tank;]~~
- 4 5. Oxygen supply tubing;
- 5 6. Transparent nonrebreather oxygen masks for adults and pediatrics; ~~[children; and]~~
- 6 7. Nasal cannulas for adults and pediatrics ~~[children]~~;
- 7 8. Disposable adult, pediatric and infant bag-valve-mask ventilation units with oxygen
8 reservoir, oxygen tubing and masks;
- 9 9. Nasopharyngeal and oropharyngeal airway kits in sizes for adult and children with
10 water soluble lubricant; and
- 11 10. Bite stick;
- 12 (c) Trauma equipment and ~~[Bandages, bandaging]~~ supplies ~~[and tape,]~~ including:
- 13 1. Two (2) sterile universal dressings at least 10 in. x 30 in., compactly folded and
14 packaged;
- 15 2. Four (4) by four (4) gauze pads;
- 16 3. Soft roller self-adhering bandages, various sizes;
- 17 4. Four (4) rolls of adhesive tape, minimum of two (2) sizes;
- 18 5. Two (2) sterile burn sheets;
- 19 6. Two (2) eye protector pads and shields or an approved substitute;
- 20 7. Two (2) occlusive dressings; ~~[and]~~
- 21 8. Shears for bandages;
- 22 9. Splints, including:
- 23 a. Lower extremity mechanical traction splint in adult and pediatric sizes; and

- 1 b. Splints for arm, full leg and foot using semi-rigid immobilization devices; and
- 2 10. Immobilization devices, including:
- 3 a. Lower adult and pediatric long spine boards or other full body immobilization
- 4 device with straps and cervical immobilization accessories;
- 5 b. Five (5) rigid, stiff cervical collars in four (4) different sizes including pediatric sizes;
- 6 and,
- 7 c. Towel rolls or other bulk dressings to be used for cervical immobilization for
- 8 infants;
- 9 (d) Patient assessment and management equipment and [Miscellaneous]— supplies,
- 10 including:
- 11 1 Adult, obese adult, pediatric and infant sphygmomanometer cuffs with stethoscope.
- 12 A permanently mounted sphygmomanometer shall not satisfy this requirement; [Hand
- 13 held flashlight capable of providing adequate lighting to assess a scene or a patient
- 14 away from the aircraft;]
- 15 2. One (1) penlight;
- 16 3. An AED with a minimum of two (2) complete sets of pads for all non-ALS air
- 17 ambulances; [One (1) sterile obstetrical kits;]
- 18 4. A device for monitoring pulse oximetry and; [Instant glucose;]
- 19 5. Thermometer; [Bite stick; and
- 20 6. An AED with a minimum of two (2) complete sets of pads for all non-ALS fixed-
- 21 wing aircraft;
- 22 —(e) Splints, including:
- 23 —1. Lower extremity mechanical traction splint in adult and pediatric sizes; and

- 1 —~~2. Splints for arm, full leg, and foot including rigid, inflatable, or vacuum splints;~~
2 —~~(f) Immobilization devices, including:~~
3 —~~1. Adult, and pediatric long spine boards or other full body immobilization device with~~
4 ~~straps and cervical immobilization accessories;~~
5 —~~2. Five (5) rigid, stiff cervical collars in four (4) different sizes including pediatric sizes;~~
6 ~~and~~
7 —~~3. Towel rolls or other bulk dressings to be used for cervical immobilization for~~
8 ~~infants; and]~~

9 [(g)](e) Personal protective equipment shall be available to each staff member
10 responding on the aircraft, including:

- 11 1. One (1) clean scrub gown or substitute, such as disposable coveralls;
12 2. Simple disposable face mask;
13 3. Clear protective goggles or safety glasses;
14 4. Disposable gloves;
15 5. One (1) particulate filter mask rated at N95 or better without an exhaust port for
16 patient use;
17 6. One (1) particulate filter mask rated at N95 or better with our without an exhaust
18 port for protection of crew members; and
19 7. A means of cleansing the hands, such disposable towelettes or other solutions;

20 (f). Patient comfort items including:

- 21 1. Two (2) clean blankets and sheets; and
22 2. An emesis container or similar substitute; and

23 (g) Miscellaneous supplies, including:

