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**OFFICE OF THE LIEUTENANT GOVERNOR  
ALASKA**

**MEMORANDUM**

**TO:** Triptaa Surve  
Department of Health and Social Services

**FROM:** April Simpson, Office of the Lieutenant Governor   
465.4081

**DATE:** July 22, 2019

**RE:** Filed Permanent Regulations: Department of Health and Social Services  
Department of Health and Social Services regulations re: emergency medical services (7 AAC 26)

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Attorney General File:	2017200794
Regulation Filed:	7/22/2019
Effective Date:	8/21/2019
Print:	231, October 2019

cc with enclosures: Linda Miller, Department of Law  
Judy Herndon, LexisNexis

ORDER ADOPTING CHANGES TO REGULATIONS  
OF THE DEPARTMENT OF HEALTH & SOCIAL SERVICES

The attached 63 pages of regulations, dealing with Emergency Medical Services (7 AAC 26), are adopted and certified to be a correct copy of the regulation changes that the Department of Health and Social Services adopts under the authority of AS 09.65.090, AS 17.22.010, AS 17.22.020, AS 17.22.040, AS 17.22.090, AS 18.08.010, AS 18.08.015, AS 18.08.080, AS 18.08.082, AS 18.08.084, and AS 47.05.012, and after compliance with the Administrative Procedure Act (AS 44.62), specifically including notice under AS 44.62.190 and 44.62.200 and opportunity for public comment under AS 44.62.210.

This action is not expected to require an increased appropriation.

In considering public comments, the Department of Health and Social Services paid special attention to the cost to private persons of the regulatory action being taken.


The regulation changes adopted under this order take effect on the 30th day after they have been filed by the lieutenant governor, as provided in AS 44.62.180.

Date:

6/18/19

  
Adam Crum, Commissioner  
Department of Health & Social Services

FILING CERTIFICATION

  
I, Kevin Meyer, Lieutenant Governor for the State of Alaska, certify that<sup>1</sup> on July 22,  
2019, at 1:34 p.m., I filed the attached regulations according to the provisions of AS 44.62.040 -  
44.62.120.

  
Lieutenant Governor

Effective:

August 21, 2019.

Register:

231, October 2019.

**FOR DELEGATION OF THE LIEUTENANT GOVERNOR'S AUTHORITY**

**I, KEVIN MEYER, LIEUTENANT GOVERNOR OF THE STATE OF ALASKA, designate the following state employees to perform the Administrative Procedures Act filing functions of the Office of the Lieutenant Governor:**

**Josh Applebee, Chief of Staff  
Kady Levale, Notary Administrator  
April Simpson, Regulations and Initiatives Specialist**

**IN TESTIMONY WHEREOF, I have signed and affixed the Seal of the State of Alaska, in Juneau, on December 11th, 2018.**



*Kevin Meyer*

**KEVIN MEYER  
LIEUTENANT GOVERNOR**

Register 231, <sup>October</sup> 2019 HEALTH AND SOCIAL SERVICES

7 AAC 26.020(a) is amended to read:

(a) A person applying for certification as an EMT-I, EMT-II, EMT-III, **AEMT, EMS instructor, or EMS instructor coordinator must** [EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR, SHALL] apply to the department in writing on a form provided by the department.

(Eff. 12/31/81, Register 80; am 10/23/92, Register 124; am 8 / 21 / 2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.030 is repealed and readopted to read:

**7 AAC 26.030. Qualifications for certification.** (a) A person applying for certification as an EMT-I must

(1) except as otherwise provided in (i) of this section, be 18 years of age or older;

(2) have successfully completed a department-approved EMT-I training course;

(3) pass the cognitive and psychomotor examination for EMT-I approved by the department;

(4) provide evidence of a valid CPR credential; and

(5) establish an online account in the department license management system.

(b) A person applying for certification as an EMT-II must

(1) have a valid certification as an EMT-I;

(2) have successfully completed a department-approved EMT-II training course;

(3) pass the cognitive and psychomotor examination for EMT-II approved by the department;

(4) be sponsored by a department-approved medical director who accepts the responsibilities set out in 7 AAC 26.640;

(5) provide evidence of a valid CPR credential; and

(6) establish an online account in the department license management system.

(c) Except as otherwise provided in (h) of this section, a person applying for certification as an EMT-III must

(1) have a valid certification as an EMT-II;

(2) have successfully completed a department-approved EMT-III training course;

(3) pass the cognitive and psychomotor examination for EMT-III approved by the department;

(4) be sponsored by a department-approved medical director who accepts the responsibilities set out in 7 AAC 26.640;

(5) provide evidence of a valid CPR credential;

(6) provide a valid advanced cardiac life support credential; and

(7) establish an online account in the department license management system.

(d) Except as otherwise provided in (h) of this section, a person applying for certification as an AEMT must

(1) have a valid certification as an EMT-I, EMT-II, or EMT-III;

(2) have successfully completed a department-approved AEMT training course;

(3) pass the cognitive and psychomotor examination for AEMT administered by the department or the National Registry of Emergency Medical Technicians (NREMT);

(4) be sponsored by a department-approved medical director who accepts the

responsibilities set out in 7 AAC 26.640;

- (5) provide evidence of a valid CPR credential;
- (6) provide a valid advanced cardiac life support credential; and
- (7) establish an online account in the department license management system.

(e) A person applying for certification as an EMS instructor must

- (1) provide evidence of at least three years of experience as an EMS provider and

one of the following valid credentials:

- (A) an EMT-I, EMT-II, EMT-III, or AEMT certification by the department;
- (B) an EMT or National Registry Paramedic certification from the National Registry of Emergency Medical Technicians (NREMT);
- (C) authorization to practice in the state as a mobile intensive care paramedic under AS 08.64;
- (D) authorization to practice in the state as a physician or physician assistant under AS 08.64 or as a registered nurse under AS 08.68;

(2) provide evidence of a valid CPR Instructor credential, unless the department grants a waiver based on evidence that CPR taught as part of an EMS certification course will be taught by a person who has a valid CPR Instructor credential; and

- (3) provide evidence of successful completion of

(A) a department-approved EMS instructor course; or an instructor course that the department determines meets or exceeds the objectives set out in the National Association of EMS Educators and the United States Department of Transportation,

National Highway Traffic Safety Administration's *National Guidelines for Educating EMS Instructors, 2002*, adopted by reference; and

(B) the department's requirements in the *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel*, May 2019, adopted by reference.

(f) A person applying for certification as an EMS instructor coordinator must provide evidence of the following:

- (1) at least three years of experience as an EMS instructor;
- (2) a valid certification as required under (e)(1) and (2) of this section;
- (3) successful completion of a department-approved instructor coordinator

education program detailed in the department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel*, May 2019, adopted by reference in (e)(3)(B) of this section.

