

NOTICE OF INTENT

Department of Health Office of Public Health

PROFESSIONAL AND OCCUPATIONAL STANDARDS Emergency Medical Services Professionals (LAC 46:XXXVIII.Chapters 1-5)

The Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services (LDH-OPH-BEMS) and the Louisiana Emergency Medical Services Certification Commission (LEMSCC) propose to amend LAC 46:XXXVIII.Chapters 1-5 regarding emergency medical services practitioners as authorized by R.S. 40:1131-1133.16, R.S. 40:1141, and R.S. 40:2017.10. This proposed rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 40:950, et seq.

In compliance with Act 31 of the 2020 2nd Extraordinary Session of the Louisiana Legislature, the LDH-OPH-BEMS and the LEMSCC propose to amend the regulations governing the professional and occupational standards for emergency medical services practitioners in order to: 1) clarify and align these provisions with the corresponding legislative authorities governing emergency medical services; 2) ensure that the provisions are consistent with the standard language used in other healthcare licensing regulations; and, 3) promulgate the provisions clearly and concisely in the *Louisiana Administrative Code*.

Part XXXVIII is proposed to be substantively rearranged as regards the location of the bulk of the text content which exists in some particular Sections of the current rule housed within Title 46 of the Louisiana Administrative Code (LAC) but which is now proposed to be moved into another Section of the proposed rule. The text content of each Section which has been moved does contain one or more amendments within the proposed new location. In addition, currently existing headings labeled as a particular Subpart, a particular Chapter and a particular Subchapter are proposed to be repealed. For this reason, the table below summarizes the proposed rearrangement of the text content and which specific items are proposed to be repealed.

Existing Text Content Location	Moved Text Content in the Notice of Intent to:
Subpart 1. Rules of Procedure	Repeal.
§501	§503
§503	§505
§505	§507
§507 & §519	§501
Chapter 7. Administrative Procedure	Repeal.
Subchapter A. Fees and Costs (Reserved)	Repeal.

This proposed rule shall be effective upon publication as a final rule.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XXXVIII. Emergency Medical Services Practitioners
(Subpart 1. Rules of Procedure)—Repeal.

Chapter 1. General

§101. Statement of Purpose/General Definitions

A. Purpose. The Louisiana Emergency Medical Services Certification Commission is a legally created administrative commission acting within the governmental structure of the state and possessing legal powers. To safeguard the life and health of the citizens of Louisiana, the law governing the practice of nationally registered and state licensed emergency medical services (EMS) practitioners, Louisiana Revised Statutes of 1950, R.S. 40:1131, et seq., as re-enacted and amended, delegates to this commission the responsibility to establish and publish standards of out-of-hospital practice, to regulate the scope of practice of EMS practitioners, to discipline and regulate the practice of EMS practitioners and to establish standards for educational programs preparing individuals for out-of-hospital practice.

B. General Definitions. The following words and terms shall have general applicability to their usage within the entirety of this Part.

BEMS—Bureau.

Bureau—unless otherwise specified, the Bureau of Emergency Medical Services within the Office of Public Health of the Louisiana Department of Health.

Chair—the chairman of the Louisiana Emergency Medical Services Certification Commission.

Commission—the Louisiana Emergency Medical Services Certification Commission as created under the Louisiana Department of Health pursuant to R.S. 40:1133.3.

Bureau Director—the duly appointed administrator who oversees the BEMS.

Emergency Medical Services—a system that represents the combined efforts of several professionals and agencies to provide prehospital emergency care to the sick and injured.

EMS—emergency medical services.

EMS Practitioner—an individual who is a licensed emergency medical responder, licensed emergency medical technician, licensed advanced emergency medical technician, or a licensed paramedic.

Medical director—a physician licensed by the Louisiana State Board of Medical Examiners who is accountable for the care delivered by EMS personnel.

Public Safety Agency—a functional division of a public or private agency which provides firefighting, police, medical, or other emergency services.

Public Safety Telecommunicator—an individual answering 911 emergency medical condition calls on behalf of a public safety agency who has authority, based on a protocol adopted by the agency, to provide T-CPR instructions to a caller before arrival of professional medical assistance by first responders. *T-CPR*—telephone cardiopulmonary resuscitation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1133.1(A), R.S. 40:1133.4(A)(8), R.S.40:1133.5(9)(10) and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1821 (September 2003), amended by the Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 47:

§103. Duties of EMS Practitioners

A. A licensed emergency medical services practitioner may perform any of the following functions while caring for a patient at the scene of a medical or other emergency, or during the transport of a patient where voice contact is established with a physician and under the physician's order, or under a protocol that has been approved by the local parish medical society or the emergency medical services practitioner's medical director:

1. Services, treatment, and procedures consistent with national EMS education standards that have been approved and adopted by the bureau, and to the extent that he or she has been trained to perform such services, treatment, or procedures.

2. Administration of other drugs or procedures for which the licensed emergency medical services practitioner has received training, license, and approval by the commission and which may be considered necessary by the ordering physician.

3. Determine, based on approved protocols, whether it is appropriate for a person to be transported by ground ambulance to an alternative destination when the individual's condition does not meet the definition of emergency medical condition; however, :

a. No person shall be transported to an alternative destination unless he or she consents to being transported to that destination; and

b. No emergency medical services practitioner shall transport a person to an alternative destination in which the practitioner or the practitioner's employer has a financial interest.

B. An emergency medical services practitioner student, while he or she is enrolled in good standing in a state-approved clinical or field internship program under the direct supervision of a physician, registered nurse, paramedic, or other preceptor recognized by the bureau, may:

1. perform services, treatments, and procedures consistent with national EMS education standards that have been approved and adopted by the bureau, and to the extent that he or she has been trained to perform such services, treatment, or procedures; and

2. administer automated external cardiac defibrillation in accordance with the rules and regulations promulgated by the bureau under LAC 48:I.Chapter 61 and a protocol that has been approved by the local parish medical society, a designee of the local parish medical society, or the EMS medical director.

