GEORGIA DEPARTMENT OF PUBLIC HEALTH

Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

200 Piedmont Avenue, SE
Atlanta, Georgia 30334

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NOTICE OF ADOPTION OF REGULATIONS

Revisions to Chapter 511-9-2

"Emergency Medical Services"

The Department of Public Health hereby adopts amendments to Rule 511-9-2, "Emergency Medical Services," as provided in the Notice of Proposed Rulemaking issued on November 14, 2025. This action is taken pursuant to the Department's authority under Georgia Code Section 31-2A-6 and 31-11-5.

In accordance with Georgia Code Section 31-5-1, the above-listed amendments will take effect on January 18, 2026.

This 19th day of December, 2025.

Kathleen E. Toomey, M.D., M.P.H.
Commissioner and State Health Officer
Georgia Department of Public Health

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RESPONSE TO PUBLIC COMMENTS

Revisions to Chapter 511-9-2

"Emergency Medical Testing"

The Georgia Department of Public Health ("DPH" or the "Department") received comments in response to the Notice of Proposed Rulemaking issued on November 14, 2025. Each comment received was reviewed and considered by Department staff and the Commissioner of DPH.

The Commissioner elected to adopt the rules proposed on November 14, 2025, and the new rules will become effective on January 18, 2026.

Although the Department is not required to respond to public comments, a brief discussion of the comments presented is provided below.

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1. One commenter expressed concern with the requirement that Emergency Organ Transport Vehicles have vehicle tracking software that includes speed and location tracking capabilities. The commenter proposed that this requirement should apply to Emergency Organ Transport Vehicles only if the Department also requires the same for ground ambulances.

2. One commenter requested the requirement that Emergency Organ Transport Vehicle operators obtain Emergency Vehicle Operators Course certification and defensive driving training be removed. The commenter noted that these training requirements are not currently required of licensed EMS personnel.

3. One commenter expressed support for the above-referenced training requirements for Emergency Organ Transport Vehicle operators.

The Department finds that both the vehicle tracking and the training requirements are necessary to ensure the safe and accountable operation of Emergency Organ Transport Vehicles.

With respect to vehicle tracking, the Department notes that currently licensed ground ambulance services in Georgia providing 911 response utilize emergency response vehicles that are equipped with vehicle tracking technology. Likewise, other emergency response entities also utilize vehicle

location systems on their emergency response vehicles. These capabilities allow for real-time visualization, accountability, and oversight of emergency vehicles.

Given the emergency response role of organ transport vehicles – and the likelihood that these operators will frequently respond to or transport in unfamiliar areas, unlike most EMS agencies – the Department believes that vehicle tracking and driver navigation systems are essential to maintain real-time situational awareness, and operational direction.

Regarding training requirements, the Department notes that licensed EMS personnel are required to meet specific education requirements, as well as pre-employment training credentialing, prior to being permitted to operate an emergency response vehicle. The Department believes implementing standardized training for Emergency Organ Transport Vehicle operators will help ensure that the operators understand the expectations for safely operating an emergency response vehicle under emergency conditions.

RULES
OF
GEORGIA DEPARTMENT OF PUBLIC HEALTH

SUBJECT 511-9-2
EMERGENCY MEDICAL SERVICES

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Rule 511-9-2-.01 Purpose

(1) These rules establish standards for Ground Ambulance services, Air Ambulance Services, Medical First Responder Services, Neonatal Transport Services, Emergency Organ Transport Services, designation of Specialty Care Centers and base station facilities, statewide and regional advisory councils, training and licensing requirements for Medics, EMS Instructor licensing, EMS Instructor/Coordinator licensing, and course approval requirements for Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic training programs, and others as may be related to O.C.G.A. Chapter 31-11.

(2) The Director or Deputy Director of the Office of Emergency Medical Services and Trauma has the authority to waive any rule, procedure, or policy in the event of a public health emergency, disaster, or state of emergency in order to provide timely critical care and transportation to the injured or ill. Such waiver shall be in writing and filed with the Commissioner of the Department of Public Health.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5.

511-9-2-.02. Definitions.

The following definitions shall apply in the interpretation of these standards:

(a) “Advanced Cardiac Life Support (ACLS) Certification” means successful completion of a course recognized by the Department which utilizes nationally recognized advanced cardiac care standards.

(b) “Advanced Emergency Medical Technician” or “AEMT” means a person who has been licensed by the Department after having successfully attained certification by the National Registry of Emergency Medical Technicians (NREMT) as an Advanced Emergency Medical Technician (AEMT).

(c) “Advanced Life Support (ALS)” means the assessment, and if necessary, treatment or transportation by ambulance, utilizing medically necessary supplies and equipment provided by at least one individual licensed above the level of Emergency Medical Technician.

(d) “Advanced Tactical Practitioner (ATP)” means a certification issued by the United States Special Operations Command (USSOCOM) Medic Certification Program.

(e) “Air Ambulance” means a rotary-wing aircraft registered by the Department that is specially constructed and equipped and is intended to be used for air medical emergency transportation of patients.

(f) “Air Ambulance Service” means an agency or company operating under a valid license from the Department that uses Air Ambulances to provide Ambulance Service.

(g) “Ambulance Service” means the provision of emergency care and transportation for a wounded, injured, sick, invalid, or incapacitated human being to or from a place where medical care is furnished; or an entity licensed to provide such services.

(h) “Approved” means acceptable to the Department based on its determination as to conformance with existing standards.

(i) “Authorized Agent” means a person with the legal authority to sign on behalf of the legal owner of a business entity.

(j) “Base of Operations” means the primary location at which administration of the EMS Agency or EMS Initial Education Program occurs and where records are maintained. All licensed EMS Agencies and designated EMS Initial Education Programs must designate one Base of Operations location within the State of Georgia.

(k) “Basic Life Support (BLS)” means treatment or transportation by Ground Ambulance vehicle or treatment with medically necessary supplies and services involving non-invasive life support measures.

(l) “Board” means the Board of Public Health.

(m) “Cardiac Technician” means a person who has been licensed by the Department after having successfully completed an approved Cardiac Technician certification exam, or licensed by the Composite State Board of Medical Examiners, now known as the Georgia Composite Medical Board, prior to January 1, 2002. This is a historical reference only, as no new Cardiac Technician licenses will be issued.

(n) “Charge” means a formal claim of criminal wrongdoing brought by a law enforcement official or prosecutor against an individual, whether by arrest warrant, information, accusation, or indictment.

(o) “CLIA” means the Clinical Laboratory Improvement Amendments of 1988 (42 USC 263a) and regulations (42 CFR 493) which specifies the federal standards applicable to all U.S. facilities or sites that test human specimens for health assessment or to diagnose, prevent, or treat disease.