(g) An applicant for certification may not have a history that includes one or more of the grounds for denial of certification set out in

- (1) 7 AAC 26.950(a); or
- (2) 7 AAC 26.950(b) and (c), unless the department's consideration of one or

more of the factors in 7 AAC 26.950(f)(1) - (5) results in a finding that issuance of the certificate is appropriate.

(h) Notwithstanding the requirements of (c) or (d) of this section, the department may issue an EMT-III or AEMT certificate to a certified paramedic who provides evidence of authorization to practice in the state as a mobile intensive care paramedic under AS 08.64 or

current National Registry Paramedic certification by the National Registry of Emergency Medical Technicians (NREMT), and evidence of the following:

(1) sponsorship by a department-approved medical director who accepts responsibilities set out in 7 AAC 26.640;

(2) a valid CPR credential;

(3) a valid advanced cardiac life support credential.

(i) The department will accept an application for EMT-I certification from an individual who is less than 18 years of age if the individual will turn 18 during the period for which certification would be valid, and upon the individual completing the course as required under (a)(2) of this section. The department will issue a certificate to the individual that is valid for the remainder of the calculated certification period upon the individual turning 18 years of age. The department will not accept an application for EMT-I certification from an individual who will not turn 18 during the period for which certification would be issued. (Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 6/23/2001, Register 158; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am 8 / 21 / 2019, Register 23 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

**Editor's note:** A copy of the National Association of EMS Educators and the United States Department of Transportation, National Highway Traffic Safety Administration's *National Guidelines for Educating EMS Instructors, 2002* [*EMS INSTRUCTOR TRAINING PROGRAM: NATIONAL STANDARD CURRICULUM*], adopted by reference in 7 AAC 26.030,



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may be obtained for a fee from the Department of Health and Social Services, Division of Public Health, **Section of Rural and Community Health Systems**, P.O. Box 110616, Juneau, Alaska 99811-0616; **telephone: (907) 465-3140; facsimile number: (907) 465-4101**; [,] or may be viewed at that office. The publication may also be obtained from the National Highway Traffic Safety Administration, EMS Division, **1200 New Jersey Avenue, SE, West Building** [400 SEVENTH STREET, SW (NTS14)], Washington, D.C. 20590 or at

**<https://www.ems.gov/education.html>**

[[HTTP://WWW.NHTSA.DOT.GOV/PEOPLE/INJURY/EMS](http://www.nhtsa.dot.gov/people/injury/ems)].

***The department's Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference in 7 AAC 26.030(e)(3)(B), is available for a fee from the Section of Rural and Community Health Systems, Division of Public Health, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616; telephone: (907) 465-3140; facsimile number: (907) 465-4101; and may be viewed at that office. The publication is also posted by the department on the Internet at <http://dhss.alaska.gov/dph/Emergency/Pages/ems/downloads/forms.aspx>.***

Information relating to the cognitive and psychomotor examination described in **7 AAC 26.030** [7 AAC 26.030(a)] may be obtained from the Department of Health and Social Services, Division of Public Health, **Section of Rural and Community Health Systems**, P.O. Box 110616, Juneau, Alaska 99811-0616; **telephone: (907) 465-3140; facsimile number: (907) 465-4101**; [,] or on the National Registry of Emergency Medical Technicians (NREMT) website at the following Internet address: **<https://nremt.org>** [[HTTP://NREMT.ORG/](http://NREMT.ORG/)].

7 AAC 26.040 is repealed and readopted to read:

**7 AAC 26.040. Scope of certified activities.** (a) An EMS provider who is licensed or certified by the state under this chapter may perform

(1) approved basic or advanced life support patient care treatment within the limits of the provider's state certification if that provider successfully completed department-approved education for the provider level set out in the department's *Emergency Medical Services Scope of Practice*, May 2019, adopted by reference;

(2) a department-approved procedure under 7 AAC 26.670.

(b) A state-certified or licensed provider without a medical director may only perform procedures as set out in the the department's *Emergency Medical Services Scope of Practice*, May 2019, adopted by reference in (a)(1) of this section. (Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 7/4/99, Register 151; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am 8 /21 /2019, Register 231 )

**Authority:** AS 09.65.087                      AS 18.08.082                      AS 18.08.084  
AS 18.08.080

**Editor's note:** A copy of the department's *Emergency Medical Services Scope of Practice*, May 2019, adopted by reference in 7 AAC 26.040, may be obtained from the Department of Health and Social Services, Division of Public Health, Section of Rural and Community Health Systems, P.O. Box 110616, Juneau, Alaska 99811-0616; telephone: (907) 465-3140; facsimile number: (907) 465-4101; or may be viewed at that office or on the

**Internet at <http://dhss.alaska.gov/dph/Emergency/Pages/ems/downloads/forms.aspx>**

[COPIES OF THE CURRICULA RELATED TO THE USE OF THE AUTOMATED EXTERNAL DEFIBRILLATOR USED BY THE AMERICAN HEART ASSOCIATION OR AMERICAN RED CROSS MAY BE OBTAINED, FOR A FEE, FROM THOSE ORGANIZATIONS].

7 AAC 26.050 is repealed and readopted to read:

**7 AAC 26.050. Approved EMS courses.** As follows, a state-certified EMS instructor or EMS instructor coordinator who applies to the department for course approval must submit a previously approved or nationally recognized published curriculum at least 30 days before the first day of the course, or at least 60 days before the first day of the course if the submitted curriculum was developed by the EMS instructor coordinator, unless the department waives this requirement:

(1) a state-certified EMS instructor or EMS instructor coordinator who applies for an EMT-I, EMT-II, EMT-III, AEMT, or EMS bridge course must

(A) use a curriculum approved by the department that meets or exceed applicable objectives set out in the United States Department of Transportation, National Highway Traffic Safety Administration's *National Emergency Medical Services Education Standards*, January 2009, adopted by reference;

(B) agree to coordinate teaching the learning objectives of the course approved by the department, and use a subject-matter expert if available;

(C) agree to have appropriate training equipment available throughout the

course;

(D) ensure that the class receives the minimum hours of instruction required for each EMS certification level, unless the department grants a waiver based on evidence of educational method;

(E) agree to arrange for the initial cognitive and psychomotor examination under 7 AAC 26.060 for each student who requires department certification;

(F) agree to assist the certifying officer in administering the cognitive and psychomotor certification examination, as set out in the department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel*, May 2019, adopted by reference in 7 AAC 26.030(e)(3)(B), unless the department waives this requirement upon the showing of a reasonable justification that the department determines does not threaten public health;

