STATE OF RHODE ISLAND
RHODE ISLAND DEPARTMENT OF HEALTH
CONCISE STATEMENT OF PROPOSED NON-TECHNICAL AMENDMENTS
(AMENDMENTS TO AN EXISTING REGULATION)

In accordance with the Administrative Procedures Act, R.I. Gen. Laws § 42-35-3(a)(1), the following is a concise statement of proposed non-technical amendments to the rules and regulations for Emergency Medical Services (216-RICR-20-10-2).

Amendment Coordinates	Rationale/Summary of Change
§ 2.1: Creates Authority section. § 2.2: Creates Incorporated Materials section. § 2.3: Definitions revised, reduced from 47 definitions in previous regulations to 14 used within the proposed regulations. § 2.4: Creates Confidentiality section. § 2.5(A)(1): Creates Emergency Medical Responder (EMR) license type. § 2.5(A)(3): Creates Advanced EMT (AEMT) as a license type. § 2.5(B)(1)(d): Requires biometric background check which replaces state only check, due to influx of out-of-state applicants into the state. § 2.5(B)(2): Creates initial license requirements for AEMT. § 2.5(C)(2): Creates renewal requirements for EMR. § 2.5(C)(3): Amends requirements for renewal of licensure for Emergency Medical Technician (EMT). § 2.5(C)(4): Creates renewal requirements for AEMT. § 2.5(C)(5): Amends requirements for renewal of AEMT-Cardiac. § 2.5(D)(3): Reduces the time period in which a lapsed license may be renewed from 5 years to 2 years, in order to decrease the potential for atrophy of required skills. § 2.5(E)(6): Requires submission of a valid email address to RIDOH licensing system and RI EMS Information system in order to receive essential communications from RIDOH. § 2.5(F): Requires compliance with pre-employment requirements of rules and regulations for Immunization, Testing and Health Screening for Health Care Workers. § 2.6(A)(1): Revises requirements for initial licensure, including removing requirement for teaching in an EMS program prior to taking an EMS Instructor-Coordinator (EMS IC) educational program. § 2.6(C)(1): Requires EMS IC to accrue 10 hours of teaching activity per year.	

§ 2.6(D)(3): Reduces the time period in which a lapsed license may be renewed from 5 years to 2 years, in order to decrease the potential for atrophy of required skills.

§ 2.6(E)(1): References National EMS Education Standards incorporated by reference at § 2.2(B).

§ 2.7(A): Amends service license class designations.

§ 2.7(A)(3): Creates Class C: EMR.

§ 2.7(B)(4): Requires identification of the individual or individuals, which may include existing staff, who fulfill various administrative functions, including continuous quality improvement coordination and pediatric emergency care coordination.

§ 2.7(D)(1)(d): Creates requirement for maintaining equipment service records.

§ 2.7(D)(3)(c): Revises time frame for reporting to state data system, from the 15th of the following month to 2 hours after call is completed, in order to prevent loss or degradation of information submitted.

§ 2.7(E)(1): Creates requirement for maintenance of registration with RIDOH and USDEA for services that carry controlled substances.

§ 2.8(A): Revises classifications for licensure to provide additional options for ambulance services.

§ 2.8(C)(1): Requires newly manufactured ambulance vehicles to conform to the NFPA standard for automotive ambulances incorporated by reference at § 2.2(C).

§ 2.8(C)(5): Creates requirements for marking of ambulance vehicles.

§ 2.8(F)(1)(a)(2): Revises requirements for advanced life support transporting ambulances with volunteer staff, now requiring one advanced care practitioner and an EMR.

§ 2.9: This section was moved for consistency/understandability, but no requirements have been changed.

§ 2.10: Creates licensing requirements for EMS training institutions (previously a guidance document).

§ 2.12: Creates minimum equipment requirements for ambulance vehicles.