(p) “Clinical Preceptor” means a licensed Emergency Medical Technician - Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician-Intermediate, Cardiac Technician, Paramedic, IV team member, licensed practical nurse, registered nurse, physician's assistant, allied health professional or physician who meets the requirements for preceptors as established by the Department.

(q) “Commissioner” means the Commissioner of the Department of Public Health.

(r) “Communication Protocols” means guidelines that specify which emergency interventions require direct voice order from medical control in the rendering of prehospital emergency

medical care to a patient and may include other guidelines relative to communication between Medics and medical control.

(s) “CPR Certification” means successful completion of a healthcare provider course in cardiopulmonary resuscitation which is recognized by the Department.

(t) “Department” means the Department of Public Health, Office of Emergency Medical Services and Trauma.

(u) “Designated” means the entity specified that satisfies guidelines set forth by the Department.

(v) “Designated 911 Zone Provider” means an EMS Agency providing Ground Ambulance service and operating under a valid Ground Ambulance license issued by the Department, which is granted a specific geographical territory or Emergency Response Zone to provide emergency transport services following a Public Call in compliance with the Regional Ambulance Zoning Plan for the respective EMS Region.

(w) “Emergency” means a request for a non-planned response or an urgent need for the protection of life, health, or safety, as perceived by a prudent layperson.

(x) “Emergency Medical Services” or “Emergency Medical Services System” or “EMS” or “EMS System” means the integrated system of medical response established and designed to respond, assess, treat, and facilitate the disposition of victims of acute injury or illness and those in need of medically safe transportation. EMS also includes medical response provided in hazardous environments, rescue situations, disasters and mass casualties, mass gathering events, as well as interfacility transfer of patients and participation in community health activities.

(y) “Emergency Medical Services Agency” or “EMS Agency” means an Air Ambulance Service, Ground Ambulance Service, Emergency Organ Transport Service, Medical First Responder Service, or Neonatal Transport Service licensed by the Department.

(z) “Emergency Medical Service Advisory Council” or “EMSAC” means an advisory council that provides advice to the Department in matters essential to its operations with respect to Emergency Medical Services.

(aa) “Emergency Medical Services Medical Director” or “EMS Medical Director” or “Medical Director” means a physician, as defined in (ppp), licensed to practice in this state who provides medical direction to an EMS Agency licensed by the Department or an EMS Initial Education Program designated by the Department.

(bb) “Emergency Medical Services Medical Directors Advisory Council” or “EMSMDAC” means an advisory council that provides advice to the Department on issues essential to medical direction of the EMS system.

(cc) “Emergency Medical Services Personnel” or “EMS Personnel” means any Emergency Medical Technician - Responder, Emergency Medical Technician, Emergency Medical

Technician-Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, or Paramedic licensed by the Department.

(dd) “Emergency Medical Service Region” or “EMS Region” means a geographic area identified by the Department for the purpose of administratively sub-dividing the Emergency Medical Services system in this state. Each EMS Region shall be comprised of counties from one or more health districts established by the Department.

(ee) “Emergency Medical Technician” or “EMT” means a person who has been licensed by the Department after being certified by National Registry of Emergency Medical Technicians (NREMT) as an Emergency Medical Technician (EMT).

(ff) “Emergency Medical Technician - Intermediate” or “EMT-I” means a person who has been licensed by the Department after being certified by the National Registry of Emergency Medical Technicians (NREMT) as an Emergency Medical Technician - Intermediate (EMT-I) prior to March 31, 2013, or licensed by the former Georgia Department of Human Resources as an EMT prior to January 1, 2002. This is a historical reference only, as no new Emergency Medical Technician - Intermediate licenses will be issued.

(gg) “Emergency Medical Technician - Responder” or “EMT-R” means a person who has been licensed by the Department after being certified by the National Registry of Emergency Medical Technicians (NREMT) as an Emergency Medical Responder (EMR).

(hh) “Emergency organ transport service” means an organization or business that operates emergency organ transport vehicles.

(ii) “Emergency organ transport vehicle” means a motor vehicle that is intended to be used for the transport of necessary personnel, organs, tissue, or medical supplies to a time-critical organ transplant procedure.

(jj) “Emergency Response Zone” or “ERZ” means a geographical territory identified by the Department within each EMS Region for the purposes of providing emergency medical transport services by designated Ground Ambulance Services following a Public Call.

(kk) “EMS Initial Education Program” means an instructional program of Department-approved EMS initial education courses at the EMR, EMT, AEMT, and/or Paramedic levels.

(ll) “EMS Initial Education Program Sponsor” or “Sponsor” means a Georgia licensed EMS Agency or Fire Department; accredited hospital, clinic, or medical center; accredited educational institution, or other Department approved entity that has accepted responsibility for the operation of an EMS Initial Education Program.

(mm) “EMS Instructor” means an individual who is qualified to teach EMS continuing education courses, community education programs, and who is licensed to coordinate or serve as the lead instructor of National Continued Competency Requirement (NCCR) courses as specified by the National Registry of Emergency Medical Technicians (NREMT), and who is further licensed to

coordinate or serve as the lead instructor of an EMR initial education course approved by the Department.

(nn) “EMS Instructor/Coordinator (AEMT)” or “EMS I/C (A)” means an individual who meets all requirements for licensure as an EMS Instructor and who is further qualified and licensed to coordinate or serve as the lead instructor of an initial EMR, EMT, or AEMT course approved by the Department.

(oo) “EMS Instructor/Coordinator (EMT)” or “EMS I/C (E)” means an individual who meets all requirements for licensure as an EMS Instructor and who is further qualified and licensed to coordinate or serve as the lead instructor of an initial EMR or EMT course approved by the Department.

(pp) “EMS Instructor/Coordinator (Paramedic)” or “EMS I/C (P)” means an individual who meets all requirements for licensure as an EMS Instructor and who is further qualified and licensed to coordinate or serve as the lead instructor of an initial EMR, EMT, AEMT, or Paramedic course approved by the Department.

(qq) “EMS Instructor with Paramedic Endorsement” or “EMS Instructor (Paramedic)” means an individual who was previously licensed by the Department as a Level III EMS Instructor; who does not hold an associate degree or higher, but who otherwise meets all requirements for licensure as an EMS Instructor/Coordinator (Paramedic); and who is qualified and licensed to coordinate or serve as the lead instructor of an initial EMR, EMT, or AEMT course approved by the Department and to serve as an instructor in an initial Paramedic course approved by the Department. This is a historical reference only, as no new EMS Instructor with Paramedic Endorsement licenses will be issued.

