

**KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES**  
**(Amendment)**

**202 KAR 7:545. License classifications.**

RELATES TO: KRS 311A.030, 311A.190, 216B.020

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

NECESSITY, FUNCTION, AND CONFORMITY: KRS 311A.020 requires the Board of Emergency Medical Services to exercise all administrative functions in the regulation of the emergency medical services system, ambulance services and medical first response agencies, except those functions 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 establishing the license classifications of ambulance services, mobile integrated healthcare programs, and medical first response providers.~~[to establish requirements for various classes of ambulance and emergency medical service agencies.]~~ This administrative regulation establishes the classes of ambulance services, mobile integrated healthcare programs, and medical first response providers.~~[requirements for each class of ambulance service and medical first response agencies.]~~

**Section 1. Definitions.**

- (1) "911 scene response" means a response:
  - (a) Resulting from a 911 call or other call to a dispatch center for assistance;
  - (b) Where an ambulance provider is dispatched to, responds to, provides an assessment to, provides care to, or transports a person reporting a medical condition or injury; and
  - (c) Where transportation of the patient will terminate in an emergency room or other location for immediate assessment or treatment.
  - (d) "911 scene response" shall not include response to a call where a patient is receiving in-patient care at a hospital.
- (2) "Agency" means an individual or private or public organization, except the United States government, seeking or holding a license from the board to provide emergency medical services under KRS Chapter 311A and 202 KAR Chapter 7.
- (3) "ALS first response" means 911 scene response to provide ALS emergency care or treatment to an ill or injured person by emergency medical services personnel.
- (4) "BLS first response" means 911 scene response to provide BLS emergency care or treatment to an ill or injured person by emergency medical services personnel.
- (5) "Medical first response" means 911 scene response to provide ALS or BLS emergency care or treatment to an ill or injured person by emergency medical services personnel before the arrival of an ambulance.
- (6) "Mobile integrated healthcare" or "MIH" is defined by KRS 311A.010(18).
- (7) "Nonemergency" means scheduled and non-scheduled medically necessary ambulance transportation that is not a 911 scene response.

**Section 2. License Classifications.**

- (1) License ~~[In accordance with KRS 311A.030(1), license]~~ classifications for ambulance providers, mobile integrated healthcare programs, and medical first response agencies shall include:
  - (a) ~~[A]~~ Class I ground ambulance providers, which shall be classified as:~~[agency operating at the Advanced Life Support (ALS), Basic Life Support (BLS), or Adult Critical Care Transport level to provide emergency and nonemergency care and transportation.]~~
    1. Class I A – (911 Services) – A ground ambulance provider operating at the ALS or BLS level, or both, and which shall provide 911 scene response and may provide emergency, nonemergency, or interfacility care and transportation; or

2. Class I B – (CON-Exempt City and County Services) – A ground ambulance provider operating pursuant to KRS 216B.020(8) at the ALS or BLS level, or both.
- (b) ~~[A-]Class II ground ambulance providers, which shall be classified as;[agency operating at the BLS level only to provide nonemergency care and transportation.]~~
1. Class II A – (Non-911 Services) – A ground ambulance provider operating at the ALS or BLS level, or both, to provide interfacility care and nonemergency care and transportation; or
  2. Class II B – (CON-Exempt Hospital Services) – A ground ambulance provider operating pursuant to KRS 216B.020(7) at the ALS or BLS level, or both.
- (c) ~~[A-]Class III ground ambulance providers, which, based on the provider's Certificate of Need and scope of care policy, shall be classified as one (1) or more of the following;[agency operating at the ALS level to provide critical care, specialty care, emergency or nonemergency care, and transportation between health care facilities. Based on the Certificate of Need and scope of care policy, a Class III ground ambulance agency shall be designated as one (1) or more of the following types:]~~
1. Class III A – (Adult Critical Care Services) – A ground ambulance provider operating at the ALS level as an adult critical care agency providing critical care interfacility transport services to patients ages twelve (12) and above;
  2. Class III B – (Pediatric Specialty Care Services) – A ground ambulance provider operating at the ALS level as a pediatric specialty care agency providing critical care interfacility and specialty care transport services to patients under the age of twenty-one (21); or
  3. Class III C – (Neonatal Specialty Care Services) – A ground ambulance provider operating at the ALS level as a neonatal specialty care agency providing critical care interfacility and specialty care transport services to patients less than twenty-nine (29) days of age. ~~[A Class III Adult Critical Care agency providing critical care transport services to patients ages twelve (12) and above;]~~
- ~~[2.] [A Class III Pediatric Specialty Care agency providing specialty care transport services to patients under the age of twenty-one (21); or]~~
- ~~[3.] [A Class III Neonatal Specialty Care agency providing specialty care transport services to patients less than twenty-nine (29) days of age.]~~
- (d) ~~[A-]Class IV – (Restricted Location Services) – A ground ambulance provider[agency] operating at the ALS or BLS level to provide emergency and nonemergency care and transportation for restricted locations, such as industrial sites or other sites that do not provide services outside the designated geographic service area.~~
- (e) Class V – (Mobile Integrated Health Care Programs) – A mobile integrated health care program operating at the ALS and BLS level.
- (f) ~~[A-]Class VI – (Medical First Response Agencies) – An agency providing medical first response without patient transport at the BLS or ALS level.~~
1. Each ALS first response agency shall be licensed separately as a Class VI ALS agency.
  2. Each BLS first response[First Response] agency shall be licensed separately as a Class VI BLS agency unless a memorandum of understanding[mutual aid agreement] is executed with a licensed Class I [ambulance]agency that provides [911 response]services for the geographic service area.
  3. ~~[2.] A licensed Class I agency[nonlicensed BLS First Response Agency] may execute a memorandum of understanding[mutual aid agreement] with multiple nonlicensed BLS first response agencies[First Response Agencies] that serve the same geographic service area.~~
  4. ~~[3.] A memorandum of understanding[mutual aid agreement] shall automatically renew at the conclusion of a calendar year.~~