C. In a case of a life-threatening situation as determined by a licensed emergency medical services practitioner, when voice contact with a physician is delayed, not possible, or when the delay in treatment could endanger the life of the patient, the emergency medical services practitioner may provide treatment to the patient in accordance with:

1. a protocol approved by the EMS medical director who is a board-certified or a board-eligible emergency medicine physician; or

2. a protocol established by the emergency medical services committee or the executive committee of the parish or component medical society, or its designee.

a. In the event that there is no organized or functional local parish medical society within one or more parishes of the state at the time that an EMS practitioner responds to a life-threatening situation in such parish under the conditions above outlined under Subsection C of this Section, the protocol established by the EMS medical director may be applied.

AUTHORITY NOTE: Promulgated in accordance with R.S. 1133.5(9) and R.S 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 47:

§105. Public Safety Telecommunicator

A. No person shall act as a public safety telecommunicator unless he has received a certificate of completion of an approved training course in T-CPR conducted by an entity or individual approved by the Bureau of EMS to conduct such T-CPR course. A public safety telecommunicator must possess and maintain a current certificate of completion of the T-CPR training required under this Section.

B. The Bureau of EMS shall give approval to a T-CPR training course if the course and the entity or individual proposing it meets the minimum standards for course approval set by the Bureau of EMS, including standards concerning instruction, training, and examination. Such standards shall mandate training every 2 years that meets or exceeds nationally recognized emergency cardiovascular care guidelines adopted by the Bureau and shall incorporate recognition protocols for out-of-hospital cardiac arrest and compression-only CPR instructions for callers. An approved entity or individual shall comply with the course approval criteria set by the Bureau, and may be removed by the Bureau from the roster of approved T-CPR trainers for failure to comply.

C. A public safety agency may enter into a reciprocal agreement with another public safety agency to provide T-CPR services, provided that the agency that accepts the 911 emergency medical condition telephone call when T-CPR instruction is needed has a public safety telecommunicator who holds a certificate in T-CPR in accordance with this Section.

D. The Bureau shall implement an efficient means for each public safety agency employing public safety telecommunicators to transmit identifying information for the public safety telecommunicators in their employ and an efficient means for either the public safety agency or the public safety telecommunicator to provide a certificate of completion of the T-CPR training to the Bureau.

1. Certificates of completion will be uploaded to the Bureau of EMS' Information Management System (IMS) in accordance with the following instructions:

a. Create an account in the Bureau of EMS' IMS.

i. Telecommunicators that are required to be certified in T-CPR are required to be registered in the Bureau of EMS' IMS for tracking purposes.

ii. The communication agency's administrator shall create an account to track current employees.

(a). The agency administrator must create a personal account, then create the agency account.

(b). Information to complete this can be found under the "How To" tab on the Bureau of EMS' IMS.

2. To update an existing account in the Bureau of EMS' IMS.

a. Login to the Bureau of EMS' IMS.

b. Update the information by answering affirmatively to the "Are you a Telecommunicator?" question.

c. Upload a current copy of the EMD/T-CPR certificate.

d. Check the box on the last page under affidavit next to "I agree" then submit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1131.1(E), R.S. 40:1133.1(A), R.S. 40:1133.5(9), R.S. 40:1133.16(D), and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 47:

Chapter 3. Registration and Certification

§301. Certification and Licensure

A. State licensure by the Bureau of Emergency Medical Services is mandatory for practicing as a licensed first responder.

B. National certification and state licensure is mandatory for practicing as a licensed emergency medical technician.

C. National certification and state licensure is mandatory for practicing as a licensed advanced emergency medical technician.

D. National certification and state licensure is mandatory for practicing as a licensed paramedic.

E. State licensure as a licensed Emergency Medical Services practitioner shall be issued only to an applicant who qualifies by submitting the following evidence to the Bureau of EMS in accordance with R.S. 40:1133.6, et seq.:

1. documentation of the satisfactory completion of the required approved educational program; and
2. documentation that the applicant meets other qualifications and requirements as established by the bureau.

F. Reciprocity will be granted to an applicant that submits evidence of licensing or certification in good standing from another state, territory, or country or has received military training and certification or licensure as an emergency medical services practitioner as defined in Section 101.B of this Part, and meets the qualifications and requirements established by the bureau.

1. The Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA) has been enacted into state law under Act 31 of the 2020 2nd Extraordinary Session of the Louisiana Legislature and may be found under R.S. 40:1141.

G. A Louisiana EMS practitioner license must be renewed every 2 years provided the applicant seeking renewal completes the application and meets the requirements for renewal established by the bureau prior to the expiration date on his or her current license.

1. An individual whose license expires by his or her failure to timely renew as provided under Subsection G of this Section may be reinstated provided the applicant submits a completed application and meets any additional requirements established by the bureau.

H. The commission shall render an opinion to the Bureau of Emergency Medical Services on whether the applicant meets the requirements of licensure in all questionable cases.

.AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1131.1(E), R.S. 40:1131.1(A), R.S. 40:1133.5(9), R.S. 40:1133.6, R.S. 40:1141, and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1821 (September 2003), amended by the Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 47:

§303. Denial of ~~Certification~~ Licensure, Reinstatement, or the Right to Practice EMS as a Student

A. Applicants for licensure, reinstatement, or the right to practice as an EMS student may be denied approval for licensure, reinstatement, receipt of a temporary permit, eligibility for the National Registry exam, or entry or progress into any clinical or field internship aspects of an EMS course, if the applicant:

1. knowingly falsifies any documents submitted to the bureau, commission or the EMS educational facility; or
2. has pled guilty, nolo contendere, been convicted of, or committed a: "crime of violence" as defined in R.S. 14:2(B), or any of the following crimes:
 - a. first degree feticide;
 - b. second degree feticide;

- c. aggravated assault with a firearm;
- d. stalking;
- e. false imprisonment (offender armed with a dangerous weapon);
- f. incest;
- g. aggravated incest;
- h. molestation of a juvenile;
- i. sexual battery of the infirm; or
- j. crime which involves felony drug charges.