(rr) “Good Standing” as used in this rule refers to a license that is not lapsed, is unrestricted, not on probation or suspension, is not currently under investigation, has no pending actions against it, and has had no adverse action taken against it that is still in effect.

(ss) “Ground Ambulance” means a motor vehicle registered by the Department that is specially constructed and equipped and is intended to be used for emergency transportation of patients.

(tt) “Ground Ambulance Service” means an agency or company operating under a valid license from the Department that uses Ground Ambulances to provide Ambulance Service.

(uu) “Health District” means a geographical district designated by the Department of Public Health pursuant to O.C.G.A. § 31-3-15.

(vv) “Invalid Car” means a non-emergency transport vehicle used only to transport persons who are convalescent or otherwise non-ambulatory, and do not require medical care during transport.

(ww) “License (Agency)” means a license issued to a Medical First Responder Service or to a Ground Ambulance Service, Air Ambulance Service, Emergency Organ Transport Service, or

Neonatal Transport Service which signifies that the agency's facilities, vehicles, personnel, and operations comply with Title 31, Chapter 11 of the Official Code of Georgia Annotated, the regulations promulgated thereunder, and the policies of the Department.

(xx) “License (Medic or Instructor)” means a license issued to a person which signifies that the person has met the requirements for the respective level of individual licensure specified in Title 31, Chapter 11 of the Official Code of Georgia Annotated, the regulations promulgated thereunder, and the policies of the Department.

(yy) “Licensee” means all persons licensed by the Department pursuant to Chapter 31-11 and/or these rules, all owners and officers of entities licensed pursuant to Chapter 31-11, and all applicants for a license pursuant to Chapter 31-11 and/or these rules.

(zz) “License Officer” means the Commissioner of Public Health or his/her designee.

(aaa) “License Renewal Cycle” means a period of time established by the Department for renewal of licenses.

(bbb) “Medic” means an individual who is currently licensed by the Department as an Emergency Medical Technician - Responder, Emergency Medical Technician, Emergency Medical Technician - Intermediate, Advanced Emergency Medical Technician, Cardiac Technician, or Paramedic.

(ccc) “Medical Control” means the clinical guidance from a physician to EMS Personnel regarding the prehospital management of a patient.

(ddd) “Medical Direction” means the administrative process of providing medical guidance or supervision including but not limited to system design, education, critique, and quality improvement by a physician to EMS Personnel, EMS Initial Education Programs, and EMS Agencies.

(eee) “Medical First Responder Service” means an agency or company duly licensed by the Department that provides on-site care until the arrival of the Department's Designated 911 Zone Provider.

(fff) “Medical First Responder Vehicle” means a motor vehicle registered by the Department for the purpose of providing response to emergencies.

(ggg) “Medical Protocol” means prehospital treatment guidelines, approved by the local EMS Medical Director, used to manage an emergency medical condition in the field by outlining the permissible and appropriate medical treatment that may be rendered by EMS Personnel to a patient experiencing a medical emergency or injury.

(hhh) “Neonatal Transport Personnel” means licensed or certified health care professionals specially trained in the care of neonates.

(iii) “Neonatal Transport Service” means an agency or company operating under a valid license from the Department that provides facility-to-facility transport for Neonates, infants, children or adolescents.

(jjj) “Neonatal Transport Vehicle” or “Neonatal Ambulance” means a motor vehicle registered by the Department that is equipped for the purpose of transporting Neonates to a place where medical care is furnished.

(kkk) “Neonate” means an infant 0 - 184 days of age, as defined by the Georgia Regional Perinatal Care Program.

(lll) “Nurse” means an individual who is currently licensed in the State of Georgia as a Registered Nurse or Licensed Practical Nurse.

(mmm) “Office of Emergency Medical Services and Trauma” means the regulatory subdivision of the Georgia Department of Public Health that is directly responsible for administration of the statewide EMS system.

(nnn) “Paramedic” means a person who has been licensed by the Department after having been certified by the National Registry of Emergency Medical Technicians (NREMT) as a Paramedic, certified by the United States Special Operations Command (USSOCOM) as an Advanced Tactical Practitioner (ATP), or licensed as a Paramedic by the Composite State Board of Medical Examiners, now known as the Georgia Composite Medical Board, prior to January 1, 2002.

(ooo) “Patient Care Report” or “Prehospital Care Report” or “PCR” means the required written or electronic data set that is submitted to the Department or to an acute care facility by an EMS Agency regarding each request for an EMS response. The required data set shall include all data elements specified by the Department.

(ppp) “Physician” means a person licensed to practice medicine by and in good standing with the Georgia Composite Medical Board pursuant to Article 2 of Chapter 34 of Title 43.

(qqq) “Provisional License (Agency)” means a license issued to an EMS Agency on a conditional basis to allow a newly established EMS Agency to demonstrate that its facilities and operations comply with state statutes and these rules and regulations.

(rrr) “Provisional License (Medic)” is defined as a license at the EMT, AEMT or Paramedic level that is issued by the Department to a person who is provisionally certified by the National Registry of Emergency Medical Technicians (NREMT) at the respective level of application. Provisional licenses are non-renewable except in times of a prolonged public health emergency or as deemed necessary by the Department.

(sss) “Public Safety Answering Point” or “PSAP” means an answering location for 911 calls originating in a given area.

(ttt) “Public Call” means a request for a Ground Ambulance Service from a member of the public to a Public Safety Answering Point (PSAP) when dialing “911” or the PSAP's ten-digit phone number, or a request for an ambulance by any law enforcement agency, fire department, rescue squad, or any other public safety agency.

(uuu) “Reasonable Distance” means the allowable distance for patient transport established by the local EMS Medical Director based on the ambulance service's geographical area of responsibility, the ambulance service's ability to maintain emergency capabilities, and hospital resources.

(vvv) “Regional Ambulance Zoning Plan” means the Department approved method of distributing emergency calls among designated Ground Ambulance Services in designated geographical territories or Emergency Response Zones within each EMS Region in the State.

(www) “Regional Emergency Medical Services Medical Director” or “Regional EMS Medical Director” means a person, having approval of the Regional EMS Council and Office of Emergency Medical Services and Trauma, who is a physician licensed to practice medicine in this state, familiar with the design and operation of prehospital emergency care, experienced in the prehospital emergency care of acutely ill or injured patients, and experienced in the administrative processes affecting regional and state prehospital Emergency Medical Services systems.

(xxx) “Regional Trauma Advisory Committee” or “RTAC” means a trauma-specific multidisciplinary, multi-agency advisory group that is a committee of the Regional EMS Advisory Council for a given EMS Region.

