KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES
(Amendment)

202 KAR 7:555. Ground agencies.

RELATES TO: KRS 311A.030, 311A.075, 311A.190, 29 C.F.R. 1910.1030
STATUTORY AUTHORITY: KRS 311A.020, 311A.025, 311A.030, 311A.190
CERTIFICATION STATEMENT: This is to certify that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8.
NECESSITY, FUNCTION, AND CONFORMITY: KRS 311A.020 requires the Board of Emergency Medical Services to exercise all administrative functions in the regulation of the EMS system and the licensing of ambulance services and medical first response agencies, except those regulated by the Board of Medical Licensure or the Cabinet for Health and Family Services. KRS 311A.030 requires the board to promulgate administrative regulations for the licensing, inspection, and regulation of ambulance providers and medical first response agencies. This administrative regulation establishes minimum licensing requirements.

Section 1. Utilization of Ground Vehicles by Class I, II, III, and IV Licensed Agencies.
(1) At the time of initial inspection, each agency shall inform the Kentucky Board of Emergency Medical Services (KBEMS) office of the make, model, year, vehicle identification number or serial number, and license tag number for each vehicle the agency plans to use for medical care and transportation.
(2) Each agency shall complete a Vehicle Add application in the Kentucky Emergency Medical Services Information System (KEMSIS) no later than five (5) business days before any unlicensed vehicle is placed into operation.
(3) Unless exigent circumstances exist and the agency receives written approval from the executive director of the board to place an unlicensed vehicle into operation, a vehicle shall not be placed into operation until the board has conducted a physical inspection of the vehicle and determined it meets the requirements of 202 KAR Chapter 7.
(4) Each agency shall complete a Vehicle Delete application in KEMSIS no later than the next business day after the permanent removal of any licensed vehicle from service by the license holder.
(5)
(a) A licensed agency may use a replacement vehicle that meets all of the requirements of 202 KAR Chapter 7 on a temporary basis while a permitted vehicle is out of service. The agency shall complete an Add TEMPORARY Vehicle/Aircraft Part 1 application in KEMSIS within twenty-four (24) hours of the replacement.
(b) A temporary replacement vehicle shall not be used for more than thirty (30) days annually unless the KBEMS office has verified, through a physical inspection, that it meets the requirements of 202 KAR Chapter 7.
(6) The KBEMS office shall be notified by a completed Add TEMPORARY Vehicle/Aircraft Part 2 application in KEMSIS within twenty-four (24) hours or on the next business day if a temporary vehicle is removed from service and the original licensed vehicle is returned to service.
(7)
(a) An agency that fails to report using a temporary vehicle shall be required to immediately cease use of the replacement vehicle until the reporting requirements are met.
(b) An agency that fails to remove a temporary vehicle from service after thirty (30) days shall be fined $500 for each day or partial day the vehicle is in service and not reported.
(8) This administrative regulation shall not prevent a licensed agency from utilizing other means of transporting patients in:
(a) Disasters;
(b) Mass casualty incidents; or
(c) Extraordinary scene conditions that would impair access to the safety or care of the patient or personnel operating at the scene.

Section 2. Provider Management Requirements.
(1) All licensed agencies shall maintain:
(a) An organizational chart that establishes lines of authority, including the designation of:
1. An administrator responsible for assuring compliance with KRS Chapter 311A and 202 KAR Chapter 7 during the daily operation of the service; and
2. A designee who shall serve in the absence of the administrator;
(b) Records and reports at the ambulance agency base station including:
1. An original, electronic equivalent, or copy of all patient care records consistent with the U.S. Department of Transportation National Highway Traffic Safety Administration (NHTSA) National Emergency Medical Services Information System (NEMSIS) data dictionary found at www.nemsis.org/technical-resources/version-3;
2. An electronic copy of all completed patient care reports, which shall be maintained to ensure confidentiality and safekeeping for at least seven (7) years from the date on which the service was rendered, or in the case of a minor, at least three (3) years after the minor reaches the age of majority; and
3. Copies of Patient Care Reports for the preceding twelve (12) months, which shall be accessible and be immediately available to the board, KBEMS office, or representatives upon request;
(c) Personnel files for each employee or volunteer who staffs a vehicle of a licensed agency. Personnel files shall be maintained for at least one (1) year following separation from employment. At a minimum, all personnel files shall contain:
1. Pre-employment and biennial criminal background checks, which shall be national in scope and administered by a vendor approved by the board.
a. All criminal background checks shall include searches of:
(i) County criminal records;
(ii) Nationwide crime database;
(iii) Federal criminal records;
(iv) Nationwide sexual offender registry;
(v) Healthcare fraud and abuse scan; and
(vi) Address history;