B. ...

C. Applicants who are denied licensure, reinstatement, or the right to practice EMS as a student shall not be eligible to submit a new application, unless the ground for denial is falsification of records and until the following conditions are met.

1. A minimum of 2 years has passed since the denial was issued.
2. — 3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1131.1(E), R.S. 40:1133.1(A)(E), R.S. 40:1133.5(9), R.S. 40:1133.7(1)(2) and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1821 (September 2003), amended by the Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 47:

§305. Delay of Licensure, Reinstatement, or the Right to Practice EMS as a Student

A. Applicants for licensure, reinstatement, and for practice as a EMS student shall have approval delayed for licensure, for reinstatement, to receive a temporary working permit, to be eligible for National Registry Exam, or to enter or progress into any clinical EMS course, if the applicant:

1. has any pending disciplinary action or any restrictions of any form by any licensing/certifying entity in any state;
2. ...
3. has pled guilty, nolo contendere, been convicted of or committed a crime that reflects on the ability of the person to practice EMS safely, and the conditions of the court have not been met, or is currently serving a court ordered probation or parole.

B. ...

C. Applicants who are delayed licensure, reinstatement, or the right to practice EMS, as a student shall not be eligible to submit a new application until the following conditions are met:

- 1.—2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1131.1(E), R.S. 40:1133.1(A)(E), R.S. 40:1133.5(9), R.S. 40:1133.7(1)(2), and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1822 (September 2003), amended by the Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 47:

§307. Criminal History Record and Identification

A. The Bureau shall be entitled to the criminal history record and identification files of the Louisiana Bureau of Criminal Identification and Information, located within the Louisiana Department of Public Safety and Corrections, of any person who is seeking an initial license as an emergency medical personnel, or any person who answers affirmatively to the criminal background questions on a license renewal application. Fingerprints and other identifying information of the applicant shall be submitted to the Louisiana Bureau of Criminal Identification and Information for qualification and registry. The Bureau may impose any or all such fees or costs on the applicant.

1. The criminal history record must not be more than 2 years old.

B. The Louisiana Bureau of Criminal Identification and Information shall, upon request of the bureau and after receipt of such fingerprint card and other identifying information from the applicant, make available to the bureau all arrest and conviction information contained in the Louisiana Bureau of Criminal Identification and Information's criminal history record and identification files which pertain to the applicant for licensure. In addition, the fingerprints shall be forwarded by the Louisiana Bureau of Criminal Identification and Information to the Federal Bureau of Investigation for a national criminal history record check.

C. An individual's initial application for EMS Practitioner licensure will be forwarded to the Louisiana Bureau of Criminal Identification and Information after the application, fingerprints and applicable fees are received.

1. The bureau will pay the appropriate fees to the Louisiana Bureau of Criminal Identification and Information for furnishing information contained in the Louisiana Bureau of Criminal Identification and Information's criminal history record and identification files, including any additional cost of providing the national criminal history records check, which pertains to the applicant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1131.1(E), R.S. 40:1133.1(A)(E), R.S. 40:1133.5(9), R.S. 40:1133.7(1)(2), and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1821 (September 2003), amended by the Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 47:

Chapter 5. Disciplinary Proceedings; Alternative to Disciplinary Proceedings

§501. Definition of Terms Applying to EMS Practice as Used in this Chapter

A. As they apply to EMS practice and/or to the exercise of the commission's disciplinary authority, the following words and terms are hereby defined as used within this Chapter.

Accountability—being answerable for one's actions or inactions. The licensed EMS practitioner answers to self, patient, agency, medical director, profession and society for the effectiveness and quality of EMS care rendered. It is the personal responsibility of each individual to maintain competency in practice. If the assigned EMS practitioner does not possess the specialized EMS knowledge, skills and abilities required to provide the required care, said EMS practitioner shall notify the appropriate supervisory EMS personnel.

Additional Acts—activities beyond those taught in state approved EMS education programs. Additional acts are authorized by the commission through rules and regulations or declaratory statements interpreting the legal definition of EMS. Licensed EMS practitioner are accountable for attaining and maintaining competency when performing approved additional acts.

Aiding and Abetting—to intentionally assist anyone by condoning, or to apply positive or negative force to assist anyone in violating Parts I – III of Chapter 5-C of Title 40 of the Revised Statutes or the rules and regulations of the commission or bureau.

Assessment—identifying human responses, which indicate existing, or potential abnormal condition through the patient history, physical examination, and observation, in accordance with the standards of EMS of practice.

Assignment—designating EMS activities to be performed by an individual consistent with his or her scope of practice.

Carrying Out the Medical Orders of a Physician Licensed in Louisiana—

a. licensed EMS practitioners may, based on their individual judgment of each situation, accept verbal orders initiated by a licensed physician, provided the order is related to the said practitioner's scope of practice;

b. licensed EMS practitioners may execute standing orders of a licensed physician.

Collaborating—a process involving two or more health care professionals working together, though not necessarily in each other's presence, each contributing one's respective area of expertise to provide more comprehensive care than one alone can offer.

Delegating EMS Interventions—committing or entrusting the performance of selected EMS tasks by the licensed EMS practitioner to other competent EMS personnel in selected situations. The licensed EMS practitioner retains the accountability for the total EMS care of the individual.

Deny—to refuse for cause.

EMS Services—activities designed to resolve, diminish, or prevent the needs that are inferred from the individual's problem; includes the planning, implementation and evaluation of said activities in accordance with the Standards of EMS practice.

Expanded Scope of Practice—those functions, procedures and activities which are currently not part of the approved National EMS curriculum, but have been approved by the EMS Certification Commission as appropriate for the various levels of EMS practitioners.

Field Diagnosis—prehospital evaluation of the patient's condition and its causes.