- 1 1. Hand held flashlight capable of providing adequate lighting to assess a scene or a
2 patient away from the aircraft;
- 3 2. One (1) sterile obstetrical kit;
4 3. Instant glucose; and
- 5 4. One (1) [~~five (5) pound size or larger,~~] multipurpose fire extinguisher which meets
6 FAA requirements for each specific aircraft and configuration.
- 7 (2) All aircraft shall have a stretcher or litter with:
- 8 (a) Head-raising capabilities;
- 9 (b) An FAA approved aircraft-specific mechanism for securing the stretcher or litter in
10 the aircraft during transit; and
- 11 (c) An FAA approved aircraft-specific patient to stretcher securing mechanism.
- 12 [~~(3) Personal protective equipment shall be available to each staff member~~
13 ~~responding on the aircraft, including:~~
- 14 ~~—(a) One (1) clean scrub gown or substitute, such as disposable coveralls;~~
15 ~~—(b) Simple disposable face mask;~~
16 ~~—(c) Clear protective goggles or safety glasses;~~
17 ~~—(d) Disposable gloves;~~
18 ~~—(e) One (1) particulate filter mask rated at N95 or better without an exhaust port for~~
19 ~~patient use;~~
20 ~~—(f) One (1) particulate filter mask rated at N95 or better with or without an exhaust~~
21 ~~port for protection of crew members; and~~
22 ~~—(g) A means of cleansing the hands, such disposable towlettes or other solutions.]~~
- 23 [~~(4)~~ (3)] Cleaning materials shall be available, including:

- 1 (a) Hospital type disinfectants;
- 2 (b) Glass or multisurface cleaner;
- 3 (c) Trash bags for disposal of nonbiohazard waste materials;
- 4 (d) Biohazard bags for the disposable of biohazard waste; and
- 5 ~~—[(e) Puncture resistant containers for disposal of sharp objects.~~
- 6 ~~—(5) Patient comfort items including:~~
- 7 ~~—(a) Two (2) clean blankets and sheets;~~
- 8 ~~—(b) A disposable urinal;~~
- 9 ~~—(c) A disposable bed pan; and~~
- 10 ~~—(d) An emesis container or similar substitute.~~
- 11 ~~—(6)] (e) Environment, terrain, and transport-specific rescue and survival supplies.];~~
- 12 and

13 (4) [(7)] Current expiration dates shall be required for any item that carries an
14 expiration date.

15 Section 10. Advanced Life Support Equipment and Supplies. (1) All ALS providers
16 shall maintain evidence in the form of a letter that medical protocols have been
17 reviewed and approved by the board.

18 (2) In addition to the BLS equipment required in Section 9 of this administrative
19 regulation, an ALS provider shall carry on each aircraft and maintain in fully-operational
20 order, supplies and equipment required by the providers protocols, including as a
21 minimum:

- 22 (a) Endotracheal intubation equipment consisting of:
 - 23 1. Laryngoscope handle;

- 1 2. Various laryngoscope blades in adult, pediatric, and infant sizes;
- 2 3. Extra batteries and bulbs for handles or blades;
- 3 4. A minimum of seven (7) different sizes of endotracheal tubes for oral or ~~[and]~~ nasal
- 4 placement in adult, pediatric, and infant sizes;
- 5 5. Equipment necessary to perform emergency cricothyrotomy;
- 6 6. Alternative airway device to include at least one of the following:
- 7 a. LMA;
- 8 b. Combitube;
- 9 c. King Airway; or
- 10 d. Additional alternative airway device as approved by the service medical director;
- 11 7. ~~[An e]~~ End tidal carbon dioxide detection device. Capnography device that
- 12 provides continuous waveform and digital readout of end tidal CO2 and a disposable
- 13 colormetric device;
- 14 8. ~~[7]~~. Stylettes in adult and pediatric sizes;
- 15 9. ~~[8]~~. Magill forceps in adult and pediatric sizes;
- 16 10. ~~[9]~~ One-half (1/2) inch wide twill tape or equivalent for securing endotracheal
- 17 tubes; and
- 18 11. ~~[10]~~. Water soluble lubricant for lubrication of endotracheal and nasotracheal
- 19 tubes;
- 20 (b) A portable monitor defibrillator that:
- 21 1. Is capable of displaying a visual display of cardiac electrical activity;
- 22 2. Is capable of providing a hard copy of cardiac electrical activity measure;