b. A new employee or volunteer shall not staff any licensed vehicle until the agency has requested an initial employment background check from a vendor approved by the board;

c. If a new employee or volunteer is currently employed by another agency licensed by the board and a national criminal background check for that employee or volunteer has been completed within the last six (6) months, the hiring agency may, with the employee's or volunteer's written consent and with approval from the other licensed agency, obtain the completed background check from the other licensed agency, and such background check shall constitute the employee's or volunteer's initial employment background check;

2. A copy of the employee's valid KBEMS certification or licensure card;

3. A Federal Emergency Management Agency (FEMA) transcript or copy of each employee's completion of the National Incident Management System (NIMS) Incident Command System (ICS) 100, 200, 700, and 800 courses;

4. A valid copy of the employee's driver's license and documentation of the employee's completion of driver's training, if the employee operates any agency vehicle; and

5. Annual fitness for duty statements, which shall be consistent with the agency's pre-employment and annual health assessment policy and signed by an authorized representative of the agency;

(d) A policy for the provision of a pre-employment and annual health assessment of employees of the agency, which shall include reporting mechanisms for work-related illness or injury;

(e) A written plan for providers to consult with online adult and pediatric medical direction. This plan shall address at a minimum:

1. The availability of medical direction twenty-four (24) hours a day, seven (7) days a week;

2. The availability of medical direction during an emergency event;

3. The provision of medical direction by a physician, physician assistant (PA), or nurse practitioner (NP); and

4. Recommended actions if:

a. There is an equipment failure, a communication barrier, or other unusual circumstance; and

b. It is not possible to contact online medical direction;

(f) A plan and records for the provision of continuing education for staff and volunteers, including:

1. A written plan for the method of assessment of staff continuing education needs; and

2. A coordinated plan to meet those needs, including a provision that all continuing education shall be provided either by a licensed TEI or in accordance with 202 KAR 7:601;

(g) An infection control plan in accordance with 29 C.F.R. 1910.1030;

(h) A written plan for training or educating personnel for responding to hazardous materials, criminal, and potential terrorist incidents;

(i) Written policies for the protection and decontamination of patients, ambulances, equipment, and staff. If an agency carries firefighter structural personal protective equipment, the written policies shall include provisions for bagging or containing the equipment to minimize off-gassing and prevent cross-contamination within the patient compartment when storing the equipment in an external compartment is not possible;

(j) A written policy regarding the appropriate destination of a patient who expires during transport if a valid Kentucky EMS Do Not Resuscitate (DNR) or Medical Orders for Scope of Treatment (MOST) form is present;

(k) A written plan for the quality assessment of patient care and provider quality improvement, including a monthly review of patient care reports and evaluation of staff performance related to patient care. This plan shall address at~~[as]~~ a minimum:

1. Employee health and safety;

2. Compliance with protocols and operating procedures;

3. Assessment of dispatch protocols;

4. Vehicle operations and vehicle safety;

5. Additional training necessary for the patient care provider or providers;

6. Equipment preventive maintenance programs; and

7. A process for the resolution of customer complaints;

(l) A written plan for training personnel and responding to mass casualty incidents and disasters;

(m) A written orientation program for all personnel, including at a minimum:

1. Validation of certification or license with KBEMS;

2. Validation of the National Incident Management System (NIMS) Incident Command System (ICS) 100, 200, 700, and 800 courses within sixty (60) days of employment for any employee who staffs a licensed vehicle;

3. Completion of driver's training in accordance with 202 KAR 7:560 prior to operating a board licensed vehicle during an emergency response or when actively transporting a patient, if applicable;

4. A review of all agency policies, procedures, and protocols;

5. Communication equipment at the base station and on each vehicle;

6. Operational aspects of the agency fleet and equipment;

7. Inspection and routine maintenance of agency fleet, facilities, and equipment;

8. Appropriate processes for disinfection of agency fleet, facilities, and equipment;

9. Local navigation and geographic orientation; and

10. Completion of Patient Care Reports and other documentation as established by the agency;

(n) Proof of professional liability malpractice insurance of a minimum of $1,000,000; and

(o) Proof of vehicular liability insurance.