Habit—a mode of behavior, which an individual acquires over a period of time.

Limit—to confine within certain bounds.

Maintaining EMS Care Rendered Directly or Indirectly—preserving the continuity of safe and effective EMS care, including the delegated EMS activities.

Managing and Supervising the Practice of EMS—those activities which serve to fulfill the accountability of the licensed EMS practitioner for the total EMS care of the individual when tasks in the EMS care are delegated to other EMS personnel. These activities include:

- a. judging the priority of EMS needs of the individual(s);
- b. determining actions required to meet the needs;
- c. assigning personnel, including self, qualified to implement the prescribed EMS care components of that care;
- d. providing information needed by personnel for the implementation of the assigned EMS care and ascertaining the assimilation of same information;
- e. directing the EMS care and evaluating the outcomes of that care; and
- f. determining and initiating changes in EMS care or in assignment of EMS personnel.

Medical Diagnosis—the conclusion reached in identification of the patient's disease, especially the art of distinguishing among several possibilities with the intent of prescribing relevant treatment.

Medical Interventions—all functions, activities, medications and medical treatments of therapeutic or corrective nature approved by the Bureau of EMS and the EMS Certification Commission.

Mentally Incompetent—a court judgment of legal insanity or incompetence or a medical diagnosis indicating insanity or incompetence.

Moral Turpitude—an act of baseness, vileness, or depravity in the duties which one person owes to another, or to society in general, which is contrary to the usual, accepted, and customary rule of right and duty which a person should follow.

Negligence—a breach of duty of care owed to an individual.

Other Causes—includes, but is not limited to:

- a. failure to practice EMS in accordance with the standards of EMS practice;
- b. possessing a physical impairment or mental impairment, which interferes with the judgment, skills or abilities required for the practice of EMS;
- c. failure to utilize appropriate judgment;
- d. failure to exercise technical competence in carrying out EMS care;
- e. violating the confidentiality of information or knowledge concerning the patient;
- f. performing procedures beyond the authorized scope of EMS or any specialty thereof;
- g. performing duties and assuming responsibilities within the scope of the definition of EMS practice when competency has not been achieved or maintained, or where competency has not been achieved or maintained in a particular specialty;
- h. improper use of drugs, medical supplies or equipment, patient's records, or other items;
- i. misappropriating items of an individual, agency, or entity;
- j. falsifying records;
- k. failure to act, or negligently or willfully committing any act that adversely affects the physical or psychosocial welfare of the patient;
- l. delegating or assigning EMS care, functions, tasks, or responsibilities to others contrary to regulations or failing to adequately supervise EMS tasks assigned to others during the course of providing EMS care;
- m. leaving a EMS assignment where there was a duty to act without properly notifying appropriate personnel;
- n. failing to report to the Bureau of Emergency Medical Services, through the proper channels, facts known regarding the incompetent, unethical, or illegal practice of any EMS practitioner, including any practice or conduct that violates any provision, requirement, or prohibition contained in this part or R.S. 40:1131-1141;
- o. has violated a rule or an order adopted by the commission or the bureau, or a state or federal law relating to the practice of EMS practitioners, or a state or federal narcotics or controlled substance law;
- p. inappropriate, incomplete or improper documentation;
- q. use of or being under the influence of alcoholic beverages, illegal drugs or drugs which impair judgment while on duty;
- r. failure to cooperate with the commission or bureau by:
 - i. not furnishing in writing a full and complete explanation covering a matter requested in writing by the commission or bureau; or

- ii. not responding to subpoenas issued by the commission in connection with any investigation or hearing;
 - s. exceeds professional boundaries, including but not limited to sexual misconduct; and
 - t. use of any advertisement or solicitation which is false, misleading, or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed.

Preventive Instruction—those EMS measures that provide health information and explanation to the public to reduce the incidence of death and injury.

Probate—to stay a sentence of certification suspension during good behavior and placing under supervision of Bureau for a period of time. Certification is marked "probated" and specific requirements are identified.

Professional Boundaries—the limits of the professional relationship that allow for a safe therapeutic connection between the professional and the patient.

Reasonable Skill and Safety—practicing EMS in accordance with the standards of EMS practice.

Reprimand—written communication to the individual stating the commission's concerns, and public notification of the individual's name and reason for the reprimand.

Restrict—to limit or restrain EMS practice by settings, types of patients, or other means.

Revoke—to annul or make void by calling back. Revocation of certification shall be indefinite as to the practice of EMS in Louisiana.

Scope of Practice—the range of duties and skills EMS practitioners are expected to perform.

Sexual Misconduct—an extreme boundary violation which involves the use of power, influence and/or knowledge inherent in one's profession in order to obtain sexual gratification, romantic partners and/or sexual deviant outlets. Any behavior that is seductive, sexually demeaning, harassing or reasonably interpreted by a patient as sexually inappropriate, is a violation of the EMS practitioner's fiduciary responsibility

Specialized Knowledge and Skills—required for the practice of EMS means the current theory and practice taught in state approved EMS education programs preparing persons for EMS practitioner licensure as well as information in the biological, physical and behavioral sciences.

Specialty Care Transport Paramedic—those individuals who have met the requirements as approved by the EMS Certification Commission.

Student EMS Practitioner—a person who is engaged in learning experiences in a program of study leading to candidacy for licensure to practice as a licensed EMS practitioner. The term applies only when the person is participating in an integral part of the program of study.

Suspend—to hold certification to practice as a certified EMS practitioner in abeyance for a definite or an indefinite period of time.

Teaching of EMS—instructing EMS practitioner students and providing continuing EMS education to licensed EMS practitioners.