(yyy) “Reserve Ambulance” means a registered ambulance that temporarily does not meet the standards for ambulance equipment and supplies in these rules and policies of the Department.

(zzz) “Scope of Practice” means the description, as specified by the Department, of what a Licensee legally can, and cannot, do, based on the Licensee's level of licensure. It is a legal description of the distinction between licensed health care personnel and the lay public, and between different licensed health care professionals.

(aaaa) “Specialty Care Center” means a licensed hospital dedicated to a specific sub-specialty care including, but not limited to, trauma, stroke, pediatric, burn and cardiac care.

(bbbb) “Specialty Care Transport” means transportation in a registered Ground Ambulance, Air Ambulance or Neonatal Ambulance during which certain special skills above and beyond those taught in state approved initial Paramedic education are utilized. Provided, however, that this definition is not intended to authorize a Medic to operate beyond his or her Scope of Practice.

(cccc) “Systems of Care Advisory Council” or “SCAC” means an advisory council that provides advice to the Department in matters essential to operations, development, and sustainment of specialty systems of care in Georgia.

(dddd) “Time-critical transplant procedure” means a member of the transplant team or a representative of the organ procurement organization has determined that the emergency organ transport vehicle is needed to transport necessary personnel, organs, tissue, or medical supplies.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-2, 31-11-5.

511-9-2-.07. Licensure of Ground Ambulance Services.

(1) Applicability.

(a) No person shall operate, advertise, or hold themselves out to be a Ground Ambulance Service in the state of Georgia without being in compliance with the provisions of O.C.G.A. Chapter 31-11 and these rules and regulations and without being duly licensed by the Department. However, this Rule shall not apply to the following:

1. An ambulance or ambulance service operated by an agency of the United States government;

2. A vehicle rendering assistance temporarily in the case of a major catastrophe, disaster, or public health emergency which is beyond the capabilities of available Georgia licensed ambulance services;

3. An ambulance operated from a location outside of Georgia and transporting patients picked up beyond the limits of Georgia to locations within Georgia;

4. An invalid car or the operator thereof.

5. An ambulance service licensed to operate in another state and transporting patients picked up at a medical facility within the limits of Georgia to locations outside the limits of Georgia unless such ambulance is pre-positioned within the limits of Georgia prior to receiving the request for transport.

6. An ambulance service licensed in another state, that is located in an adjacent county to the public call and is responding to a mutual aid request from a Georgia licensed ambulance service who is the Emergency Response Zone provider.

(b) No provision of these rules shall be construed as prohibiting or preventing a municipality from fixing, charging, assessing or collecting any license fee or registration fee on any business or profession or anyone engaged in any related profession governed by the provisions of these rules, or from establishing additional regulations regarding Ground Ambulance Services as long as there is no conflict with these rules.

(2) Application for a license or provisional license shall be made in the manner and on the forms specified by the Department, to include at a minimum the name, address, email address, and employer identification number of the owner(s).

(3) Renewal of License. Renewal of any license issued under the provisions of O.C.G.A. Chapter 31-11 shall require conformance with all the requirements of these rules and regulations as upon original licensing.

(a) Any license not renewed prior to the license expiration date is considered “Lapsed-Failure to Renew” and is not permitted to operate as a Ground Ambulance Service. Late renewal is permitted during the three (3)-month period immediately following the expiration date for the last license renewal cycle. After that three-month period, the agency must apply as a new applicant in accordance with applicable rules and regulations.

(4) Standards for Ground Ambulances.

(a) General.

1. Ground Ambulances must be maintained on suitable premises that meet the Department's specifications. The Department is authorized to establish policy to define minimal standards for suitable premises and Base of Operations. Ground Ambulances, including raised roof van or modular type, must meet design and safety standards as approved by the Department. The interior of the patient compartment shall provide a minimum volume of 30 cubic feet of enclosed and shelf storage space that shall be conveniently located for medical supplies, devices, and installed systems as applicable for the service intended. The Ground Ambulance must be properly equipped, maintained, and operated in accordance with other rules and regulations contained herein and be maintained and operated so as to contribute to the general well-being of patients. Heat and air conditioning must be available and operational in both the patient compartment and driver compartment.

2. All Ground Ambulances must be equipped with approved safety belts for all seats.

3. Prior to their use, Ground Ambulances must be inspected and approved by the Department and so registered by affixing a Department decal at a location specified by the Department. Any Ground Ambulance manufactured or remounted on or after July 1, 2027 must meet the current Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standards or National Fire Protection Association (NFPA) Standard for Automotive Ambulances.

4. Each Ground Ambulance Service may place up to one-third (rounded to nearest whole number) of its registered Ground Ambulances in reserve status. When a Reserve Ambulance is placed in service (ready to respond to an emergency call) it must meet the provisions of these rules and policies of the Department.

5. Prior to disposal by sale or otherwise, a Ground Ambulance removed from service must be reported to the Department.

6. All registered Ground Ambulances shall have on both sides of the vehicle an identification number designated by the Department. The name of the Ground Ambulance Service and the

vehicle identification number shall be visible on each side of the Ground Ambulance in at least 3-inch lettering for proper identification.

(b) Insurance:

1. Each registered Ground Ambulance shall have at least $1,000,000 combined single limit (CSL) insurance coverage.

2. No Ground Ambulance shall be registered nor shall any registration be renewed unless the Ground Ambulance has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each Ground Ambulance license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the Department in a manner and on forms specified by the Department, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will be grounds for immediate revocation of the Ground Ambulance Service license.

3. Ground Ambulance Services must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the Department.

4. The Ground Ambulance Service shall list the Georgia Office of EMS and Trauma as an additional certificate holder for the vehicle insurance with the insurance company.

(c) Fees:

1. Any fee submitted to the Department that results in insufficient funds will be assessed a non-sufficient fund fee. The return check fee and non-sufficient fee will be due within two business days by cashier's check.

(d) Communication:

1. Each registered Ground Ambulance shall be equipped with a two-way communication system that provides ambulance-to-hospital communications.

2. All Ground Ambulance Services shall have two-way communication between each Ground Ambulance and the location receiving requests for emergency service.

(e) Infectious Disease Exposure Control:

1. Each Ground Ambulance Service shall have a written infectious disease exposure control plan approved by the local Medical Director.

2. Ground Ambulance Services and Emergency Medical Services Personnel shall comply with all applicable local, state, and federal laws and regulations in regard to infectious disease control procedures.

(f) Equipment and Supplies:

1. All equipment and supplies must be maintained in working order and shall be stored in an orderly manner so as to protect the patient and be readily accessible when needed.