(2)

(a) Each agency shall maintain professional liability malpractice insurance and vehicular liability insurance.

(b) An agency that fails to maintain professional liability malpractice insurance and vehicular liability insurance shall notify the board immediately and cease operations until all insurance coverage has been restored.

(3) Each agency shall verify that all staff certifications and licenses are valid as of the first day of the calendar year.

(4) If an agency is ceasing to operate, the agency shall provide the board with the physical or electronic digital storage location of all Patient Care Reports within five (5) business days of closure. These reports shall be maintained by the owner of the licensed agency~~[,]~~ or a contracted third party to meet the timeline established in subsection (1)(b) of this section.

(5) Each agency that allows an employed emergency responder to provide medical services while off duty in accordance with 202 KAR 7:701 shall maintain and implement a policy regarding which employees are approved to provide medical services

off duty by the agency's medical director and the manner in which worker's compensation and general liability insurance covers employees off duty.

(a) The policy shall be signed by both the agency's administrator and medical director and shall be reviewed annually.

(b) Off duty emergency medical personnel shall not provide off duty care that would require an agency license, such as a Class VIII license.

(6) Each Class I, II, and VI agency shall, in the county in which the agency's base station or a satellite is located:

(a) Document evidence of participation in a local, county, facility, regional, or state disaster or preparedness exercise within the preceding twelve (12) months;

(b) Coordinate with the county or facility emergency management director plans for the possible use of agency personnel for use in the emergency operations center in a disaster;

(c) Maintain a hard copy or electronic equivalent of the most current adopted facility, city, county, or urban county government emergency management agency's emergency operations plan at the ambulance base station; and

(d) Document evidence of use and operation of Kentucky Ready Ops patient tracking during a disaster or preparedness exercise.

Section 3. Operating Requirements.

(1) Each licensed agency, except Class IV, VIII, and IX, shall provide service twenty-four (24) hours a day, seven (7) days a week. Class IV, VIII, and IX agencies shall operate during the hours of operation for their geographical service area or designated events.

(2) Each licensed agency shall retain staffing schedules for at least the previous twelve (12) months.

(3) A licensed agency shall have a written scope of care policy to include the types of services performed, limitations of response, and the types of medical teams provided.

(4) Unless utilizing a medical dispatch prioritizing system, any agency licensed and located within the geographical service area that determines it is unable to have a vehicle responding within ten (10) minutes from the initial time a 911 scene response call is received shall request that the next closest appropriate licensed agency respond.

(5) If an agency licensed for a specific geographical service area is unable to respond to a scheduled or non-scheduled medically necessary ambulance transportation call within two (2) hours from the initial time the call is received, the requesting healthcare facility may contact any appropriately-licensed agency and request that the agency conduct the transport.

(6) Each Class I agency shall attempt to enter into a mutual aid agreement with another licensed Class I agency operating within the same or contiguous counties. These agreements shall be in writing and address:

(a) The type of mutual aid assistance to be provided, including advanced life support (ALS) or basic life support (BLS) medical care and transport and ALS or BLS medical first response;

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

(c) Response vehicles, including unit identifiers and the station or location from which the vehicles shall be operated;

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

(e) Radio and other communications procedures between the ambulance agency and other response agencies with which the agency has mutual aid agreements;

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

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

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

(7) A Class I agency shall send a written request for a mutual aid agreement to at least two (2) contiguous counties and retain a copy of each request and each county's response.

(8) Each Class I and VI agency shall maintain a policy or affiliation agreement with the primary call-taking center that provides dispatch services for all or part of the service area of the ground agency. The agreement or policy shall state at a minimum that:

(a) Unless utilizing a medical dispatch prioritizing system, requests for 911 scene response shall be dispatched or notified within two (2) minutes from determining that the caller is requesting an ambulance response;

(b) If the closest licensed agency for that geographic service area is unable to have an ambulance responding to an emergency 911 scene response call within ten (10) minutes from the time the call is dispatched, the agency shall notify the next closest appropriate licensed agency to respond; and

(c) The agreement shall specify which patient information shall be collected by the call-taking center during a call for service.