Unfit or Incompetent—unsuitable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1133.4(A)(8) and R.S.1133.5(9) and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1822 (September 2003), amended by the Department of Health, Office of Public Health, Emergency Medical Services Certification Commission and the Bureau of Emergency Medical Services, LR 47:

§503. Disciplinary Proceedings before the Commission

A. The Emergency Medical Services Certification Commission has the responsibility to consider and determine the action necessary upon all charges of conduct which fail to conform to R.S. 40:1131, et seq., as re-enacted and amended, or to the rules and regulations promulgated to carry out the provisions of this Part.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1133.4(A)(8) and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1822 (September 2003) , amended by the Department of Health, Office of Public Health, Emergency Medical Services Certification Commission, LR 47:

§505. Proceedings against Licensed EMS Practitioners or Certified EMS Practitioner Applicants

A. The commission may direct the Bureau of Emergency Medical Services to deny, revoke, suspend, probate, limit, reprimand, or restrict any license to practice as a licensed EMS practitioner or otherwise discipline an individual in accordance with R.S. 40:1133.7.

1. The commission, through the Bureau, may obtain an injunction without bond forbidding any person from violating or continuing to violate any of the applicable provisions of Part II of Chapter 5-C of Title 40 of the Revised Statutes. This injunction shall not be subject to release upon bond.

B. Every individual subjected to disciplinary proceedings shall be afforded an opportunity for a hearing before the commission or its duly appointed hearing officer or committee.

C. A complaint that an individual has engaged in, or is engaging in, any conduct proscribed by R.S. 40:1133.10, may be made by any person, staff, agency or the commission. Such complaints shall be in writing, and on a form prescribed by the commission or affixed to the form prescribed by the commission.

D. Ground for disciplinary proceedings against a person, individual or licensed EMS practitioner, as applicable, are specified in R.S. 40:1133.7 and R.S. 40:1133.10 which include, but are not limited to, the following:

1. selling, attempting to sell, falsely obtaining, or furnishing to any person any licensed EMS practitioner diploma, license document or record, or aid or abet therein;

2. practicing as an emergency medical services practitioner under any diploma, certificate or license illegally obtained or signed or issued unlawfully, or aid or abet therein;

3. impersonating an emergency medical services practitioners by practicing as a licensed emergency medical services practitioner without possessing the required credentials, or aid or abet therein;

4. practicing as an emergency medical services practitioner during the time that the individual's emergency medical services practitioner's license is suspended, revoked or lapsed, or aid or abet therein;

5. conducting emergency medical services education programs or any course claiming to prepare students for licensure as an emergency medical services practitioner without both the course and the educator holding proper credentials approved by the bureau, or aid or abet therein;

6. is guilty of a felony or is convicted of a crime or offense which reflects the inability to practice EMS with due regard for the health and safety of clients or patients or enters a plea of guilty or nolo contendere to a criminal charge regardless of final disposition of the criminal proceeding, including, but not limited to, expungement, non-adjudication or pardon;

7. is unfit or incompetent by reason of negligence, habit, or other cause;

8. is habitually intemperate in the use of or abuses alcohol or habit-forming drugs;

9. has demonstrated actual or potential inability to practice EMS with reasonable skill and safety to individuals because of use of alcohol or drugs; or has demonstrated inability to practice EMS with reasonable skill and safety to individuals because of illness or as a result of any mental or physical condition;

10. is mentally incompetent;

11. has had a certification to practice EMS or to practice as another health care provider denied, revoked, suspended, or otherwise restricted;

12. is guilty of moral turpitude;

13. has violated any provision of this Part; or

14. is guilty of aiding or abetting another person in the violation under Paragraphs 1, 2, 3, 4, or 5 of this Subsection.

E. Prosecution for violations shall be brought in the name of the State, provided that it does not interfere with a prosecution brought by the district attorney of a parish when a prosecution or a pre-prosecution proceeding has been initiated by the district attorney.

1. Violators found guilty under Paragraphs 1, 2, 3, 4, 5 or 14 of Subsection D of this Section shall:

a. upon first conviction, be fined not more than \$500 or imprisoned for not more than 6 months, or both; and

b. upon second or subsequent conviction, the offender shall be imprisoned with or without hard labor for not more than 2 years and fined not more than \$5,000.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1133.4(A)(8), R.S. 40:1133.5(9), R.S. 40:1133.9, R.S. 40:1133.10 and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1823 (September 2003), amended by the Department of Health, Office of Public Health, Emergency Medical Services Certification Commission, LR 47:

§507. Proceedings Involving Students Enrolled in EMS Education Programs

A. The commission may direct the Bureau of Emergency Medical Services to deny, revoke, suspend, probate, limit, reprimand or restrict any student enrollment in EMS education programs, or otherwise discipline a student enrolled in EMS education programs or attempting to enroll in EMS education programs as part of its duties and responsibilities in regulating the practice of EMS in Louisiana and in overseeing the administration of the curriculum and operation of EMS education programs in the state of Louisiana.

B. Every student enrolled or attempting to enroll in EMS education programs subjected to the proceedings set forth above, shall be afforded an opportunity for a hearing before the commission or its duly appointed hearing officer.

C. Information obtained by the commission that an EMS student enrolled or attempting to enroll in EMS education programs is or has engaged in any conduct prescribed by R.S. 40:1133.7., shall be received in a form prescribed by the commission. This information may be furnished by any person, staff, agency or by the commission.

D. Grounds for proceedings against a student enrolled or attempting to enroll in EMS education programs are:

1. all of the grounds for disciplinary proceedings against a person, individual or licensed EMS practitioner, as applicable, listed in Subsection D of Section 505 of this Chapter; or
2. has been denied a request to enroll in EMS education programs or has been denied a license to practice in any health care field or had such privileges revoked, suspended or otherwise restricted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1133.4(A)(8), R.S. 40:1133.5(9), and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1823 (September 2003), amended by the Department of Health, Office of Public Health, Emergency Medical Services Certification Commission, LR 47:

§509. Disciplinary Process and Procedures

A. The provisions of the Administrative Procedure Act shall govern proceedings on questions of violation of R.S. 40:1131, et seq., as re-enacted and amended.

1. ...