2. No supplies may be used after their expiration date.

3. In order to substitute any item for the required items, written approval must be obtained from the Department. The Department shall have authority to grant exceptions and substitutions and shall maintain and distribute an up-to-date policy listing of all approved exceptions and substitutions.

4. The Department shall establish through policy the minimum equipment and supplies required on each Ground Ambulance; however, other equipment and supplies may be added as desired.

(5) General Provisions for Ground Ambulance Services.

(a) No person shall make use of the word “ambulance” to describe any ground transportation or facility or service associated therewith which such person provides, or to otherwise hold oneself out to be an ambulance service unless such person has a valid license issued pursuant to the provisions of this chapter or is exempt from licensing under this chapter.

(b) Each Ground Ambulance while transporting a patient shall be manned by not less than two Medics, one of whom must be in the patient compartment. If Advanced Life Support is being rendered, personnel qualified to administer the appropriate level of Advanced Life Support must be in the patient compartment and responsible for patient care.

1. A Ground Ambulance may not be staffed by more than one (1) Emergency Medical Technician Responder, unless:

(i) Conducting an interfacility transfer; and

(ii) One (1) of the Emergency Medical Technician-Responders maintains an active, unrestricted Georgia license as a Registered Nurse, Nurse Practitioner, Physician Assistant or Physician.

2. Emergency Medical Technician - Responders may not staff Ground Ambulances that routinely respond to Public Calls, unless:

(i) The Emergency Medical Technician - Responder is also licensed as a registered nurse, nurse practitioner, physician assistant or physician with an unrestricted license; OR

(ii) The Ground Ambulance Service provides all of the following on an annual basis to the Department in a manner and on forms specified by the Department:

(I) An attestation that the staffing at the EMS Agency is currently insufficient to properly staff Ground Ambulances responding to Public Calls;

(II) An attestation that the public welfare may be negatively affected if the Ground Ambulance Service is unable to use the Emergency Medical Technician - Responder license level to staff Ground Ambulances that respond to Public Calls; and

(III) An attestation from the Ground Ambulance Medical Director that they fully support the use of Emergency Medical Technician - Responders on Ground Ambulances that respond to Public Calls for the Ground Ambulance Service.

3. Emergency Medical Technician - Responders who do not hold an additional Georgia license as a registered nurse, nurse practitioner, physician assistant or physician may not serve as the primary patient caregiver during patient transport on a Ground Ambulance.

(c) If a Medic possesses an additional Georgia healthcare provider license, then the Medic may perform to the higher level of training for which he or she is qualified under that license when directed to do so by a physician, either directly or by approved protocols.

(d) Interhospital transfers shall be conducted by licensed ambulance services in registered ambulances when the patient requires, or is likely to require, medical attention during transport. The transferring or receiving physician may request the highest level of Emergency Medical Services Personnel available or additional qualified medical personnel access to the patient during the interhospital transfer. If requested, the ambulance service must allow the highest level medical personnel available to attend to the patient during the interhospital transfer.

(e) Ground Ambulance Services responsible for an emergency response zone by designation or service delivery agreement shall be provided on a twenty-four hour, seven day a week basis.

(f) Personnel shall be available at all times to receive emergency telephone calls and provide two-way communications.

(g) Sufficient licensed personnel shall be immediately available to respond with at least one Ground Ambulance. When the first Ground Ambulance is on a call, Ground Ambulance Services shall respond to each additional emergency call within their designated geographic territory as requested provided that Medics and a Ground Ambulance are available. If Medics and a Ground Ambulance are not available, the Ground Ambulance Service shall request mutual aid assistance. If mutual aid assistance is not available the Ground Ambulance Service shall respond with its next available Ground Ambulance.

(h) Medical Direction for Ground Ambulance Services.

1. To enhance the provision of emergency medical care, each Ground Ambulance Service shall have a Medical Director. The local Medical Director shall be a physician licensed to practice medicine in the state of Georgia, must complete Department required training, and must be approved by the Department. The local Medical Director must agree in writing to provide medical direction to that particular Ground Ambulance Service.

2. The local Medical Director shall serve as medical authority for the Ground Ambulance Service, serving as a liaison between the Ground Ambulance Service and the medical community, medical facilities and governmental entities.

3. It will be the responsibility of the local Medical Director to provide for medical direction and training for the ambulance service personnel in conformance with acceptable emergency medical practices and procedures.

4. Duties of the local Medical Director shall include but not be limited to the following:

(i) The approval of policies and procedures affecting patient care;

(ii) The formulation of medical protocols and communication protocols;

(iii) The formulation and evaluation of training objectives;

(iv) Performance evaluation;

(v) Continuous quality improvement of patient care; and

(vi) Development and implementation of policies and procedures for requesting air ambulance transport.

5. Each Ground Ambulance Service shall have a minimum set of clinical guidelines and/or protocols for the assessment, treatment and transportation of both adult and pediatric patients as specified by the Department.

6. All Emergency Medical Services Personnel shall comply with appropriate policies, protocols, requirements, and standards of the local Medical Director for that Ground Ambulance Service, provided that such policies and protocols are not in conflict with these Rules and Regulations, the Department-specified Scope of Practice, or other state statutes.

(i) Control of patient care at the scene of an emergency shall be the responsibility of the individual in attendance most appropriately trained and knowledgeable in providing prehospital emergency care and transportation. When a Medic arrives at the scene of a medical emergency, the Medic may act as an agent of a physician when a physician-patient relationship has been established.

1. For purposes of this section, a physician-patient relationship has been established when:

(i) A Medic utilizes medical control, either through direct on-line medical control or off-line medical control, by the use of medical protocols established by the local Medical Director; or

(ii) A physician is on the scene and demonstrates a willingness to assume responsibility for patient management or purports to be the patient's personal physician and the Medic takes reasonable steps to immediately verify the medical credentials of the physician.

2. Once a physician-patient relationship has been established, the Medic must follow the medical direction of that physician. In the event of a conflict between the medical direction given and the medical protocols established by the local Medical Director, the Medic should immediately contact their local Medical Director.

(j) All licensed Ground Ambulance Services must adhere to all Regional Ambulance Zoning Plans approved by the Department. Any Ground Ambulance that arrives at the scene of an emergency without having been designated as responsible by the Regional Ambulance Zoning Plan, shall provide the emergency medical care necessary to sustain and stabilize the patient until the arrival of the designated Ground Ambulance Service. A non-designated Ground Ambulance shall not transport a patient from the scene of a medical emergency except under the following conditions:

1. The designated Ground Ambulance is canceled by the appropriate dispatching authority with express approval of the designated Ground Ambulance Service; or

2. Medical control determines that the patient's condition is life-threatening or otherwise subject to rapid and significant deterioration and there is clear indication that, in view of the estimated time of arrival of the designated Ground Ambulance, the patient's condition warrants immediate transport. In the event the Medic is unable to contact medical control, the Medic will make this decision. The transporting Ground Ambulance Service shall file a copy of the Patient Care Report to the Department in compliance with these rules, to include an explanation of the circumstances and the need for the non-designated Ground Ambulance Service to transport the patient.(k) Hospital Destination of Prehospital Patients.