(9) Each Class II and III agency shall maintain a policy or affiliation agreement with the primary call-taking center that provides dispatch services for all or part of the service area of the ground agency. The agreement or policy shall state, at a minimum, which patient information shall be collected by the call-taking center during a call for service.

(10) If a ground agency is unable to secure a written affiliation agreement with the dispatch center, the ground agency shall retain all written correspondence to the dispatch center requesting an affiliation agreement and the dispatch center's denial of the agency's request.

(11) An agency shall not respond to requests for emergency service outside of its licensed geographic service area without first receiving authorization from the licensed agency in the geographic service area in which the request originates.

(12) A licensed Class I ground agency that is located in a geographical service area containing multiple destination hospitals, with regard to the furnishing of 911 scene response and transportation, shall not engage in:

(a) Exclusive or coercive practices regarding transportation decisions with regard to any affiliated hospital or hospital emergency department;

(b) Preferential transportation to any affiliated hospital emergency department if the transports are not justified by time, place, patient convenience, or other objective factors affecting a patient;

(c) Noncompetitive transportation to any affiliated hospital emergency department; or

(d) Transports to any affiliated hospital emergency department if that hospital is not the closest to the patient location or most appropriate based on the availability of particular services or patient preference.

(13) Each licensed Class I and II agency shall schedule a minimum of one (1) staffed ambulance to be staged in the agency's geographic service area.

(14) An agency that cannot meet the timelines established in subsection (8) of this section shall contact another licensed agency and receive an estimated time of arrival to the request for service. If the mutual aid agency can arrive at the location where the request originated more quickly than the agency licensed for the geographic service area, the agency licensed for the geographic service area shall request mutual aid from its neighboring agency to respond to the call.

(15) Class I, IV, and VI agencies shall not refuse a request for an emergency site or 911 scene response if a unit is available in its geographic service area.

(16) A Class I agency shall not exhaust its resources by responding to a scheduled or non-scheduled medically necessary call or by responding to a mutual aid request, except that a licensed Class I agency that has established daily minimum staffing levels may contract with a hospital in the Class I agency's geographic service area for the purpose of meeting the ambulance transportation needs of patients receiving care at the hospital. The contracted services may be utilized solely for the purpose of providing scheduled or non-scheduled medically necessary transports to and from the hospital, if the minimum staffing levels are met by the licensed Class I agency.

(17) This administrative regulation shall not be construed to prevent a licensed agency from providing medical first response emergency or nonemergency pre-hospital care at or below the level for which the agency is licensed through the use of designated agency-owned response vehicles.

(18) A communications system shall be developed, coordinated, and maintained by each licensed agency. The communication system shall comply with paragraphs (a) through (f) of this subsection.

(a) Radio equipment used in emergency medical services vehicles shall be appropriately licensed through the Federal Communications Commission (FCC). Copies of the current FCC licenses shall be on file in the agency office.

(b) Each ambulance shall have an operational push-to-talk two-way radio programmed with all very high frequency (VHF) Kentucky State Mutual Aid Frequencies in accordance with the Commonwealth of Kentucky Field Operations Guide (KY-FOG).

(c) Each Class I ambulance shall be equipped with a minimum of one (1) mobile two-way radio located in the driver's compartment.

(d) Each Class I ambulance shall have a minimum of two (2) portable push-to-talk two-way radios capable, under normal conditions, of operating on the agency, dispatch center, mutual aid, and hospital frequencies.

(e) Each ambulance shall be equipped with mobile two-way radio communication equipment with the ability to communicate from the driver's compartment and patient care compartment.

(f) One (1) alternative method of two-way communication may be substituted for one (1) portable two-way radio.

Section 4. Ceasing Continuous Service.

(1) A licensed Class I, II, III, VI, or VII agency that ceases to provide continuous service on a twenty-four (24) hour basis shall surrender its license to the board office within twenty-four (24) hours of the agency ceasing to provide continuous service.

(2) The agency's chief operations or service director shall immediately contact the executive director of the board upon determining that his or her Class I, II, III, VI, or VII agency will cease providing continuous service, and shall provide the approximate date and time that the agency will cease continuous service.