- 1 3. Is capable of delivering direct current energy over a variable range, which is
2 suitable for pediatric and adult usage;
- 3 4. Is capable of providing external cardiac pacing;
- 4 5. Has adult and pediatric external paddle electrodes or pads, capable of utilization
5 for immediate monitoring of heart activity and delivery of counter shock in both the adult
6 and pediatric patient;
- 7 6. Is capable of being operated from internal rechargeable batteries;
- 8 7. Has synchronized counter-shock capability for cardioversion; and
- 9 8. Has a patient monitoring cable with:
- 10 a. Electrode paste or gel or equivalent;
- 11 b. Electrode pads or equivalent for use with the patient monitoring cable; and
- 12 c. One (1) additional roll of paper for hard copy printout;
- 13 (c) Pulse Oximeter;
- 14 (d) Mechanical Ventilation Device;
- 15 (e) Sterile, disposable needles, in types and sizes sufficient for personnel to
16 administer medications and perform procedures allowed by the providers' patient
17 treatment protocols;
- 18 (f) ~~(d)~~ Disposable syringes in types and sizes sufficient for personnel to administer
19 medications and perform procedures allowed by the providers' patient treatment
20 protocols;
- 21 (g) ~~(e)~~ Restriction band appropriate for use with venipuncture procedure;
- 22 (h) ~~(f)~~ Dextrostix or equivalent for the measure of blood glucose levels;
- 23 (i) ~~(g)~~ Disposable, individually-packaged antiseptic wipes;

1 ~~(j)(4)~~ Intravenous fluids as required by the provider's protocol, with macrodrip and
2 microdrip fluid sets, extension sets and accessory items including over-the-needle
3 catheter devices in sizes fourteen (14) to twenty-four (24) gauge;

4 ~~(k)(4)~~ Intraosseous needles; and

5 ~~(l)(4)~~ Pediatric drug dosage tape or equivalent that provides easy reference for
6 pediatric and infant treatment and drug dosages.

7 (3) An ALS provider shall stock and maintain drugs and medications as required by
8 the master drug list contained in protocols established in accordance with this section.

9 (4) Controlled drugs shall be stored in a locked storage box in a locked compartment
10 on the aircraft. A provider that stores and utilizes controlled substances shall show proof
11 of having submitted the providers [have] protocols to [approved by] the Cabinet for
12 Health Services' Drug Control Branch.

13 (5) This administrative regulation shall not prevent a provider from maintaining other
14 supplies or equipment that are required to carry out its protocols as approved by the
15 board.

16 (6) Current expiration dates shall be required for any item that carries an expiration
17 date.

18 (7) Drugs and fluids maintained on the aircraft shall be stored based on
19 manufacturer's recommendations.

20 Section 11. Specialty Care Equipment. Nothing in this regulation shall preclude the
21 provider from maintaining other equipment specified by the medical director as may be
22 needed for the transport of neonates or other special needs patients.

1 Section 12. [14] Medical Directors. (1) All providers of air ambulance services shall
2 have a medical director.

3 (2) Medical directors shall meet the requirements as set forth in 202 KAR 7:801.

4 Section 13. [12] Request for Waiver. (1) A provider licensed or contemplating
5 licensure under this administrative regulation may make a written request to the board
6 for certain provisions of this administrative regulation to be waived.

7 (2) A request shall justify that a proposed waiver, if approved, shall not jeopardize the
8 quality of patient care or public safety.

9 (3) The board may approve a request based on at least one (1) of the following:

10 (a) Circumstances where public health and safety is a factor;

11 (b) Extenuating or mitigating circumstances that warrant consideration to assure the
12 delivery of adequate emergency medical services;

13 (c) Substitution of equipment authorized by this administrative regulation; or

14 (d) Testing of new procedures, techniques, or equipment in a pilot study authorized
15 by the board.

16 (4) The board shall establish time limits and conditions on all waivers.

17 Section 14. [13] Exemptions from Regulations. (1) The following situations shall be
18 exempt from the provisions of this administrative regulation:

19 (a) First aid or transportation provided in accordance with KRS 216B.020(2)(f);

20 (b) An aircraft serving as an ambulance during a disaster or major catastrophe; or

21 (c) An aircraft operated by the United States government on property owned by the
22 United States government.

1 (2) In addition, the following out-of-state providers shall be exempt from the
2 provisions of this administrative regulation:

3 (a) An aircraft licensed by another state that is transporting a patient from out of state
4 to a Kentucky medical facility or other location in Kentucky;

5 (b) An aircraft licensed by another state that is transporting a patient from out of state
6 through Kentucky to another location out of state; and

7 (c) An aircraft licensed in an adjoining state that responds to a mutual aid request
8 from a Kentucky licensed provider for emergency assistance if the out-of-state service is
9 the closest service appropriately capable of responding to the request or if Kentucky
10 licensed providers:

11 1. Are unavailable;

12 2. Have already responded; or

13 3. Are physically unable to reach the incident.

14 Section 15. [44] Public Notice of Negative Action. The board office shall cause to be
15 published, in the KBEMS News or similar publication of the board, or otherwise
16 disseminate, the name of an ambulance provider that is fined, placed on probationary
17 status, placed on restricted status, suspended, or had a license revoked.