(G) agree to limit the course to students who have a valid CPR credential, or agree to increase the number of class hours to include CPR training within the EMS training course;

(H) agree to inform students that they must be eligible under 7 AAC 26.950 for EMS certification;

(I) agree to teach the approved EMS provider level set out in the department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel*, May 2019, adopted by reference in 7 AAC 26.030(e)(3)(B); and

(J) determine that the student has successfully completed the learning objectives of the course;

(2) a state-certified EMS instructor or EMS instructor coordinator who applies to teach an educational course must agree to

(A) teach the learning objectives of the department-approved course, including cognitive and skills assessment;

(B) coordinate teaching the entire course and use subject-matter experts as available;

(C) have appropriate training equipment available throughout the course; and

(D) determine that the student has successfully completed the learning objectives of the course;

(3) a state-certified EMS instructor coordinator who applies for an EMS instructor course to certify an individual as an EMS instructor must agree to

(A) use an instructor training program that the department determines meets or exceeds the objectives set out in the National Association of EMS Educators and the United States Department of Transportation, National Highway Traffic Safety Administration's *National Guidelines for Educating EMS Instructors, 2002*, adopted by reference in 7 AAC 26.030(e)(3)(A);

(B) teach the objectives of the state EMS instructor course set out in the department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel*, May 2019, adopted by reference in 7 AAC 26.030(e)(3)(B);

(C) have appropriate training equipment available throughout the course;

(D) determine that the individual meets one of the following prerequisites

unless the EMS instructor coordinator includes in the course the method of instruction content described in (4) of this section:

(i) evidence that the individual successfully completed a department-approved online method of instruction course;

(ii) evidence that the individual successfully completed a department-approved equivalent method of instruction course;

(E) limit student enrollment to students who provide evidence of a valid credential under 7 AAC 26.030(e)(1); and

(F) determine that the student has successfully completed the learning objectives of the course;

(4) an individual applying for method of instruction education course approval must use a curriculum that the department determines meets or exceeds objectives set out in the United States Department of Transportation, National Highway Traffic Safety Administration's *National Emergency Medical Services Education Standards*, January 2009, adopted by reference in (1)(A) of this section;

(5) an individual who applies for approval for a refresher course must

(A) use a curriculum that includes learning objectives that the department determines meet or exceed the requirements for continuing medical education;

(B) agree to teach the approved EMS provider level set out in the department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel*, May 2019, adopted by reference in 7 AAC 26.030(e)(3)(B);

(C) agree to coordinate teaching the learning objectives of the

department-approved course and use a subject-matter expert if available;

(D) ensure that the refresher course includes the required minimum number of hours of instruction set out in the department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel*, May 2019, adopted by reference in 7 AAC 26.030(e)(3)(B), unless the department waives this requirement based on evidence of equivalent educational methods;

(E) attend the entire refresher course unless the department waives this requirement; and

(F) verify that the refresher course includes skills assessment to determine if the student successfully completed the learning objectives required for the applicable EMS level;

(6) an individual applying for an EMS instructor refresher course approval must

(A) teach the course learning objectives approved by the department, including cognitive and skills assessment;

(B) agree to use an EMS instructor coordinator certified to teach the course as approved by the department and agree to use a subject-matter expert if available;

(C) ensure that the refresher course includes the required minimum number of hours of instruction set out in the department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel*, May 2019, adopted by reference in 7 AAC 26.030(e)(3)(B), unless the department waives this requirement based on equivalent educational method; and

(D) determine that a student successfully completed the learning objective of the course;

(7) the department may require an EMS provider or instructor to complete a department-approved update if a department-approved curriculum for that EMS level changes significantly;

(8) the department may require education in a topic listed in 7 AAC 26.040(a). (Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 8/16/2002, Register 163; am 8 /21 /2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

**Editor's note:** The department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel, May 2019, adopted by reference in 7 AAC 26.030(e)(3)(B), is* [EMERGENCY MEDICAL TECHNICIAN-I COURSE OBJECTIVES, EMERGENCY MEDICAL TECHNICIAN-II COURSE OBJECTIVES, EMERGENCY MEDICAL TECHNICIAN-III COURSE OBJECTIVES, GUIDE FOR EMS INSTRUCTORS AND CERTIFYING OFFICERS IN ALASKA, ALASKA SPECIFIC INSTRUCTOR ORIENTATION OBJECTIVES, BASIC INSTRUCTOR ORIENTATION OBJECTIVES, ADVANCED INSTRUCTOR ORIENTATION OBJECTIVES, AND ALASKA ETT TO EMT-I BRIDGE COURSE CURRICULUM, ARE] available for a fee from the Section of Rural and Community Health Systems [AND EMERGENCY MEDICAL SERVICES], Division of Public Health, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616; telephone: (907) 465-3140; facsimile number: (907) 465-4101; [,] and may be viewed at



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that office. The **publication is** [PUBLICATIONS ARE] also posted by the department on the Internet at **<http://dhss.alaska.gov/dph/Emergency/Pages/ems/downloads/forms.aspx>** [HTTP://WWW.CHEMS.ALASKA.GOV].

**The United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Education Standards, January 2009, adopted by reference in 7 AAC 26.050, is available from the National Highway Traffic Safety Administration, 1200 New Jersey Avenue, SE, Washington, DC 20590 or on the Internet at [https://www.ems.gov/pdf/education/EMS-Education-for-the-Future-A-Systems-Approach/National EMS Education Standards.pdf](https://www.ems.gov/pdf/education/EMS-Education-for-the-Future-A-Systems-Approach/National_EMS_Education_Standards.pdf).**

*(((Publisher: The Internet address in the second paragraph of the editor's note retains underscores wherever spaces appear in the draft, i.e., the last part of the address is to read "National\_EMS\_Education\_Standards.pdf"))*

7 AAC 26.060(d) is amended to read:

(d) Examinations will have a **cognitive** [WRITTEN] section and a **psychomotor** [PRACTICAL] section.

7 AAC 26.060(e) is amended to read:

(e) The **psychomotor** [PRACTICAL] examination will be task oriented and will require the student to demonstrate physical skills required at each level of certification.

7 AAC 26.060(f) is amended to read:

(f) Examinations will be verified by a department-approved certifying officer **or designee**.

7 AAC 26.060(g) is amended to read:

(g) The department may modify **its certification** [THE EMT-I, EMT-II, OR EMT-III] examination. **Another** [NO OTHER] entity may **not** modify any portion of a department-approved **cognitive and psychomotor** [WRITTEN OR PRACTICAL] examination for certification.

7 AAC 26.060(h) is amended to read:

(h) **The** [EXCEPT AS PROVIDED IN (j) OF THIS SECTION, THE] department will use certifying officers to monitor the practical part of an examination and administer the written part of an examination. A certifying officer may not be the primary instructor of the students being examined for certification, unless granted a waiver by the department upon the showing of a reasonable justification that the department determines does not threaten public health.