(3) The agency's chief operations or service director shall immediately contact the executive director of the board upon determining that his or her Class I, II, III, VI, or VII agency has ceased providing continuous service, and shall provide the date and time that the agency ceased continuous service.

(4) Notwithstanding subsection (1) of this section and Section 3(1) of this administrative regulation, a Class I, II, III, VI, or VII agency shall resume continuous service no later than seventy-two (72) hours after ceasing continuous service if the executive director of the board determines, in writing, that:

(a) Circumstances beyond the agency's control exist that justify the agency's temporary lapse in continuous service; and

(b) Public health, safety, and welfare will be better served by allowing the agency to resume continuous service within seventy-two (72) hours after ceasing continuous service.

(5) A licensed Class I, II, III, VI, or VII agency that ceases continuous service shall be deemed to pose a threat to the public and the agency's license shall be temporarily suspended in accordance with KRS 311A.075 if:

(a) The agency fails to surrender its license in accordance with subsection (1) of this section; and

(b) The executive director of the board does not make the determinations set forth in subsection (4)(a) and (b) of this section; or

(c) The executive director of the board makes the determinations set forth in subsection (4)(a) and (b) of this section, but the agency fails to resume continuous service within seventy-two (72) hours after ceasing continuous service and fails to surrender its license to the board office within seventy-two (72) hours after ceasing continuous service.

(6)

(a) Unless the agency surrenders its license to the board within two (2) hours after ceasing continuous service, a Class I, II, III, VI, or VII agency that ceases continuous service shall be assessed $200 per hour for non-operations after the second hour of failure to provide continuous service.

(b) Assessments for non-operations shall not be imposed for any period of non-operations after an agency surrenders its license, after an agency's license is suspended, or, if the executive director of the board makes the determinations established in subsections (4)(a) and (b)~~[subsection 4(a) and (b)]~~ of this section, after the written determinations are made.

Section 5. Issuance of Temporary Class I Hardship Licenses to Counties.

(1) The board office shall issue a temporary Class I hardship license to the county or counties listed as the geographic service area on a Class I license thatis the only Class I license for the geographic service area and:

(a) Is surrendered in accordance with Section 4(1) of this administrative regulation; or

(b) Is temporarily suspended in accordance with Section 4 of this administrative regulation and KRS 311A.075.

(2) The board office may issue a temporary Class I hardship license to a county or counties subject to emergent conditions that pose a threat to public health, safety, and welfare.

(3) A temporary hardship license shall not be transferrable.

(4) A county issued a temporary hardship license may contract with a licensed Class I agency to provide service to the geographic service area listed on the temporary hardship license.
(5) Notwithstanding Sections 3(1) and 4(1) of this administrative regulation, a county issued a temporary hardship license shall begin providing continuous service no later than 120 days after the license is issued.
(6) Notwithstanding any other administrative regulation promulgated by the board, for up to and not exceeding 120 days after a temporary hardship license is issued to a county under this section, the county may request that any licensed Class I agency respond to a call for service in the geographic service area listed on the temporary hardship license.
(7) A temporary hardship license issued pursuant to subsection (1) of this section shall expire one (1) year after the license is issued, after a new Class I license for the geographic service area is issued, or, if the Class I license for the geographic service area was temporarily suspended in accordance with Section 4 of this administrative regulation, after that license is reinstated, whichever occurs first.
(8) A temporary hardship license issued pursuant to subsection (2) of this section shall expire one (1) year after the license is issued, unless extended by approval of the board for up to one (1) additional year.

Section 6. Medical Directors.
(1) Each licensed agency shall have a medical director who meets the requirements established in 202 KAR 7:801.
(2) A licensed agency shall notify KBEMS within twenty-four (24) hours of a decision to discontinue a medical director agreement by either the agency or the medical director.
(3)
(a) If an agency is found to be operating without a medical director, the agency shall be provided emergency medical direction by the KBEMS Medical Advisor for a fee of $100 per day for the first thirty (30) calendar days the agency is without a medical director.
(b) The fee shall increase to $500 per day after thirty (30) calendar days.

Section 7. Public Notice of Negative Action. The board office shall cause to be published, on the KBEMS web site or similar publication of the board, the name of any licensed agency that is fined, placed on probationary status, placed on restricted status, suspended, or had a license revoked.