2. The purpose of a disciplinary proceeding is to determine contested issues of law and fact; whether the individual did certain acts and, if he or she did, whether those acts violated Parts I – III of Chapter 5-C of Title 40 of the Revised Statutes or rules and regulations of the commission or bureau; and to determine the appropriate disciplinary action.

3. Any disciplinary action shall also be forwarded to the National Registry of Emergency Medical Technicians (NREMT), as applicable, and any other licensing agency and/or required reporting entity.

B. Investigation

1. The process of a disciplinary proceeding shall include certain steps and may include other steps as follows.

a. The bureau or commission receives information alleging that an individual has acted in violation of Parts I – III of Chapter 5-C of Title 40 of the Revised Statutes. Communications from the informant shall be privileged and shall not be revealed to any person unless such documents will be offered for evidence in a formal hearing, or unless those documents are subpoenaed by a court, or requested by other regulatory or law enforcement agencies.

b. The information is investigated by the bureau's staff to determine if there is sufficient evidence to warrant disciplinary proceedings. Information received by the bureau or commission

shall not be considered a complaint until the individual furnishing that information provides the information in writing. The commission chair or designee may issue a subpoena prior to the filing of charges if, in the opinion of the chair, such a subpoena is necessary to investigate any potential violation or lack of compliance with R.S.40:1133.1, et seq., or the rules, regulations, or orders of the bureau or commission. The subpoena may be to compel the attendance of any person to appear for the purposes of giving sworn testimony and/or to compel the production of books, records, papers, or other objects.

B.2. — C.1.a. ...

i. For less serious allegations, the chair, or a designee of the commission, may write to the individual explaining the nature of the information received. The individual's subsequent response may satisfactorily explain that no violation of Parts I – III of Chapter 5-C of Title 40 of the Revised Statutes, or rules, or order of the commission or bureau occurred, or that the matter does not rise to the level requiring formal disposition at this time, and the matter may be dropped. If the situation is not satisfactorily explained, it shall be investigated and disposed of through another informal means or brought before the commission for a formal hearing.

C.1.b. — C.1.b.iii ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1133.4(A)(8) and R.S. 40:1133.5(9).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1824 (September 2003), amended by the Department of Health, Office of Public Health, Emergency Medical Services Certification Commission, LR 47:

§511. Formal Disciplinary Action

A. — A.4. ...

B. Informal Procedures

1. The matter may be resolved without a formal administrative hearing by either a voluntary surrender of license, Consent Order, or Settlement Order. These actions shall constitute disciplinary action and shall be a public record of the commission. The commission shall publish the individual's name, a brief description of the violation, and the disciplinary action.

C. Voluntary Surrender of License. An individual who is under investigation for violation of the practice act or rules of the commission or bureau may voluntarily surrender his or her license to the bureau. The voluntary surrender invalidates the license at the time of its relinquishment. An individual practicing as a certified EMS practitioner during the period of voluntary license surrender is considered an illegal practitioner and is subject to the penalties provided by this Chapter and R.S. 40: 1131, et seq.

1. Any license surrender shall not be deemed to be an admission of the alleged facts of any pending investigation or complaint. The fact of license surrender shall be deemed a disciplinary action and shall be reported and distributed in the same manner as final decisions of the commission.

2. Surrender or non-renewal of license shall not preclude the commission from investigating or completing a disciplinary proceeding based upon the individual's conduct prior to or subsequent to the surrender of license.

3. Individuals who surrender their license are not eligible for a reinstatement of their license for a minimum of 2 years following such surrender and, in addition, not until meeting the requirements for reinstatement of license as described in this Chapter.

D — D.1. ...

2. The chair or the bureau director are authorized to offer the individual the choice of a consent order in lieu of an administrative hearing.

D.3. — E.1.b. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1133.4(A)(8) and R.S. 40:1133.5(9).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1825 (September 2003), amended by the Department of Health, Office of Public Health, Emergency Medical Services Certification Commission, LR 47:

§513. Formal Hearing

A. The commission has the authority, granted by R.S. 40:1133.4, to bring administrative proceedings to licensed EMS practitioners, applicants for licensure, individuals seeking enrollment or progression in an approved EMS education program, and individuals practicing EMS without licensure. The commission and the individual are the parties to the proceeding. The individual has the right to appear and be heard, either in person or by counsel; the right of notice, a statement of what accusations have been made; the right to present evidence and to cross-examine; and the right to have witnesses subpoenaed.

B. —B.1. ...

2. At least 15 days prior to the date set for the hearing, a copy of the charges and a notice of the time and place of the hearing are sent by registered mail, return receipt requested, to the individual's address of record. Notice to an individual is effective and service is complete when sent by registered mail to the individual's address of record.

3. At least 5 working days prior to the scheduled hearing date, the individual shall respond in writing as to his or her intention to appear or not appear at the scheduled hearing. At least 5 working days prior to the scheduled hearing date, the individual shall also file with the commission a written response to the specific allegations contained in the notice of charges. Allegations not specifically answered shall be deemed admitted.

B.4. ...

C. Motions for Continuance

1. The commission shall not postpone cases that have been scheduled for hearing absent good cause. A written motion by a licensed EMS practitioner, applicant, or student for a continuance shall be filed with the commission 5 working days prior to the time set for the hearing, except for extreme emergencies. The motion shall contain the reason for the request, which reason must be based upon good cause and have relevance for due process. Requests for continuances may be approved or denied by the chair or designee. No more than three requests for continuance shall be granted.

D. — E.1. ...

2. The commission shall be represented by a Louisiana Department of Health attorney. Evidence is presented that disciplinary action should be taken against the individual. The individual may present evidence personally or through an attorney, and witnesses may testify on behalf of the individual.

E.3. — E.3.f. ...