7 AAC 26.060(i) is repealed and readopted to read:

(i) An individual requesting department approval as a certifying officer must be certified as an EMS instructor or EMS instructor coordinator, and an EMS provider level at or greater than the level that the individual is certifying in compliance with the department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel*, May 2019,

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adopted by reference in 7 AAC 26.030(e)(3)(B).

7 AAC 26.060(j) is repealed:

(j) Repealed 8 / 21 / 2019. (Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 7/4/99, Register 151; am 8/16/2002, Register 163; am 8 / 21 / 2019, Register 231)

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

[EDITOR'S NOTE: THE DEPARTMENT'S GUIDE FOR EMS INSTRUCTORS AND CERTIFYING OFFICERS IN ALASKA, REFERRED TO IN 7 AAC 26.060 AND ADOPTED BY REFERENCE IN 7 AAC 26.050 IS AVAILABLE FOR A FEE FROM THE SECTION OF COMMUNITY HEALTH AND EMERGENCY MEDICAL SERVICES, DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, P.O. BOX 110616, JUNEAU, ALASKA 99811-0616, AND MAY BE VIEWED AT THE OFFICE. THE PUBLICATION IS ALSO POSTED BY THE DEPARTMENT ON THE INTERNET AT [HTTP://WWW.CHEMS.ALASKA.GOV.](http://www.chems.alaska.gov)]

7 AAC 26.070 is repealed and readopted to read:

**7 AAC 26.070. Examinations for certification.** (a) The certification examination for EMT-I, EMT-II, EMT-III, or AEMT consists of a department-approved examination that tests the applicant on the applicable cognitive and psychomotor objectives for each level set out in the United States Department of Transportation, National Highway Traffic Safety Administration's

*National Emergency Medical Services Education Standards*, January 2009, adopted by reference in 7 AAC 26.050(1)(A).

(b) The certification examination for emergency medical responder (EMR), EMT, AEMT, or National Registry Paramedic administered by the National Registry of Emergency Medical Technicians (NREMT) that tests the applicant on the cognitive and psychomotor objectives set out in the United States Department of Transportation, National Highway Traffic Safety Administration's *National Emergency Medical Services Education Standards*, January 2009, adopted by reference in 7 AAC 26.050(1)(A), qualifies for the corresponding state EMS certification level approved by the department. (Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 8/16/2002, Register 163; am ~~8~~ /21 /2019, Register ~~231~~.)

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

[EDITOR'S NOTE: THE DEPARTMENT'S EMERGENCY MEDICAL TECHNICIAN-I COURSE OBJECTIVES, EMERGENCY MEDICAL TECHNICIAN-II COURSE OBJECTIVES, EMERGENCY MEDICAL TECHNICIAN-III COURSE OBJECTIVES, REFERRED TO IN 7 AAC 26.070 AND ADOPTED BY REFERENCE IN 7 AAC 26.050, ARE AVAILABLE FOR A FEE FROM THE SECTION OF COMMUNITY HEALTH AND EMERGENCY MEDICAL SERVICES, DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, P.O. BOX 110616, JUNEAU, ALASKA 99811-0616, AND MAY BE VIEWED AT THE OFFICE. THE PUBLICATIONS ARE ALSO POSTED BY THE DEPARTMENT ON THE INTERNET AT [HTTP://WWW.CHEMS.ALASKA.GOV.](http://www.chems.alaska.gov)]

7 AAC 26.080 is amended to read:

**7 AAC 26.080. Application fees.** (a) An applicant for certification as an EMT-I, EMT-II, EMT-III, AEMT, ETT instructor, EMS instructor, or EMS instructor coordinator [EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] must pay to the department a nonrefundable application fee of \$25 for each application for certification.

(b) An applicant for recertification as an EMT-I, EMT-II, EMT-III, AEMT, ETT instructor, EMS instructor, or EMS instructor coordinator [EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] must pay to the department a nonrefundable application fee of \$25 for each application for certification.

(c) An applicant for recertification as an EMT-I, EMT-II, EMT-III, AEMT, ETT instructor, EMS instructor, or EMS instructor coordinator [EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] must pay to the department a nonrefundable late fee of \$50 for each application for recertification received after the expiration date listed on the applicant's certificate. The department will waive the late fee if the department determines that extenuating circumstances exist.

(d) An applicant for recertification as an EMT-I, EMT-II, EMT-III, AEMT, ETT instructor, EMS instructor, or EMS instructor coordinator [EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] must pay to the department a nonrefundable application fee of \$25 for each request for a certification extension received before the expiration date listed on the applicant's certificate. The department will waive the certification extension fee if the department determines that extenuating circumstances exist. (Eff. 12/31/81, Register 80; am 10/23/92, Register 124; am 5/22/96, Register 138; am 8/16/2002, Register 163; am

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12/26/2014, Register 212; am 8 / 21 / 2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.100(a) is amended to read:

(a) Certification is valid for two years, except that

(1) an initial certification for an EMT-I **or ETT instructor** applicant who completed the initial training course before July 1 of a year expires on December 31 of the following year;

(2) an initial certification for an EMT-II, EMT-III, **AEMT, EMS instructor, or EMS instructor coordinator** [EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] applicant who completed the initial training course or department-approved orientation before July 1 of a year expires on the second March 31 following the year of issuance;

(3) an initial certification for an EMT-I **or ETT instructor** applicant who completed the initial training course or department-approved orientation after June 30 of a year expires on December 31 of the second year following the year of issuance;

(4) an initial certification for an EMT-II, EMT-III, **AEMT, EMS instructor, or EMS instructor coordinator** [EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] applicant who completed the initial training course or **department-approved** [DEPARTMENT APPROVED] orientation after June 30 of a year expires on the third March 31 following the year of issuance;

(5) an EMT-I **or ETT instructor** recertification expires on the second December

31 following the expiration of the most recent certification regardless of the date of issuance of recertification;

(6) an EMT-II, EMT-III, AEMT, EMS instructor, or EMS instructor coordinator [EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] recertification expires on the second March 31 following the expiration of the most recent certification regardless of the date of issuance of recertification;

(7) based upon a reasonable justification, the department may [WILL, IN ITS DISCRETION,] extend the certification of an individual for a period of not more than 60 days beyond the date of the lapse of certification; and

(8) the department may shorten or lengthen the certification period for an instructor so that the expiration date of the instructor certification matches the expiration date of the applicant's EMS provider certification or authorization required under 7 AAC 26.030(e) or (f) [7 AAC 26.030(d)(1)].