1. When a patient requires initial transportation to a hospital, the patient shall be transported by the ambulance service to the hospital of his or her choice provided:

(i) The hospital chosen is capable of meeting the patient's immediate needs;

(ii) The hospital chosen is within a reasonable distance as determined by the Medic's assessment in collaboration with medical control so as to not further jeopardize the patient's health or compromise the ability of the EMS system to function in a normal manner;

(iii) The hospital chosen is within a usual and customary patient transport or referral area as determined by the local Medical Director; and

(iv) The patient does not, in the judgment of the Medical Director or an attending physician, lack sufficient understanding or capacity to make a responsible decision regarding the choice of hospital.

2. If the patient's choice of hospital is not appropriate or if the patient does not, cannot, or will not express a choice, the patient's destination will be determined by pre-established guidelines. If for any reason the pre-established guidelines are unclear or not applicable to the specific case, then medical control shall be consulted for a definitive decision.

3. If the patient continues to insist on being transported to the hospital he or she has chosen, and it is within a reasonable distance as determined by the local Medical Director, then the patient shall be transported to that hospital after notifying local medical control of the patient's decision. The choice of hospital for the patient may be selected pursuant to O.C.G.A. § 31-9-2.

4. If the patient does not, cannot, or will not express a choice of hospitals, the Ground Ambulance Service shall transport the patient to the nearest hospital believed capable of meeting the patient's immediate medical needs without regard to other factors, e.g., patient's ability to pay, hospital charges, county or city limits, etc.

(l) Ground Ambulance Services and applicants for Ground Ambulance Services shall not misrepresent or falsify any information, applications, forms or data filed with or submitted to the Department or completed as a result of any ambulance response.

(m) Ground Ambulance Services shall not utilize as Medics any individuals who are not properly licensed under the applicable provisions of O.C.G.A. Chapter 31-11 and these rules and regulations.

(6) CLIA Certification

(a) All Ground Ambulance Services must maintain current CLIA certification as a laboratory that is permitted to perform waived tests, as defined in 42 CFR § 493.2.

1. Documentation regarding this certification must be submitted to the Department in a manner and on forms specified by the Department.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-9-2, 31-9-3, 31-11-5 to 31-11-11, 31-11-30 to 31-11-36, 31-11-50 to 31-11-55, 31-11-60.1, 31-12-8, 40-6-6.

511-9-2-.11. Inspections of EMS Agencies.

(1) The Department and its duly authorized agents shall be permitted to enter upon and inspect licensed EMS Agencies, including registered vehicles, other agency owned vehicles that resemble a first responder vehicle, emergency organ transport vehicle, or ambulance, facilities, records applicable to licensure, including but not limited to call logs, vehicle maintenance records, patient care reports, communication tapes, and personnel licensing records in a reasonable manner in regards to the operation of Emergency Medical Services. The Department is authorized to set policy for such inspections and records. EMS Agencies shall permit scheduled and unscheduled inspections by the Department and its duly authorized agents.

(2) When the Department conducts an inspection, the findings shall be recorded on an inspection report form provided for this purpose. The authorized representative of the EMS Agency shall sign a form acknowledging the inspection. Signing this form does not indicate agreement with

the findings thereon. A copy or electronic version of the inspection form shall be furnished to the EMS Agency within ten business days.

(a) EMS Agencies or those applying to be an EMS Agency whose Ground Ambulance(s), Air Ambulance(s), Emergency Organ Transport Vehicle, or Neonatal Transport Vehicle(s) is/are unable to fully pass the Department-specified inspection and is/are unable to become compliant before the assigned Department personnel depart(s) the inspection site, shall have the inspection(s) recorded as (a) failed inspection(s) and shall be subject to a re-inspection fee for each re-inspection of that/those ambulance(s)/vehicle(s). A subsequent inspection for that/those Ground Ambulance(s), Air Ambulance(s), Emergency Organ Transport Vehicle(s) or Neonatal Transport Vehicle(s) will not be performed until the re-inspection fee is received by the Department. Re-inspection fees will be as follows:

1. For the first re-inspection of a Ground Ambulance, Air Ambulance, Emergency Organ Transport Vehicle, or Neonatal Transport Vehicle, the re-inspection fee will be $150.00 for each vehicle.

2. For the second and subsequent re-inspection(s) of a Ground Ambulance, Air Ambulance, Emergency Organ Transport Vehicle, or Neonatal Transport Vehicle, the re-inspection fee will be $250.00 for each vehicle.

(3) Inspections of pharmaceuticals will be handled in accordance with policies established by the Department and state and federal laws and regulations where applicable.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-5, 31-11-6, 31-11-9, 31-11-30 to 31-11-36.

511-9-2-.14. Mandatory Reporting Requirements for EMS Agencies and Medics.

(1) All EMS Agencies shall comply with all federal, state and local data reporting requirements, including all data reporting requirements in these Rules.

(2) Data Management Policy. These provisions shall not apply to Emergency Organ Transport Services.

(a) Each EMS Agency that is not contracting out all its requested responses to another EMS Agency is required to have and maintain a Data Management Policy that conforms to the requirements specified by the Department.

1. Each individual that serves as a crew member on any vehicle registered by the EMS Agency shall comply with the EMS Agency's Data Management Policy, provided that the EMS Agency's Data Management Policy is not in conflict with these rules or the policies of the Department.

2. The Data Management Policy must be submitted in a timeframe and manner specified by the Department and on forms specified by the Department.

(3) EMS Responses by Ground Ambulances, Medical First Responder Vehicles, Air Ambulances and Neonatal Transport Vehicles.

(a) EMS Agencies shall maintain a dispatch record on all calls received. The dispatch record shall be made available to the Department within twenty-four (24) hours of a request from the Department, and the record shall be maintained for a minimum of three years and shall contain at a minimum, when applicable, but not be limited to, the following:

1. Date call received;

2. Time call received;

3. Source of call;

4. Call back telephone number;

5. Location of patient;

6. Apparent problems;

7. Unit (unit number, GA EMS Vehicle ID number);

8. Crew dispatched;

9. Time of dispatch;

10. Time arrived at scene;

11. Time left scene;

12. Time arrived at transferring facility;

13. Time left transferring facility;

14. Time arrived at patient's destination or receiving facility; and

15. Destination of patient.

(b) Electronic Patient Care Reports (ePCRs)

1. ePCRs shall be completed for each response made by any vehicle, crew, or Medic for each EMS Agency, as follows:

(i) For responses with no patient present, the ePCR shall be entered into the EMS Agency's ePCR software system by one of the crew members present on the responding vehicle before the end of the current work shift for the responding crew member(s).