5. ~~[4.]~~ A nonlicensed BLS first response agency~~[First Response Agency]~~ or a Class I ~~[ALS]~~ agency may terminate a memorandum of understanding~~[mutual aid agreement]~~ thirty (30) days after written notice is provided to the other party.

6. ~~[5.]~~ A memorandum of understanding~~[mutual aid agreement]~~ between a Class I ~~[ALS]~~ agency and a nonlicensed BLS first response~~[First Response]~~ agency serving the same geographic area shall be updated as changes to the agreement occur and shall include provisions for:

- a. Medical direction;
- b. BLS protocols consistent with the current scope of practice;
- c. Response protocol;
- d. Geographic service areas to be served;
- e. Circumstances causing dispatch of the nonlicensed BLS first response agency;
- f. Training;
- g. Quality assurance processes; and
- h. Liability insurance~~[insurance]~~ if applicable.

7. ~~[6.]~~ A nonlicensed BLS first response~~[First Response]~~ agency shall not provide BLS care outside of ~~its~~~~[the]~~ geographic service area unless responding through an executed mutual aid agreement~~[of the Class I ALS agency.]~~

8. ~~[7.]~~ A nonlicensed BLS first response~~[First Response]~~ agency unable to secure a written memorandum of understanding~~[mutual aid agreement]~~ with a Class I ~~[ALS]~~ agency within its geographic service area~~[.]~~ may operate within the jurisdiction as a nonlicensed BLS first response~~[First Response]~~ agency if:

- a. The ~~[the]~~ agency has written correspondence from at least one (1) Class I ~~[911]~~ agency within its geographic service area denying the nonlicensed BLS first response agency's request to enter into a memorandum of understanding~~[mutual aid agreement.]~~; and
- b. The agency maintains:

- (i) The correspondence denying the memorandum of understanding request on file at the agency~~[mutual aid request shall be maintained on file at the agency.]~~
- (ii) Board-approved medical direction;
- (iii) Board-approved BLS first response agency protocols; and
- (iv) Written policies addressing each of the issues listed in subsections (1)(f)(6)(c) through (h) of this section.

9. ~~[8.]~~ A license to provide BLS care shall not be issued solely through the execution of a memorandum of understanding~~[mutual aid agreement]~~ between a Class I agency and a nonlicensed BLS first response~~[First Response]~~ agency~~[.]~~

(g) ~~[(f)]~~ ~~[A]~~ Class VII – (Air Ambulance Services) – A rotor or fixed wing air ambulance service providing ALS and BLS 911 scene response or emergency, interfacility, or nonemergency care and air transportation~~[.]~~

~~[(g)]~~ ~~[A fixed wing class VII service provides ALS or BLS emergency or nonemergency air transportation; and]~~

(h) ~~[A]~~ Class VIII – (Event Medicine Providers) – An agency utilizing emergency medical services personnel to provide ALS or BLS care~~[providing BLS or ALS pre-hospital care above the first aid level]~~ at special events, sports events, concerts, or other large social gatherings.

1. A Class VIII agency shall be licensed separately as a Class VIII ALS or BLS agency. ~~[A Class VIII agency shall not transport patients beyond the grounds of an event and shall be bound by the geographic service area of its Certificate of Need.]~~

2. A Class VIII agency shall not transport patients independently to a hospital.

3. If transport of a patient is required, a Class VIII agency shall contact 911 for transport by a Class I agency licensed for the geographic service area.

4. Upon request, a Class VIII agency shall make available to any Class I agency within its geographic service area its protocols, treatment capabilities, and updated contact information.