7 AAC 26.100(b) is repealed and readopted to read:

(b) A state-certified EMT-I, EMT-II, EMT-III, AEMT, EMS instructor, or EMS instructor coordinator certification expires if the recertification requirements listed in 7 AAC 26.110 are not satisfied. The certification expiration date is published online in the individual's EMS account of the department's licensing management system.

7 AAC 26.100(d) is amended to read:

(d) If a person fails to apply for recertification within three years after the expiration date

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of the person's certification as an EMT-I, EMT-II, [ OR] EMT-III, or AEMT, the person must reapply as for initial certification.

(Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am 8 / 21 / 2019, Register 231)

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.110(a) is repealed and readopted to read:

(a) To be recertified, an EMT-I, EMT-II, EMT-III, or AEMT, not more than one year after the date of expiration of that person's EMT certification, must

- (1) apply for recertification in writing on a form provided by the department;
- (2) provide evidence of a valid CPR credential; and
- (3) provide evidence of

(A) current certification from the National Registry of Emergency Medical Technicians (NREMT) for a department-approved corresponding level; or

(B) successful completion of

(i) department-approved continuing medical education set out in the department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel*, May 2019, adopted by reference in 7 AAC 26.030(e)(3)(B), within two years before the date of application for recertification; and

(ii) skills verification from a department-approved instructor that



the person has, not more than one year before the date of expiration of the person's certification, successfully demonstrated competence in skill areas set out in the department's skill sheets for the EMT level for which recertification is sought.

7 AAC 26.110(b) is amended to read:

(b) An EMT-II, [OR] EMT-III, **or AEMT** applying for recertification must also provide a written statement of sponsorship from a medical director who accepts the responsibilities set out in 7 AAC 26.640, **unless the department places the certification in inactive status for the level of certification until the requirement is met. An EMT-II, EMT-III, or AEMT in an inactive status may function within an EMT-I scope of practice under 7 AAC 26.040(a)(2).**

7 AAC 26.110(c) is repealed and readopted to read:

(c) To be recertified, an EMS instructor must, not more than one year before the date of expiration of the person's certification, apply for recertification, on a form provided by the department, and must provide evidence of

- (1) at least one of the valid credentials under 7 AAC 26.030(e)(1);
- (2) a valid CPR Instructor credential, unless the department grants a waiver based on evidence that a credentialed CPR instructor is available for each course taught; and
- (3) successful completion of department-approved instructor continuing education set out in the department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel*, May 2019, adopted by reference in 7 AAC 26.030(e)(3)(B),

within two years before the date of application for recertification.

7 AAC 26.110(d) is repealed and readopted to read:

(d) To be recertified, an EMS instructor coordinator must, not more than one year before the date of expiration of the person's certification, apply for recertification, on a form provided by the department, and must provide evidence of

(1) at least one of the valid credentials under 7 AAC 26.030(e)(1);

(2) a valid CPR Instructor credential, unless the department grants a waiver based on evidence that a credentialed CPR instructor is available for each course taught; and

(3) successful completion of department-approved instructor continuing education set out in the department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A: Personnel*, May 2019, adopted by reference in 7 AAC 26.030(e)(3)(B), within two years before the date of application for recertification.

7 AAC 26.110(e) is repealed and readopted to read:

(e) If an EMS instructor coordinator fails to meet the certification criteria in this section, the department may grant the person an EMS instructor level certification for the shorter of the following periods:

(1) until all EMS instructor coordinator recertification criteria are documented; or

(2) for a period not to exceed two years beyond the original EMS instructor coordinator certification date of expiration.

7 AAC 26.110(f) is repealed and readopted to read:

(f) An EMT-I, EMT-II, EMT-III, or AEMT who did not timely apply for recertification under (a) of this section and whose certification has been expired for more than one year but less than three years must apply for recertification in writing, on a form provided by the department, and must

(1) provide evidence of a valid CPR credential; and

(2) provide evidence of

(A) current certification from the National Registry of Emergency Medical Technicians (NREMT) for a department-approved corresponding level; or

(B) successful completion of

(i) department-approved continuing medical education for the EMT level for which recertification is sought, as set out in the department's *Guide for Emergency Medical Services Certification & Licensure, Appendix A:*

*Personnel*, May 2019, adopted by reference in 7 AAC 26.030(e)(3)(B);

(ii) an additional 24 hours of department-approved continuing medical education;

(iii) skills verification from a department-approved instructor that the person has, not more than one year before the date of application, successfully demonstrated competence in skill areas set out in the department's skill sheets for the EMT level for which recertification is sought; and

(iv) if certification has been lapsed for more than two years, the appropriate cognitive and psychomotor examination administered by the

department or the National Registry of Emergency Medical Technicians (NREMT) under 7 AAC 26.130.

7 AAC 26.110(g) is amended to read:

(g) An EMT-I, EMT-II, [OR] EMT-III, **or AEMT** with a certification expiration date after December 31, **2014** [1995], whose training did not include the skills contained in the United States Department of Transportation, **National Highway Traffic Safety Administration's National Emergency Medical Services Education Standards, January 2009, adopted by reference in 7 AAC 26.050(1)(A)** [NATIONAL STANDARD CURRICULUM, EMERGENCY MEDICAL TECHNICIAN: BASIC, 1994], must take a **department-approved** [DEPARTMENT APPROVED] refresher training program or curriculum transition program that includes those skills appropriate to the level of recertification before being recertified.

7 AAC 26.110(i) is amended to read:

(i) If the department determines that the curriculum originally used to train an applicant for recertification whose certificate has been lapsed for more than two years has changed substantially, the department may require the applicant to repeat the initial EMT-I, EMT-II, [OR] EMT-III, **AEMT, EMS instructor, or EMS instructor coordinator** course, as applicable, and apply as for initial certification.

7 AAC 26.110(j) is repealed and readopted to read:

(j) A maximum of 24 hours of continuing medical education using distributed learning

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may be applied to satisfy the applicable recertification requirements of this section in one certification period.

(Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 6/23/2001, Register 158; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am 8 / 21 / 2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.130(a) is amended to read:

(a) Failure of an EMT-I, EMT-II, [OR] EMT-III, or AEMT to obtain a passing score on the cognitive [WRITTEN] recertification examination in three attempts or on the practical examination in two attempts, as required under 7 AAC 26.110(f)(2)(B)(iv), will result in the certification not being renewed.

7 AAC 26.130(b) is repealed:

(b) Repealed 8 / 21 / 2019.