(ii) For responses with one or more patients present, an ePCR for each patient present shall be entered into the EMS Agency's ePCR software system by the primary patient caregiver (of the responding crew for the respective EMS Agency and the respective patient) before the end of the

current work shift for the primary patient caregiver for that respective EMS Agency and specific patient.

(a) If the primary patient caregiver is unable to enter or complete the ePCR prior to the end of the current scheduled work shift for the primary patient caregiver due to acute injury, illness, or death, the EMS Agency shall assign the ePCR entry and completion to another employee of the respective EMS Agency. ePCRs completed pursuant to this paragraph shall be entered into the EMS Agency's ePCR software system and completed within 24 hours of call completion.

(iii) The individual entering and completing an ePCR is responsible for ensuring that each ePCR is factual and accurate and compliant with the Department's data requirements related to data version, transmission, format, accuracy, completeness, uniformity, integration, validity and accessibility.

2. EMS Agencies shall electronically submit all ePCRs to the Department within 24 hours of call completion, and each submission shall comply with the Department's data submission requirements related to data version, transmission, format, accuracy, completeness, uniformity, integration, validity and accessibility.

3. In the event of a failure of the EMS Agency's ePCR software or the hardware used to access the software, the responding Medics must complete a paper PCR that is accurate and factual and is substantially similar to the EMS Agency's ePCR and the response information must be entered into the EMS Agency's ePCR software by the responding Medics and submitted to the Department within 24 hours of the resolution of the software or hardware failure.

(i) In the event the EMS Agency's software and/or hardware failure extends for longer than 7 calendar days, the EMS Agency shall immediately use the Department's ePCR software for direct entry of ePCRs by the Medics and continue using it until the EMS Agency's software and/or hardware failure is completely resolved.

4. In the event an EMS Agency's ePCR vendor is unable to submit the EMS Agency's ePCRs to the Department in compliance with this rule, whether as a result of a software failure, hardware failure, validation rule(s) failure, or mis-configuration of the ePCR software, the EMS Agency must submit a ePCR to the receiving facility in printed or electronic form, and the response information must be submitted to the Department within 24 hours of the resolution of the software or hardware failure.

(i) In the event the EMS Agency's ePCR vendor is unable to transmit ePCRs to the Department for longer than 7 calendar days, the EMS Agency shall immediately use the Department's ePCR software for direct entry of ePCRs by the Medics and continue using it until the EMS Agency's ePCR vendor is able to transmit ePCRs for the EMS Agency in compliance with this rule.

5. All ePCR software or hardware failures must be reported to the Department within 12 hours of the failure and must be documented by the EMS Agency in a log that shall be made available for inspection by the Department immediately upon request.

6. The Department shall be authorized to inspect the ePCR software system of the EMS Agency to ensure compliance with this rule.

(c) EMS Agency crew members of the vehicle that transports a patient to an acute care facility, hospital, or any other facility that requests a Patient Care Report (PCR), shall deliver a PCR to the receiving facility prior to departing the facility. If the EMS Agency is unable to deliver a complete PCR to the facility electronically or in printed format prior to the departure of the transporting crew from the facility, then the primary patient caregiver of the transporting vehicle shall complete and deliver to the facility a written or printed abbreviated PCR that includes at a minimum, when applicable, the following data elements related to the current incident:

1. patient first name, last name, gender, and date of birth;

2. name of the EMS Agency and names of the crew members that transported the patient;

3. date and time when the call was received;

4. date and time when the transporting EMS Agency crew arrived on scene, left the scene and arrived at the destination;

5. date and time when the patient was injured, last known to be well, and had a return of spontaneous circulation;

6. date and time of first medical contact;

7. name of any first responder agency that cared for or made contact with the patient;

8. patient history, chief complaint, exam findings, and any treatments provided;

9. transporting EMS Agency incident number; and

10. any other information available to the EMS Agency that is necessary for the continued care of the patient at the receiving facility.

(d) If the EMS agency crew members were unable to deliver a completed PCR to the receiving facility electronically or in printed format prior to the departure of the transporting crew and the facility requests a completed PCR from the EMS agency, the EMS agency must provide a completed PCR to the facility within 24 hours of the request.

(4) EMS Responses by Emergency Organ Transport Vehicles

(a) Emergency Organ Transport Services shall maintain a dispatch record on all calls received. The dispatch record shall be made available to the Department within twenty-four (24) hours of a request from the Department, and the record shall be

maintained for a minimum of three years and shall contain at a minimum, when applicable, but not be limited to, the following:

1. Date of response;

2. Source of call;

4. Location of pickup;

6. Reason for response;

7. Unit (unit number, GA EMS Vehicle ID number);

8. Personnel dispatched;

9. Time of dispatch;

10. Destination of response;

11. Use of lights and sirens.

(5) Personnel Roster

(a) EMS Agencies shall submit rosters to the Department of all drivers and all licensed Medics, Nurses, physician assistants, physicians, and all other licensed healthcare workers employed by, volunteering for, or contracted by the EMS Agency. Rosters shall be submitted on forms specified by the Department with a minimum set of data elements specified by the Department, in compliance with the following:

1. EMS Agencies shall submit additions to their roster of any driver (excluding helicopter pilots), Medic, Nurse, physician assistant, physician, and all other licensed healthcare personnel prior to that person being permitted to staff an Air Ambulance, Ground Ambulance, Neonatal Transport Vehicle or Medical First Responder Vehicle; and

2. EMS Agencies shall submit deletions or modifications to their roster within 96 hours of the employment status change.

(6) Each EMS Agency shall notify the Department in a manner and on forms specified by the Department within twenty-four hours of:

(a) The receipt of a report or other information suggesting that a Medic, EMS Instructor, or EMS Instructor/Coordinator has:

1. Provided services while under the influence of drugs or alcohol;

2. Been arrested or indicted for, charged with, or convicted of any felony, crime of violence, or crime of moral turpitude;

3. Violated the laws of Georgia, another state or territory, or the United States. This shall not include violations which involve minor traffic offenses; or

4. Violated any Department rule or regulation, Scope of Practice, or any of the Department's policies governing EMS in Georgia.