(i) Class IX – (State Special Response Agencies) – An agency providing emergency and nonemergency care as part of a state-sponsored specialty team, such as Kentucky Urban Search and Rescue or other state special response agency, and that provides services and conducts trainings throughout the Commonwealth.

1. A Class IX agency shall be licensed separately as a Class IX ALS or BLS agency.

2. A Class IX agency shall not transport patients independently to a hospital.

3. If transport of a patient is required, a Class IX agency shall have provisions for transport by a Class I agency licensed for the geographic service area or a Class I agency providing mutual aid.

(2) The KBEMS office shall license agencies in accordance with subsection (1) of this section.

(3) An agency shall submit an initial license application to the board~~[apply for a license from the board]~~ within ninety (90) days of issuance of a Certificate of Need from the Cabinet for Health and Family Services.

(4) An agency that does not submit an initial license application to the board~~[apply for a license]~~ within ninety (90) days of the issuance of its Certificate~~[Certification]~~ of Need shall not be granted a license by the board.

(5) An agency shall request a final inspection for licensure from the board, in writing, within one (1) year after submitting a completed initial license application to the board.~~[180 days after applying for a license from the board].~~

(6) An agency that fails to timely request, in writing, a final inspection for licensure from the board~~[does not request a final inspection for licensure from the board, in writing, within 180 days after applying for a license from the board]~~ shall not be granted a license by the board.

(7) Notwithstanding subsections (5) and (6) of this section, if prior to the deadline to request a final inspection, an agency notifies the KBEMS office, in writing, that it needs additional time, the agency shall request a final inspection for licensure no later than 180 days after the original deadline. No additional extensions of time shall be available.

(8) An agency shall not hold more than one (1) license per level of classification in one (1) defined geographic service area unless each license was obtained prior to January 1, 2018.

Section 3. [Section 2.] Public Notice of Negative Action. The board office shall publish 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.

Withdrawn by agency, 12-20-2024.

*JOHN R. HOLDER, Chair*

APPROVED BY AGENCY: August 8, 2024

FILED WITH LRC: September 3, 2024 at 3 p.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall be held on November 27, 2024, at 1:00 p.m. 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 November 30, 2024. 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, email [administrativeregulations@wgmfirm.com](mailto:administrativeregulations@wgmfirm.com).

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

**Contact Person: John K. Wood**

**(1) Provide a brief summary of:**

**(a) What this administrative regulation does:**

KRS 311A.030 requires the board to promulgate administrative regulations establishing the license classifications of ambulance services, mobile integrated healthcare programs, and medical first response providers. This administrative regulation establishes the classes of ambulance services, mobile integrated healthcare programs, and medical first response providers.

**(b) The necessity of this administrative regulation:**

House Bill 57 (2024 Regular Session) amended KRS 311A.030 to permit the Board to classify ambulance services, mobile integrated healthcare programs, and medical first response providers. This administrative regulation is necessary to update the classifications of agencies, as authorized by HB 57.

**(c) How this administrative regulation conforms to the content of the authorizing statutes:**

This administrative regulation conforms to the content of KRS 311A.030 by establishing the license classifications of ambulance services, mobile integrated healthcare programs, and medical first response providers.

**(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:**

KRS 311A.030 requires the board to promulgate administrative regulations establishing the license classifications of ambulance services, mobile integrated healthcare programs, and medical first response providers. This administrative regulation will assist in the effective administration of KRS 311A.030 by classifying EMS 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 establishes new classes of EMS agencies and modifies existing classes. Specifically, this amendment: Separates Class I agencies into two classes: Class I A and Class I B. Class I A services will be required to provide 911 scene response, which is defined in this amendment, and will be permitted to provide other emergency, nonemergency, or interfacility care and transportation. Class I B services will be the Certificate of Need-exempt city and county services operating pursuant to KRS 216B.020(8). Separates Class II services into two classes: Class II A and Class II B. Class II A services will be permitted to provide interfacility and nonemergency care at the ALS or BLS level, or both. Class II B services will be the Certificate of Need-exempt hospital services operating pursuant to KRS 216B.020(7). Clarifies that the three types of Class III agencies must operate at the ALS level and may provide interfacility care and transportation. Establishes a class of license for mobile integrate health care programs. Clarifies that Class VI medical first response agencies may operate without a license if they have a memorandum of understanding with the Class I agency that services their geographic service area. If such agencies cannot secure a memorandum of understanding, they must maintain board-approved medical direction and protocols. Clarifies that Class VII air ambulance services may provide both ALS and BLS 911 scene response and