7 AAC 26.130(c) is repealed:

(c) Repealed 8 / 21 / 2019. (Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 8 / 21 / 2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.150(a) is repealed and readopted to read:

(a) The department will issue an EMT-I or an AEMT certificate to a person who has a valid equivalent certification as an EMT-I or AEMT in another state or territory or has a valid certification from the National Registry of Emergency Medical Technicians (NREMT), if the person

(1) provides the department with a copy of the valid state, territory, or National Registry of Emergency Medical Technicians (NREMT) certification;

(2) provides the department with evidence of a valid CPR credential;

(3) provides the department with evidence of a valid advanced cardiac life support credential, if the person seeks an AEMT certificate;

(4) provides the department with evidence of successful completion of department-approved education in the scope of practice for the applicable level;

(5) provides evidence of sponsorship from a medical director, approved by the department, who accepts the responsibilities set out in 7 AAC 26.640, if the person seeks an AEMT certificate;

(6) establishes an online account in the department license management system;

and

(7) pays a non-refundable application fee of \$25.

7 AAC 26.150(d) is repealed and readopted to read:

(d) A person who is certified or licensed in another state or territory as an EMT-I, or equivalent, but whose training does not include the objectives set out in the United States

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Department of Transportation, National Highway Traffic Safety Administration's *National Emergency Medical Services Education Standards*, January 2009, adopted by reference in 7 AAC 26.050(1)(A), must take a department-approved refresher course before being issued an EMT-I certificate, valid until December 31 of the following year after application.

(Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/29/93, Register 126; am 5/22/96, Register 138; am 6/23/2001, Register 158; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am 8 / 21 / 2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

**Editor's note:** The publications mentioned in 7 AAC 26.150 are available for a fee from [THE] emergency medical services **(EMS)** [SECTION], **Section of Rural and Community Health Systems, Division of Public Health**, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616; **telephone: (907) 465-3140; facsimile number: (907) 465-4101.**

7 AAC 26.172(a)(8) is repealed and readopted to read:

(8) agree to limit enrollment to an individual who is currently

(A) certified by the department as an EMT-I, EMT-II, EMT-III, or AEMT; or

(B) certified by the National Registry of Emergency Medical Technicians (NREMT) as an EMT or AEMT;

(Eff. 3/11/98, Register 145; am 8/16/2002, Register 163; am 8 / 21 / 2019, Register 231 )

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**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

[EDITOR'S NOTE: THE ALASKA PARAMEDIC PROGRAM SKILL LIST IS AVAILABLE AT NO CHARGE FROM THE SECTION OF COMMUNITY HEALTH AND EMS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, BOX 110616, JUNEAU, AK 99811-0616.]

7 AAC 26.178(b)(3)(A) is amended to read:

(A) taught at least 50 hours in eight or more of the **objectives set out in the United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Education Standards, January 2009, adopted by reference in 7 AAC 26.050(1)(A)** [SUBJECT AREAS ADDRESSED IN THE UNITED STATES DEPARTMENT OF TRANSPORTATION, NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S *EMT-PARAMEDIC: NATIONAL STANDARD CURRICULUM*, AS REVISED AS OF 1998 AND ADOPTED BY REFERENCE, TO AN AUDIENCE THAT INCLUDED PARAMEDICS]; and

(Eff. 3/11/98, Register 145; am 8/16/2002, Register 163; am 8 / 21 / 2019, Register 231.)

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

[EDITOR'S NOTE: THE UNITED STATES DEPARTMENT OF TRANSPORTATION, NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S EMERGENCY



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MEDICAL TECHNICIAN-PARAMEDIC: NATIONAL STANDARD CURRICULUM, DATED 1998, ADOPTED BY REFERENCE IN 7 AAC 26.178, IS AVAILABLE FOR A FEE FROM THE SECTION OF COMMUNITY HEALTH AND EMERGENCY MEDICAL SERVICES, DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, P.O. BOX 110616, JUNEAU, ALASKA 99811-0616, AND MAY BE VIEWED AT THAT OFFICE. THE DOCUMENT MAY ALSO BE OBTAINED FROM THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION, EMS DIVISION, 400 SEVENTH STREET, SW (NTS14), WASHINGTON, D.C. 20590 OR AT [HTTP://WWW.NHTSA.DOT.GOV/PEOPLE/INJURY/EMS.](http://www.nhtsa.dot.gov/people/injury/ems/)]

7 AAC 26.230(a)(1) is amended to read:

(1) **must** [SHALL] list available **certified or licensed personnel** [EMERGENCY MEDICAL TECHNICIANS I], and ensure that at least one **EMT-I** [EMERGENCY MEDICAL TECHNICIAN I], and one other person to act as driver when using **an emergency medical** [A SURFACE] transportation vehicle, will be available to respond to emergencies 24 hours a day;

7 AAC 26.230(b)(1) is amended to read:

(1) **must** [SHALL] list available [,] certified **or licensed** personnel [, SUCH AS EMERGENCY MEDICAL TECHNICIANS II, EMERGENCY MEDICAL TECHNICIANS III, MOBILE INTENSIVE CARE PARAMEDICS, OR OTHER PERSONNEL, INCLUDING REGISTERED NURSES OR PHYSICIANS,] who may respond to medical emergencies on a

regular basis;

7 AAC 26.230(b)(2) is amended to read:

(2) must have an EMT-II, [OR] EMT-III, **AEMT**, mobile intensive care paramedic, or other medical personnel certified or licensed to provide advanced life support, **such as a** [(E.G.,] registered nurse, **physician** [PHYSICIAN'S] assistant, or physician [)], and **must ensure that at least one of those persons and** at least one other person trained to at least the EMT-I level when using **an emergency medical** [A SURFACE] transportation vehicle [,] **will be** available to respond to emergency calls 24 hours a day;

(Eff. 3/3/83, Register 85; am 6/27/92, Register 122; am 10/23/92, Register 124; am

8 / 21 / 2019, Register 231)

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.245(a) is amended to read:

(a) A certified emergency medical service providing either basic life-support or advanced life-support outside a hospital must complete an approved **patient care** [EMS] report form for each patient treated. The report form must document vital signs and medical treatment given the patient.

7 AAC 26.245(b) is amended to read:

(b) A copy of the completed **patient care report** [EMS FORM] must **be**

(1) **made available** [ACCOMPANY THE PATIENT] to the treatment facility

**not later than 24 hours after delivery of the patient;**

(2) **available** [BE SENT] to the medical director; and

(3) [BE] kept by the EMS service **for the longer of**

**(A) seven years; or**

**(B) three years past the patient's 18th birthday** [AS A PERMANENT RECORD].

7 AAC 26.245(c) is amended to read:

(c) The medical director shall periodically review the **patient care reports received** [EMS REPORTS HE OR SHE RECEIVES], to determine the appropriateness of treatment given.