Section 8. Incorporation by Reference.
(1) The following material is incorporated by reference:
(a) "Commonwealth of Kentucky Field Operations Guide (KY-FOG)", (6/2012) found at https://kwiec.ky.gov/SiteCollectionDocuments/KYFOG.pdf~~[.]~~;
(b) "NHTSA NEMSIS Data Dictionary", (v3.40) U.S. Department of Transportation National Highway Traffic Safety Administration (NHTSA) National Emergency Medical Services Information System (NEMSIS) data dictionary found at https://www.nemsis.org/media/nemsis_v3/3.4.0.150302/DataDictionary/PDFHTML/DEMEMS/NEMSISDataDictionary.pdf;
(c) "Vehicle Add application in KEMSIS", (12/2025);
(d) "Vehicle Delete application in KEMSIS", (12/2019);
(e) "Add TEMPORARY Vehicle/Aircraft application Part 1 in KEMSIS", (12/2019); and
(f) "Add TEMPORARY Vehicle/Aircraft application Part 2 in KEMSIS", (12/2019).
(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Office of the Kentucky Board of Emergency Medical Services, 500 Mero Street, 5th Floor 5SE32, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m.
(3) This material is also available on the board's Web site at: kbems.ky.gov~~[kyems.com]~~.

JOHN R. HOLDER, Chair

APPROVED BY AGENCY: October 12, 2026
FILED WITH LRC: October 13, 2026 at 3:30 p.m.
PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall be held on December 21, 2026, at 1:00 PM ET at the Kentucky Board of Emergency Medical Services, 500 Mero Street, 5th Floor 5SE32, Frankfort, Kentucky 40601. Individuals interested in being heard at this hearing shall notify this agency in writing by five (5) workdays prior to the hearing of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through December 31, 2026. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.
CONTACT PERSON: John K. Wood, counsel for the Kentucky Board of Emergency Medical Services, 163 East Main Street, Suite 200, Lexington, Kentucky 40507, Phone: (859) 225-4714, Fax: (859) 225-1493, Email: administrativeregulations@wgmfirm.com.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person:John K. Wood Phone: (859) 225-4714 Email: administrativeregulations@wgmfirm.com

Subject Headings:Emergency Medical Services, Medical Transportation, Licensing, Inspections, Background Checks

(1) Provide a brief summary of:

(a) What this administrative regulation does:
This administrative regulation establishes the licensure requirements for ambulance providers and medical first response agencies.

(b) The necessity of this administrative regulation:
KRS 311A.020 requires the Board of Emergency Medical Services to exercise all administrative functions in the regulation of the EMS system and the licensing of ambulance services and medical first response agencies, except those regulated by the Board of Medical Licensure or the Cabinet for Health and Family Services. KRS 311A.030 requires the Board to promulgate administrative regulations for the licensing, inspection, and regulation of ambulance providers and medical first response agencies. This administrative regulation is necessary to establish licensure requirements for ambulance providers and medical first response agencies.

(c) How this administrative regulation conforms to the content of the authorizing statutes:
This administrative regulation conforms to the content of KRS 311A.020 and 311A.030 by establishing licensure requirements for ambulance providers and medical first response agencies.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:
KRS 311A.020 requires the Board of Emergency Medical Services to exercise all administrative functions in the regulation of the EMS system and the licensing of ambulance services and medical first response agencies, except those regulated by the Board of Medical Licensure or the Cabinet for Health and Family Services. KRS 311A.030 requires the Board to promulgate administrative regulations for the licensing, inspection, and regulation of ambulance providers and medical first response agencies. This administrative regulation assists in the effective administration of those statutes by establishing licensure requirements for ambulance providers and medical first response agencies.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation:
This amendment authorizes Class I agencies to use their last ambulance to conduct scheduled or non-scheduled medically necessary transports to and from a hospital if the agency (1) has established daily minimum staffing levels and (2) has contracted with a hospital in the agency's service area for the purpose of providing medically necessary transports of patients to and from the hospital.

(b) The necessity of the amendment to this administrative regulation:
This amendment is necessary to enable more timely responses to requests for scheduled and non-scheduled medically necessary transports of patients to and from hospitals.

