



May 7, 2018

**RE: Notice of Final Rule to Department's Proposed Rulemaking
DPH Rule Chapter 511-9-2-.07 - "Licensure of Ground Ambulance Services"**

Dear Stakeholders:

On March 9, 2018, the Georgia Department of Public Health (DPH) issued a notice of proposed rulemaking to amend DPH Rule Chapter 511-9-2-.07, entitled "Licensure of Ground Ambulance Services," to revise the minimum staffing requirement for ground ambulance services while transporting a patient.

The previous regulation required that all emergency transports be staffed by not less than two emergency medical services personnel, only one of whom may be licensed at the EMT level; the other medic must be licensed at a higher level, e.g., EMT-Intermediate, Advanced EMT, Cardiac Technician, or Paramedic. The proposed amendment revised DPH Rule Chapter 511-9-2-.07 to allow both medics in ground ambulance transports to be licensed at the EMT level. This amendment came following a recommendation from the Emergency Medical Services Advisory Council (EMSAC) on February 20, 2018. The Department agrees with this recommendation and believes that ambulance services and their medical directors should have the ability to determine their minimum staffing levels when transporting patients.

Following the notice of proposed rulemaking, the Department accepted written comments and held a public hearing on April 13, 2018, to allow for public comment on the proposed rule. During this public comment period, the Department received many written and verbal comments to the proposal. The Department took all comments into consideration. The comments from those that opposed the amendment fell under four categories. The following is a summary of the comments and the Department's response:

1. *The amendment will lower the standard of care in Georgia for 9-1-1 ambulance responses.* The purpose of the amendment is to set the minimum standard for EMS providers to follow. The current rule mandates that all EMS providers staff its ambulances at a higher advanced life support (ALS) level, even in situations where the patient only required basic life support care (BLS). The amendment is not lowering the standard of care by changing the current staffing requirement; rather, the amendment allows local EMS medical directors to appropriately determine staffing needs based on patient acuity. This, therefore, increases the ability to meet the transportation needs across all communities in the state.

2. *A concern that the amendment will result in EMS providers replacing Paramedics with EMTs across the state to lower their costs.* The Department has observed an overwhelming practice across the state that 9-1-1 ambulance services voluntarily exceed the current minimum requirement on their ambulances by manning their ambulances at a higher level with at least one Paramedic. Therefore, the Department does not believe that the amendment will be used by EMS providers to make changes in 9-1-1 staffing levels.

3. *The Department should increase the current standard and require that all 9-1-1 ambulances be staffed by two Paramedics.* The Department has the responsibility to set minimum standards for EMS providers to follow. The local medical director and ambulance service are responsible with deciding the optimal staffing for their service and are free to increase the minimum requirement to meet the needs in their community.

4. *Will the scope of practice for EMTs be increased as a result of the amendment?* No, the scope of practice for EMTs will not be increased.

As a result of its review of all comments received, the Department has determined that no substantive changes to the proposed rule need to be made, and has decided to finalize Chapter 511-9-2-.07 as proposed on March 9, 2018. The amendment will become effective on May 14, 2018.

Sincerely,



J. Patrick O'Neal, MD
Commissioner

cc: Robert K. Wages, Director, DPH Office of EMS & Trauma
M. Zain Farooqui, Associate General Counsel