emergency, interfacility, or nonemergency care and air transportation. Clarifies that Class VIII event medicine providers are those agencies that utilize EMS personnel to provide ALS or BLS care at special events, sports events, concerts, or other large social gatherings. Class VIII event medicine providers must make their protocol, treatment capabilities, and contact information available to any Class I agency in their geographic service area. Creates a new class of license, Class IX, for state special response agencies. Those agencies may provide emergency and nonemergency care as part of a state-sponsored specialty team, such as Kentucky Urban Search and Rescue. Class IX agencies must be licensed at either the ALS or BLS level and may not transport patients independently to a hospital. Clarifies the requirement to timely apply for a license after obtaining a Certificate of Need. Agencies will be required to submit an initial license application to the Board within 90 days after being issued a CON. Changes the requirement to request a final inspection after obtaining a Certificate of Need. Agencies will be required to request a final inspection within one (1) year after submitting a completed initial license application. Under the current version of this administrative regulation, agencies must request a final inspection within 180 days after applying for a license from the Board. Grants agencies an automatic 180-day extension to the deadline to request a final inspection upon written request. No additional extensions of time are available.

**(b) The necessity of the amendment to this administrative regulation:**

This amendment is necessary to update the license classifications of ambulance services, mobile integrated healthcare programs, and medical first response providers. Before House Bill 57 (2024 Regular Session) became law, the classifications of EMS agencies were established by KRS 311A.030.

**(c) How the amendment conforms to the content of the authorizing statutes:**

This amendment conforms to the content of KRS 311A.030 by establishing the license classifications of ambulance services, mobile integrated healthcare programs, and medical first response providers.

**(d) How the amendment will assist in the effective administration of the statutes:**

Before House Bill 57 (2024 Regular Session) became law, the classifications of EMS agencies were established by KRS 311A.030. The current version of this administrative regulation mirrors those previous statutory classifications. House Bill 57 amended KRS 311A.030 to grant the Board the authority to classify ambulance services, mobile integrated healthcare programs, and medical first response providers. This amendment will assist in the effective administration of KRS 311A.030 by updating the license classifications of ambulance services, mobile integrated healthcare programs, and medical first response providers.

**(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:**

This administrative regulation will affect all ambulance services, mobile integrated healthcare programs, and medical first response providers.

**(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:**

**(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment:**

Ambulance service, mobile integrated healthcare program, or medical first response provider will be required to operate within the scope of their defined license

classification. Agencies currently licensed as a Class I, for example, will be reclassified as a Class I A or Class I B agency.

**(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3):**

There will be no cost to any entity identified in question (3), other than the costs of operating within the scope of the agency's license classification.

**(c) As a result of compliance, what benefits will accrue to the entities identified in question (3):**

Ambulance service, mobile integrated healthcare program, or medical first response providers will benefit from the clarifications to each type of EMS agency license class provided in this amendment.

**(5) 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.

**(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation:**

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

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

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

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

This regulation does not establish any fees.

**(9) TIERING: Is tiering applied?**

Tiering is not applied to this administrative regulation because the amendment applies to all ambulance services, mobile integrated healthcare programs, and medical first response providers.



## **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.030 requires the board to promulgate administrative regulations establishing the license classifications of ambulance services, mobile integrated healthcare programs, and medical first response providers.

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

Kentucky Board of Emergency Medical Services.

**(a) Estimate the following for the first year:**

**Expenditures:**None.

**Revenues:**None.

**Cost Savings:**None.

**(b) How will expenditures, revenues, or cost savings differ in subsequent years?**

This amendment should not affect the Board's expenditures, revenues, or costs.

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

All cities and counties.

**(a) Estimate the following for the first year:**

**Expenditures:**There will be no costs to affected entities, other than the costs of operating within the entity's license classification.

**Revenues:**None

**Cost Savings:**None

**(b) How will expenditures, revenues, or cost savings differ in subsequent years?**

There will be no costs to affected entities, other than the costs of operating within the entity's license classification.

**(4) Identify additional regulated entities not listed in questions (2) or (3):**

All ambulance services, mobile integrated healthcare programs, and medical first response providers.

**(a) Estimate the following for the first year:**

**Expenditures:**There will be no costs to affected entities, other than the costs of operating within the entity's license classification.

**Revenues:**None

**Cost Savings:**None

**(b) How will expenditures, revenues, or cost savings differ in subsequent years?**

There will be no costs to affected entities, other than the costs of operating within the entity's license classification.

**(5) Provide a narrative to explain the:**

**(a) Fiscal impact of this administrative regulation:**

No fiscal impact is anticipated as a result of this administrative regulation, other than the costs of operating within the entity's license classification.

**(b) Methodology and resources used to determine the fiscal impact:**

No fiscal impact is anticipated as a result of this administrative regulation, other than the costs of operating within the entity's license classification.

**(6) Explain:**

**(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). (\$500,000 or more, in aggregate)**

This administrative regulation will not have an overall negative or adverse major economic impact to the affected entities.

**(b) The methodology and resources used to reach this conclusion:**

No fiscal impact is anticipated as a result of this administrative regulation, other than the costs of operating within the entity's license classification.