(c) How the amendment conforms to the content of the authorizing statutes:
This amendment conforms to the content of KRS 311A.020 and 311A.030 by updating allowable uses of a Class I ambulance service's last available ambulance.

(d) How the amendment will assist in the effective administration of the statutes:
KRS 311A.030 requires the Board to promulgate administrative regulations for the licensing, inspection, and regulation of ambulance providers and medical first response agencies. This amendment will assist in the effective administration of the statute by updating allowable uses of a Class I ambulance service's last available ambulance.

(3) Does this administrative regulation or amendment implement legislation from the previous five years?No.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:
All ambulance services, medical first response agencies, cities, counties, and hospitals will be affected by this administrative regulation.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment:
Class I ambulance services wishing to use their last remaining ambulance to provide scheduled or non-scheduled medically necessary hospital transports will be required to establish daily minimum staffing levels and contract with a hospital in the agency's geographic service area.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4):
No additional costs are anticipated as a result of this amendment.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4):
EMS agencies will benefit from being able to contract with a hospital for additional resources, and hospitals will benefit from being able to obtain more timely transports of their patients.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially:
Other than administrative costs, there will be no costs to the Board in implementing this administrative regulation.

(b) On a continuing basis:

Other than administrative costs, there will be no costs to the Board in implementing this administrative regulation.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment:

The Kentucky Board of Emergency Medical Services is a state agency that receives its annual budget from the state government.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment:

No increase in fees or funding will be necessary to implement this administrative regulation.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:

This amendment does not establish any new fees or directly or indirectly increase any fees. However, the existing administrative regulation establishes a fee for emergency medical direction provided by the KBEMS Medical Advisor to an agency operating without a medical director ($100 per day for the first thirty (30) calendar days and $500 per day thereafter, Section 6(3)), a fine of $500 per day for failing to remove a temporary vehicle from service (Section 1(7)(b)), and an assessment of $200 per hour for failing to provide continuous service (Section 4(6)(a)). None of these provisions are changed by this amendment.

(10) TIERING: Is tiering applied?

Tiering is not applied to this administrative regulation because this administrative regulation applies to all ambulance providers and medical first response agencies.

FISCAL IMPACT STATEMENT

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation:

. KRS 311A.020 requires the Board of Emergency Medical Services to exercise all administrative functions in the regulation of the EMS system and the licensing of ambulance services and medical first response agencies, except those regulated by the Board of Medical Licensure or the Cabinet for Health and Family Services. KRS 311A.030 requires the Board to promulgate administrative regulations for the licensing, inspection, and regulation of ambulance providers and medical first response agencies. This administrative regulation is necessary to establish licensure requirements for ambulance providers and medical first response agencies.

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act:

This administrative regulation is expressly authorized by KRS 311A.030, which was last amended by 2026 Ky. Acts ch. 105, sec. 5.

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions:

This administrative regulation is promulgated by the Kentucky Board of Emergency Medical Services.

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

1. Expenditures:

For the first year:None

For subsequent years:None

2. Revenues:

For the first year:None

For subsequent years:None

3. Cost Savings:

For the first year:None

For subsequent years:None

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts):

Cities, counties, and other local government entities that operate Class I ambulance services.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year:None

For subsequent years:None

2. Revenues:

For the first year:None

For subsequent years:None

3. Cost Savings:

For the first year:None

For subsequent years:None

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a):

Privately operated Class I ambulance services and hospitals.

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:

For the first year:None

For subsequent years:None

2. Revenues:

For the first year:None

For subsequent years:None

3. Cost Savings:

For the first year:None

For subsequent years:None

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a)

(a) Fiscal impact of this administrative regulation:

This amendment is not expected to have any fiscal impact.

(b) Methodology and resources used to reach this conclusion:

This amendment permits voluntary contracting between a Class I agency and hospitals within the agency's service area regarding the Class I agency's last remaining ambulance and is not expected to have any fiscal impact.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a "major economic impact", as defined by KRS 13A.010(14):
This administrative regulation will not have a major economic impact.

(b) The methodology and resources used to reach this conclusion:
This amendment permits voluntary contracting between a Class I agency and hospitals within the agency's service area regarding the Class I agency's last remaining ambulance and is not expected to have any fiscal impact.