18 Section 16. [45] Incorporation by Reference. (1) The following material is
19 incorporated by reference:

20 (a) Form EMS-8A, "Kentucky Emergency Medical Services Ambulance Run Report",
21 (9/98);

22 (b) Form EMS-8B, "Kentucky Emergency Medical Services Ambulance Run Report",
23 (9/98);

1 (c) Kentucky Board of Emergency Medical Services Form No. 1, (6/96).
2 (2) This material may be inspected, copied, or obtained, subject to applicable
3 copyright law, at the Office of the Kentucky Board of Emergency Medical Services, 300
4 N. Main Street, Versailles, Kentucky 40383. [~~2545 Lawrenceburg Road, Frankfort,~~
5 ~~Kentucky 40621~~], Monday through Friday, 8 a.m. to 4:30 p.m.

Date

Judge, Rob Rothenburger, Chairman
Kentucky Board of Emergency Medical Services

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this administrative regulation shall be held on Tuesday, August 26, 2008 at 10:00 a.m. at The Kentucky Community and Technical College System, Room 102B, 300 N. Main Street, Versailles, Kentucky 40383. Individuals interested in being heard at this hearing shall notify this agency in writing by Tuesday, August 19, 2008 five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted until Tuesday, September 2, 2008. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Lee W. Rowland, Esq., Legal Counsel, Kentucky Board of Emergency Medical Services, 300 N. Main Street, Versailles, Kentucky 40383 (859) 256-3217, Fax (859) 256-3127.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Administrative Regulation No. 202 KAR 7:510

Contact person: Lee W. Rowland, Esq.
Kentucky Board of Emergency Medical Services
300 N. Main Street
Versailles, Kentucky 40383
(859) 256-3217

- (1) Provide a brief summary of:
 - (a) What this administrative regulation does: This regulation establishes required equipment, standards and procedures for air ambulance providers licensed by the Kentucky Board of Emergency Medical Services.
 - (b) The necessity of this administrative regulation: This regulation is necessary for conformity with the requirements of KRS 311A.030 to establish required equipment, standards and procedures for air ambulance providers licensed by the Kentucky Board of Emergency Medical Services.
 - (c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 311A.030 requires the establishment of required equipment, standards and procedures for air ambulance providers licensed by the Kentucky Board of Emergency Medical Services.
 - (d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This regulation establishes required equipment, standards and procedures for air ambulance providers licensed by the Board.

- (2) If this is an amendment to an existing administrative regulation, provide a brief summary of:
 - (a) How the amendment will change this existing administrative regulation: The amendment clarifies the confusing and conflicting language in the regulation that became effective in November, 2003.
 - (b) The necessity of the amendment to this administrative regulation: To clarify the confusing and conflicting language in the regulation that become effective in November, 2003.
 - (c) How the amendment conforms to the content of the authorizing statutes: KRS 311A.030 requires the establishment of required equipment, standards and procedures for air ambulance providers licensed by the Kentucky Board of Emergency Medical Services.
 - (d) How the amendment will assist in the effective administration of the statutes: This amendment establishes required equipment, standards and procedures for air ambulance providers licensed by the Board.

- (3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This regulation will only effect the requirements and procedures for the 12 air ambulance providers licensed in the Commonwealth.

- (4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change if it is an amendment, including:
 - (a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: This amendment will only effect the requirements and procedures for air ambulance providers.
 - (b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): unknown at this time except for the fees as stated in 202 KAR 7:030
 - (c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The air ambulance providers will be certified and entitled to provide their services within the Commonwealth of Kentucky.
- (5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:
 - (a) Initially: none
 - (b) On a continuing basis: none
- (6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: none
- (7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: No increase in fees or funding will be necessary to implement this regulation.
- (8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This regulation does not establish or increase any fees.
- (9) TIERING: Is tiering applied? (Explain why tiering was or was not used). Tiering is not applicable since this regulation establishes requirements and procedures for air ambulance providers only.

FISCAL NOTE ON LOCAL GOVERNMENT

Administrative Regulation No. 202 KAR 7:030

Contact person: Lee W. Rowland, Esq.
Kentucky Board of Emergency Medical Services
300 N. Main Street
Versailles, Kentucky 40383
(859) 256-3217

1. Does this administrative regulation relate to any program, service, or requirements of a state or local government (including cities, counties, fire departments, or school districts)?

Yes _____ No X

If yes, complete questions 2-4.

2. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? n/a

3. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. n/a

4. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect. n/a

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? n/a

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? n/a

(c) How much will it cost to administer this program for the first year? n/a

(d) How much will it cost to administer this program for subsequent years? n/a

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): n/a

Expenditures (+/-): n/a

Other Expenditures (+/-): n/a