4. The bureau director presides and the customary order of proceedings at a hearing is as follows.

E.4.a. — E.5.j. ...

k. the record of the proceeding shall be retained until the time for any appeal has expired, or until the appeal has been concluded. The record is not transcribed unless a party to the proceeding so requests, and the requesting party pays for the cost of the transcript. A party who appeals a decision of the commission shall pay all of the costs incurred by the Louisiana Department of Health for preparation of the original and any certified copy of the record of the proceeding that is required to be transmitted to the reviewing court.

E.6. — E.6.b. ...

c. determine whether charges brought are a violation of Parts I – III of Chapter 5-C of Title 40 of the Revised Statutes or rules and regulations of the commission or the bureau.

E.7. — F.1. ...

2. The commission sets forth guidelines with ranges of disciplinary sanctions from which disciplinary penalties may be imposed. These guidelines are intended to serve only as a guide for staff and commission members when considering penalties, which could be imposed for specific violations of Parts I – III of Chapter 5-C of Title 40 of the Revised Statutes. Guidelines are in no way binding on the commission when dealing with disciplinary matters. The commission may order license sanctions.

F.3. — F.4.a ...

b. Mitigating or extenuating circumstances may justify lessening of the sanctions below the minimum guidelines. License suspensions may be stayed with stipulated probations in some extenuating circumstances.

5. The order may stipulate remedial education, specific evaluation and therapy, and other sanctions as deemed necessary and appropriate to the case.

G. — G.3.e. ...

H. Emergency Action

1. If the commission finds that public health, safety, and welfare requires emergency action and a finding to that effect is incorporated in its order, summary suspension of a license may be ordered by the chair or designee pending proceedings for revocation or other action. Such proceedings shall be promptly instituted and determined at the next regularly scheduled commission meeting.

I. Disciplinary Proceedings in Another Licensing Jurisdiction

1. When a licensed EMS practitioner has his or her license revoked, suspended, denied or sanctioned in other ways for disciplinary reasons by the original certification/licensing

jurisdiction or by a subsequent certification/licensing authority, that licensed EMS practitioner shall be notified that his or her Louisiana license is automatically suspended, except for the following:

I.1.a. — I.1.b. ...

c. the licensed EMS practitioner is issued a reprimand and the licensed EMS practitioner agrees to having his or her Louisiana license reprimanded identically to, or in excess of, the said jurisdiction's reprimand; or

d. the license is encumbered with a reprimand with stipulations and the licensed EMS practitioner agrees to having his or her Louisiana license probated with stipulations that are identical to, or exceed, the stipulations in said jurisdiction.

2. The licensed EMS practitioner may have his or her license reinstated provided that the licensed EMS practitioner:

a. provides evidence of an unencumbered license by the involved certification/licensing authority and all subsequent certification/licensing authorities; and

b. meets requirements for reinstatement of license as described in this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1133.4(A)(8), R.S. 40:1133.5(9), and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1825 (September 2003), amended by the Department of Health, Office of Public Health, Emergency Medical Services Certification Commission, LR 47:

§515. Appeal from Commission Decision

A. Any person whose license has been revoked, suspended, denied, or otherwise disciplined by the commission shall have the right to have the proceedings of the commission reviewed by the court having jurisdiction over the commission, provided that such appeal is made within 30 days after the date indicated on the registered mail receipt of the written notice of the commission's decision. The commission's decision is enforceable in the interim unless the court orders a stay.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1133.4(A)(8), R.S. 40:1133.5(9), and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1827 (September 2003), amended by the Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 47:

§517. Reinstatement of License

A. Application for reinstatement of a suspended or surrendered license shall be in writing.

B. The application for reinstatement of a suspended license does not require the satisfaction of all of the requirements for initial licensure; however, the satisfaction of applicable requirements of this Part, as determined by the commission or bureau, shall be met.

C. Prior to reinstatement of a license previously suspended (except for nonpayment of fees), a hearing or conference is held before the commission to afford the applicant with the opportunity to present evidence that the cause for the revocation or suspension no longer exists and to

provide an opportunity for the commission to evaluate changes in the person or conditions. In certain situations, the license may be reinstated by consent order or settlement order. The burden of proof is on the applicant to prove that conditions that led to the suspension no longer exist and/or no longer affect the applicant's ability to practice safely. If reinstatement is granted, a period of probation with stipulations may be imposed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1133.4(A)(8), R.S. 40:1133.5(9), and R.S. 40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1828 (September 2003), amended by the Department of Health, Office of Public Health, Emergency Medical Services Certification Commission, LR 47:

§519. Civil Immunity

A. Emergency medical services practitioners who render emergency medical care to an individual while in the performance of medical duties and following the instructions and/or protocols approved by a physician medical director shall not be individually liable to such an individual for civil damages as a result of acts or omissions in rendering the emergency medical care, except for acts or omissions intentionally designed to harm, or for grossly negligent acts or omissions which result in harm to such an individual.

1. This immunity does not relieve the driver of the emergency vehicle from liability arising from the operation or use of such vehicle.

2. This immunity extends to parish governing authorities, police departments, sheriffs' offices, fire departments, or other public agencies engaged in rendering emergency medical services and its insurers with respect to such emergency medical services unless the emergency medical services practitioner employed by such agencies would be personally liable under the above provisions.

B. Any physician who provides instructions to any emergency medical services practitioner by use of electronic or other means of transmission in connection with the rendering of emergency medical services to an individual shall not be liable unto such practitioner or to an individual or both for civil damages arising from his or her opinion, judgments, actions, or duties, except for acts or omissions intentionally designed to harm, or for grossly negligent acts or omissions which result in harm to the individual, while exercising that degree of skill and care ordinarily employed by members of his or her profession in good standing.

C. No hospital facility which allows the use of telemetry or other equipment to maintain contact between an emergency medical services practitioner and a physician shall be liable for any civil damages arising out of the use of such equipment except for acts or omissions by hospital personnel that are grossly negligent which result in harm to an individual.

D. No registered nurse, licensed emergency medical services practitioner, or other health professional licensed in Louisiana who supervises, instructs, or trains emergency medical services practitioners in accordance with curricula developed or adopted by the bureau shall be liable for any civil damages arising out of the actions or negligence of the emergency medical personnel whom he or she supervised, educated, or trained.