(b) The violation of any Department approved Regional Ambulance Zoning Plan by any EMS Agency or Medic; and

(c) The theft of any Air Ambulance, Ground Ambulance, Neonatal Transport Vehicle, Emergency Organ Transport Vehicle, or Medical First Responder Vehicle registered to the EMS Agency.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-1 to 31-11-5, 31-11-9, 31-11-34, 31-11-35, 31-11-50, 31-11-51, 31-11-52, 31-11-53.1, 31-11-56 to 31-11-58, 31-11-58.1.

511-9-2-.20 Licensure of Emergency Organ Transport Services

(1) Applicability

(a) No person shall operate, advertise, or hold themselves out to be an Emergency Organ Transport Service in the state of Georgia without being in compliance with the provisions of O.C.G.A. Chapter 31-11 and these rules and regulations and without being duly licensed by the Department. However, this Rule shall not apply to:

1. Any ambulance service licensed to operate in Georgia

2. Any Emergency Organ Transport Service operated by an agency of the United States government.

3. Any Emergency Organ Transport vehicle licensed in another state and being utilized as mutual aid by a Georgia licensed Emergency Organ Transport Service.

(b) This section is not intended to prevent any transportation service from providing organ or tissue transport services that are not for time-critical transplant procedures and do not require emergency warning devices for transport.

(2) Application for a license shall be made to the license officer in the manner and on the forms approved by the Department, to include at a minimum the name, address, email address, and employer identification number of the owner(s).

(3) Renewal of License. Renewal of any license issued under the provisions of O.C.G.A. Chapter 31-11 shall require conformance with all the requirements of these rules and regulations as upon original licensing.

(a) Any license not renewed prior to the license expiration date is considered “Lapsed-Failure to Renew” and is not permitted to operate as an Emergency Organ Transport Service. Late renewal is permitted during the three (3) month period immediately following the expiration date for the last license renewal cycle. After that three-month period, and the agency must apply as a new applicant in accordance with applicable rules and regulations.

(4) Standards for Emergency Organ Transport Vehicles

(a) General:

1. Registered Emergency Organ Transport Vehicles must be maintained on suitable premises that meet the Department's specifications. The Department is authorized to establish policy to define minimum standards for suitable premises and base of operations.

2. Emergency Organ Transport Vehicle must be properly equipped, maintained, and operated in accordance with other rules and regulations contained herein. The vehicle must have an appropriate system for ensuring an adequate temperature environment suitable for personnel and organ transport.

2. Essential equipment for driver and passenger safety and comfort must be in good working order, including approved safety belts for all seats and appropriate restraints for all equipment.

3. Prior to their use, Emergency Organ Transport Vehicles must be inspected and approved by the Department and so registered by affixing a Department decal at a location specified by the Department.

4. Prior to disposal by sale or otherwise, an Emergency Organ Transport Vehicle removed from service must be reported to the Department, the Department issued vehicle identification number must be removed, and all emergency warning devices must be removed or deactivated if being sold to a non-licensed EMS agency

5. All registered Emergency Organ Transport Vehicles shall have on both sides of the vehicle an identification number designated by the Department. The name of the Emergency Organ Transport Service and the vehicle identification number shall be visible on each side of the Emergency Organ Transport Vehicle in at least 3-inch lettering for proper identification.

6. A paper copy of the emergency organ transport vehicle license or registration must be made immediately available upon request.

(b) Insurance:

1. Each registered Emergency Organ Transport Vehicle shall have at least $1,000,000 combined single limit (CSL) insurance coverage.

2. No Emergency Organ Transport Vehicle shall be registered nor shall any registration be renewed unless the Emergency Organ Transport Vehicle has insurance coverage in force as required by this section. A certificate of insurance or satisfactory evidence of self-insurance shall be submitted to the license officer for approval prior to the issuance or renewal of each Emergency Organ Transport Vehicle license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the Department in a manner and on forms specified by the Department, by all licensees required to provide proof of such insurance under this section. Any lapse in insurance coverage will be grounds for immediate revocation of the Emergency Organ Transport Service license.

3. Emergency Organ Transport Services must maintain a file, as defined in departmental policy, of all maintenance records on each vehicle registered by the Department.

4. The Emergency Organ Transport Service shall list the Georgia Office of EMS and Trauma as an additional certificate holder for the vehicle insurance with the insurance company.

(c) Fees:

1. Any fee submitted to the Department that results in insufficient funds will be assessed a non-sufficient fund fee. The returned check fee and non-sufficient fee will be due within two business days by cashier's check.

(d) Communication:

1. Each registered Emergency Organ Transport Vehicle shall be equipped with a two-way communication system that provides communications:

   (i.) between the vehicle to pickup location; and

   (ii.) between the vehicle to receiving facility; and

   (iii.) between the vehicle to base communications.

(e) Infectious Disease Exposure Control: Emergency Organ Transport Services and Personnel shall comply with all applicable local, state, and federal laws and regulations in regard to infectious disease exposure control procedures.

(f) Equipment and Supplies:

1. All equipment and supplies must be maintained in working order and shall be stored in a secure manner to protect the occupant(s) during transport.

2. The Department shall through policy establish the minimum vehicle standards, equipment and supplies required of each Emergency Organ Transport Vehicle.

3. Equipment, organs, and tissue must be secured in the vehicle to prevent items from sliding, rolling, and vertical movement; and

4. Emergency Organ Transport Vehicle must be monitored by a vehicle tracking software that includes at minimum speed and location tracking capabilities. GPS navigation software must be available for the vehicle operator.

(5.) General Provisions for Emergency Organ Transport Services

(a.) No person shall make use of the words "emergency organ transport" to describe any ground transportation or facility or service associated therewith which such person provides, or to otherwise hold oneself out to be an emergency organ transport service unless such person has a valid license issued pursuant to the provisions of this chapter or is exempt from licensing under this chapter.

(b.) Each emergency organ transport vehicle shall be driven by an individual that is:

1. At least 18 years of age; and

2. Currently certified in EVOC and defensive driving; and

3. Passed a preemployment driver’s license check, drug screen, and state and national background check.

(c.) Maintain written standard operating procedures that includes use of lights and sirens, and vehicle speed during response and transport.

(d.) Emergency Organ Transport Services must be contracted or have a formal agreement with a federally designated organ procurement organization or a recognized organ transplant center.

(e.) Licensed Emergency Organ Transport Services and applicants for Emergency Organ Transport Services shall not misrepresent or falsify any information, applications, forms, or data filed with or submitted to the Department.

(f.) An Emergency Organ Transport Service shall not transport a patient.

Authority: O.C.G.A. §§ 31-2A-3, 31-2A-6, 31-11-1 to 31-11-5, 31-11-9, 31-11-34, 31-11-35.