7 AAC 26.245 is amended by adding new subsections to read:

(d) A patient care report must be compliant with the United States Department of Transportation, National Highway Traffic Safety Administration's National Emergency Medical Services Information System (NEMSIS) and must be submitted to the department.

(e) Patient care reporting data, not including patient identifiers, physician identifiers, or hospital identifiers, may be provided to epidemiologists, health planners, medical researchers, or other interested persons to study causes, severity, demographics, and outcomes of injuries, or for other purposes of studying the epidemiology of injuries or emergency medical services and trauma system issues. (Eff. 3/3/83, Register 85; am 10/23/92, Register 124; am 8 / 21 / 2019, Register 231)

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

[EDITOR'S NOTE: THE EMS REPORT FORMS REFERRED TO IN 7 AAC 26.245 MAY BE OBTAINED FROM THE EMERGENCY MEDICAL SERVICES SECTION, DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, P.O. BOX 110616, JUNEAU, ALASKA 99811-0616.]

7 AAC 26.430(a) is repealed and readopted to read:

- (a) A person applying for certification as an ETT instructor must
  - (1) be 18 years of age or older;
  - (2) provide evidence of at least one of the following valid credentials:
    - (A) an ETT card;
    - (B) an EMT-I, EMT-II, EMT-III, or AEMT certification from the department;
    - (C) an EMT, AEMT, or National Registry Paramedic certification from the National Registry of Emergency Medical Technicians (NREMT);
    - (D) authorization to practice in the state as a physician, physician assistant, or mobile intensive care paramedic under AS 08.64 or as a registered nurse under AS 08.68;
  - (3) provide evidence of at least one year of experience as an ETT, EMT, AEMT, or paramedic, as applicable;
  - (4) provide evidence of a valid CPR credential;

(5) provide evidence of successful completion of

(A) a department-approved instructor training program; or

(B) an instructor training program that the department determines meets or exceeds the objectives set out in the National Association of EMS Educators and the United States Department of Transportation, National Highway Traffic Safety Administration's *National Guidelines for Educating EMS Instructors, 2002*, adopted by reference in 7 AAC 26.030(e)(3)(A); and

(6) establish an online account in the department license management system.

(Eff. 1/30/87, Register 101; am 6/23/2001, Register 158; am 8/16/2002, Register 163; am

8 / 21 / 2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

[EDITOR'S NOTE: THE UNITED STATES DEPARTMENT OF TRANSPORTATION, NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S EMS INSTRUCTOR TRAINING PROGRAM: NATIONAL STANDARD CURRICULUM, REFERRED TO IN 7 AAC 26.430 AND ADOPTED BY REFERENCE IN 7 AAC 26.030(d)(3)(B), IS AVAILABLE FOR A FEE FROM THE SECTION OF COMMUNITY HEALTH AND EMERGENCY MEDICAL SERVICES, DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, P.O. BOX 110616, JUNEAU, ALASKA 99811-0616, AND MAY BE VIEWED AT THAT OFFICE. THE DOCUMENT MAY ALSO BE OBTAINED FROM THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION, EMS DIVISION, 400 SEVENTH STREET, SW (NTS14), WASHINGTON, D.C. 20590 OR AT

7 AAC 26.485 is repealed:

**7 AAC 26.485. Persons practicing as emergency trauma technician instructors before March 31, 1987.** Repealed. (Eff. 1/30/87, Register 101; repealed 8 /21 /2019, Register 23\ )

7 AAC 26.585(a) is repealed and readopted to read:

(a) A person may conduct an automated external defibrillation (AED) training program if the person complies with (b) of this section.

7 AAC 26.585(b) is repealed and readopted to read:

- (b) An AED training program must
- (1) document whether each student has successfully completed the program, provide each student with a card, certificate, or other evidence of completion, and maintain documentation that must include the program completion date, course content, and expiration date or recommended renewal date that is not more than two years from the date of initial training;
  - (2) teach AED according to the current guidelines of the International Liaison Committee on Resuscitation (ILCOR), *2018 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations*, adopted by reference in 7 AAC 26.985(d), for basic life support AED; and

(3) require each student to demonstrate competence, using either an actual automated external defibrillator or an AED simulator.

(Eff. 7/4/99, Register 151; am 8 /21 /2019, Register 231 )

**Authority:** AS 09.65.090 AS 18.08.082 AS 18.08.084  
AS 18.08.080

[EDITOR'S NOTE: INFORMATION ON AUTOMATED EXTERNAL DEFIBRILLATION TRAINING PROGRAMS CONDUCTED BY THE AMERICAN HEART ASSOCIATION OR THE AMERICAN RED CROSS, REFERENCED IN 7 AAC 26.585, IS AVAILABLE BY WRITING THOSE ORGANIZATIONS AT THE FOLLOWING ADDRESSES: AMERICAN HEART ASSOCIATION, ALASKA AFFILIATE, 1057 WEST FIREWEED LANE, SUITE 206, ANCHORAGE, ALASKA 99503; AMERICAN RED CROSS, SOUTH CENTRAL ALASKA CHAPTER, 235 EAST 8TH AVENUE, SUITE 200, ANCHORAGE, ALASKA 99501.]

7 AAC 26.610 is amended to read:

**7 AAC 26.610. Purpose.** The purpose of 7 AAC 26.610 - 7 AAC 26.690 is to promote the health and safety of the people of this state [ALASKA] by establishing uniform minimum standards for a medical director for a person or entity certified, or seeking certification, under this chapter. Nothing in 7 AAC 26.610 - 7 AAC 26.690 is intended to prohibit a physician from authorizing a state-certified emergency medical technician to use a drug or procedure in an emergency situation that is not specifically covered by the EMT-I, EMT II, [OR] EMT III, or

**AEMT** certification. (Eff. 10/23/92, Register 124; am ~~8~~ / ~~21~~ / ~~2019~~, Register ~~231~~ )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

The introductory language of 7 AAC 26.630(a) is amended to read:

(a) To be a medical director for a state-certified EMT-II, [OR] EMT-III, **or AEMT**, for an EMT-II, [OR] EMT-III, **or AEMT** training course, or for a state-certified basic life support emergency medical service, advanced life support emergency medical service, or aeromedical service, a person must

...

7 AAC 26.630(b) is amended to read:

(b) To be a medical director for a state-certified **EMT-II**, EMT-III, or **AEMT**, a person must be trained [BY THE AMERICAN HEART ASSOCIATION] in **American Heart Association** advanced cardiac life support **or a department-approved equivalent**.