E. There shall be no cause of action or civil liability, and no license holder or applicant shall have any cause of action or any claim for damages against any individual, person, or institution providing information to the commission or its agents or employees when that individual,

person, or institution acts without malice and when there is a reasonable belief that such information is accurate.

F. No public safety telecommunicator who instructs a caller on T-CPR shall be liable for any civil damages arising out of the instruction provided to the caller, except for acts or omissions intentionally designed to harm, or for grossly negligent acts or omissions that result in harm to an individual. A caller may decline to receive T-CPR instruction. When a caller declines T-CPR instruction, the public safety telecommunicator has no obligation to provide the instruction.

G. No public safety agency shall be liable for any civil damages for employing individuals to answer 911 emergency calls who are not designated as a public safety telecommunicator. Individuals who are not public safety telecommunicators shall not be required to complete the T-CPR training required by Section 105 of this Part and shall have no obligation to offer and provide T-CPR instruction to a caller.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1133.5(9), R.S. 40:1133.13, and R.S.40:2017.10.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Medical Services Certification Commission, LR 29:1828 (September 2003), amended by the Department of Health, Office of Public Health, Bureau of Emergency Medical Services, LR 47:

(Chapter 7. Administrative Provisions)—Repeal.

(Subchapter A. Fees and Costs)—Repeal.

((Reserved))—Repeal.

Family Impact Statement

The proposed Rule should not have any known or foreseeable impact on family formation, stability, and autonomy. In particular, the proposed Rule has no known or foreseeable impact on:

1. the stability of the family;
2. the authority and rights of persons regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of children;
6. the ability of the family or a local government to perform the function as contained in the proposed Rule.

Poverty Impact Statement

The proposed Rule should not have any known or foreseeable impact on any child, individual or family as defined by R.S. 49:973(B). In particular, there should be no known or foreseeable effect on:

1. the effect on household income, assets, and financial security;
2. the effect on early childhood development and preschool through postsecondary education development;
3. the effect on employment and workforce development;
4. the effect on taxes and tax credits;
5. the effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Small Business Analysis

In accordance with Sections 978.1 through 978.8 of the Small Business Protection Act of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a regulatory flexibility analysis/small business analysis on the rule proposed for adoption, amendment or repeal.

The impact of the proposed rule on small businesses as defined in the Small Business Protection Act has been considered. The Office of Public Health's Bureau of Emergency Medical Services and the Louisiana Emergency Medical Services Certification Commission do not expect that adoption of the proposed amendments will have an adverse economic impact on small businesses.

Provider Impact Statement

The proposed Rule should not have any known or foreseeable impact on providers as defined by HCR 170 of the 2014 Regular Legislative Session. In particular, there should be no known or foreseeable effect on:

1. the effect on the staffing level requirements or qualifications required to provide the same level of service;
2. the total direct and indirect effect on the cost to the providers to provide the same level of service; or
3. the overall effect on the ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments on the proposed rule. Such comments must be received no later than Tuesday, August 10, 2021 at COB, 4:30 pm, and should be addressed to Allen Enger, LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629.

Public Hearing

Interested persons may submit a written request to conduct a public hearing either by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on Tuesday, August 10, 2021. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 2:00 pm on August 30, 2021 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after Tuesday, August 10, 2021. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to the Bienville Building's front security desk.

Dr. Courtney N. Phillips
LDH Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

Person
Preparing
Statement:
Phone:
Return
Address:

Susan Bailey
225-925-4022
7273 Florida Blvd.
Baton Rouge, LA 70806

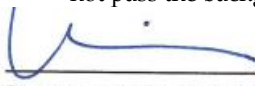
Dept.: Louisiana Department of Health
Office: Office of Public Health

Rule Title: Chapter 46 Professional and Occupational
Standards Emergency Medical Services
Professionals
Date Rule Takes Effect: Upon Promulgation

SUMMARY

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. THE FOLLOWING STATEMENTS SUMMARIZE ATTACHED WORKSHEETS, I THROUGH IV AND WILL BE PUBLISHED IN THE LOUISIANA REGISTER WITH THE PROPOSED AGENCY RULE.

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS
As a result of the rule change, the Office of Public Health (OPH) anticipates spending \$5,000 to make programming changes to its computer systems. Additionally, OPH will incur \$3,515 in expenses associated with the publication of this proposed rule change. The expenses will be paid with General Fund (53%), Fees & Self-Generated Revenue (28%) and Federal (19%).
The proposed rule adds general definitions and duties of EMS practitioners. The rule provides that individuals submit to a background check when seeking an initial EMS license and that public safety telecommunicators must complete a required training course every two years. The rule also codifies current policy related to civil immunity for EMS workers. Finally, the rule clarifies language related to licensure requirements and disciplinary proceedings of EMS workers and students.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS
The proposed rule will also increase revenue in the statutorily dedicated Criminal Identification and Information Fund by \$26 per person that applies for a background check. The Office of State Police administers background checks at a charge of \$39.25 each, of which \$26 will be deposited into the Criminal Identification and Information Fund and \$13.25 will be remitted to the federal government.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES OR NON-GOVERNMENTAL GROUPS (Summary)
When applying for an initial Emergency Medical Services (EMS) license, EMS workers will incur a fee of \$39.25 associated with the cost of the background check. There may also be a cost to public safety telecommunicators and/or their employers associated with taking a required training course every two years.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
Implementing this rule may reduce the number of available EMS workers, given that individuals who do not pass the background check will likely be unemployable as an EMS worker.



Signature of Agency Head or Designee

Kimberly Hood, JD, MPH
Assistant Secretary, Office of Public Health
Typed Name & Title of Agency Head or Designee

7/7/21

Date of Signature



Legislative Fiscal Officer or Designee

7/8/21

Date of Signature