(Eff. 10/23/92, Register 124; am 7/4/99, Register 151; am 12/26/2014, Register 212; am

~~8~~ / ~~21~~ / ~~2019~~, Register ~~231~~ )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.640(a) is amended to read:

(a) A medical director's approval of standing orders for a state-certified EMT-I, EMT-II, [OR] EMT-III, **AEMT, or emergency medical dispatcher**, for the activities described in 7 AAC 26.040, must be in writing. Additional medications or procedures not listed in 7 AAC



26.040 may be approved by direct voice contact with an on-line physician, or by written standing orders from the medical director in accordance with 7 AAC 26.670.

7 AAC 26.640(b) is amended to read:

(b) The medical director for a state-certified EMT-I, EMT-II, [OR] EMT-III, **AEMT, or emergency medical dispatcher** shall

(1) provide direct or indirect supervision of the medical care provided by each state-certified EMT-I, EMT-II, [OR] EMT-III, **AEMT, or emergency medical dispatcher**;

(2) establish and annually review treatment protocols;

(3) approve medical standing orders that delineate the advanced life-support techniques that may be performed by each state-certified EMT-I, EMT-II, [OR] EMT-III, **or AEMT** and the circumstances under which the techniques may be performed;

(4) provide quarterly critiques of patient care provided by the EMT-I, EMT-II, [OR] EMT-III, **or AEMT**, and quarterly on-site supervisory visits; the department **may** [WILL, IN ITS DISCRETION,] grant a written waiver of this requirement based on difficult geographic, transportation, or climatic factors; and

(5) approve a program of continuing medical education for each state-certified EMT supervised.

(Eff. 10/23/92, Register 124; am 5/22/96, Register 138; am 7/4/99, Register 151; am 12/26/2014, Register 212; am 8 / 21 / 2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

The introductory language of 7 AAC 26.660(a) is amended to read:

(a) The medical director for a department approved [EMT-II OR EMT-III] training course shall

...

(Eff. 10/23/92, Register 124; am 8 /21 /2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.670(a) is repealed and readopted to read:

(a) A medical director, to authorize a state-certified EMT-I, EMT-II, EMT-III, or AEMT to use additional medications or procedures not covered under 7 AAC 26.040, must

(1) submit in writing on a form provided by the department a request for approval;

(2) include in the request for approval a needs assessment with supporting data and a plan to evaluate current and ongoing training and competence in additional medications or procedures; and

(3) if the request is approved, following the training and evaluation, send the department a list of individuals who are authorized to use the additional medications or procedures.

7 AAC 26.670(b) is amended to read:

(b) The department will maintain a list of the approved additional medications or procedures for an authorized EMT-I, EMT-II, [OR] EMT-III, or AEMT. (Eff. 10/23/92,

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Register 124; am 5/22/96, Register 138; am 8 / 21 / 2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.690(c) is amended to read:

(c) An EMT-I, EMT-II, [OR] EMT-III, or **AEMT** [MANUAL DEFIBRILLATOR TECHNICIAN] who is without a medical director may perform only those basic life support procedures as defined in 7 AAC 26.999 that are within the scope of activities for a state-certified **EMT set out in 7 AAC 26.040** [EMT-I]. (Eff. 10/23/92, Register 124; am 5/22/96, Register 138; am 7/4/99, Register 151; am 12/26/2014, Register 212; am 8 / 21 / 2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

The introductory language of 7 AAC 26.830 is amended to read:

An organization applying for course approval for training **of a certified** [AN] emergency medical dispatcher (EMD) must show that it has

• • •

(Eff. 4/7/96, Register 138; am 8 / 21 / 2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

The introductory language of 7 AAC 26.950(a) is amended to read:

(a) The department will revoke, suspend, deny, or not issue an individual's certification or recertification as an EMT-I, EMT-II, EMT-III, **AEMT**, ETT **instructor** [INSTRUCTOR], **EMS instructor, or EMS instructor coordinator** [EMT-I INSTRUCTOR, EMT-II

INSTRUCTOR OR EMT-III INSTRUCTOR] if the individual

• • •

7 AAC 26.950(b) is amended to read:

(b) The department will revoke, suspend, or deny an individual's certification or recertification as an EMT-I, EMT-II, EMT-III, **AEMT**, ETT **instructor** [INSTRUCTOR], **EMS instructor, or EMS instructor coordinator** [EMT-I INSTRUCTOR, EMT-II INSTRUCTOR OR EMT-III INSTRUCTOR] if the department determines that the individual

(1) within the preceding 15 years has been convicted of an offense that is a class B or class C felony or class A misdemeanor for an offense against a person under AS 11.41, or an offense with substantially similar elements in another jurisdiction;

(2) within the preceding 10 years has been convicted of an offense that is a felony or class A misdemeanor under AS 11.61 (Offenses Against Public Order), or an offense with substantially similar elements in another jurisdiction;

(3) within the preceding 10 years has been convicted of an offense that is a class B or class C felony or class A misdemeanor under AS 11.71 (Misconduct Involving a Controlled Substance), or an offense with substantially similar elements in another jurisdiction;

(4) within the preceding three years has been convicted under AS 28.35.030 of operating a vehicle, aircraft, or watercraft while intoxicated, or under AS 28.35.032 for refusal to submit to a chemical test;

(5) has failed to notify the department in writing within 30 days after being charged with an offense that is a class A misdemeanor or a felony under the law of this state or

an offense with substantially similar elements in another jurisdiction;

(6) is currently on work release, probation, or parole;

(7) has committed gross misconduct in the performance of duties as an EMT;

(8) has violated federal or state laws pertaining to medical practice;

(9) has used fraud or deceit to obtain a certificate from this state under 7 AAC 26.010 - 7 AAC 26.180, or from another state, or from the National Registry of Emergency Medical Technicians;

(10) has cheated on an examination for certification, committed theft of certification examination materials, or misused certification examination materials;

(11) has had a certificate or license as a health care provider revoked or suspended by the licensing or certifying authority of a state, territory, or country, or by the National Registry of Emergency Medical Technicians;

(12) has knowingly, willfully, or grossly negligently violated patient privacy or confidentiality by releasing information to persons who are not directly involved in the care or treatment of the patient, or otherwise authorized to receive the information;

(13) has falsified or altered training records, certification records, or patient records, or participated in the release or issuance of false continuing medical education documents, including verifying continuing medical education for an individual who did not legitimately attend an educational session, or signing an individual into an educational session that the individual did not actually attend; or

(14) has committed an act that constitutes a violation of a federal, state or local law, and that recklessly endangers other EMS providers, public safety officials, students in an

approved EMS training program, patients, or the general public [; OR

(15) IS NOT PHYSICALLY OR MENTALLY ABLE TO FULFILL THE RESPONSIBILITIES OF AN EMERGENCY MEDICAL TECHNICIAN LISTED IN THE UNITED STATES DEPARTMENT OF TRANSPORTATION'S EMERGENCY MEDICAL TECHNICIAN - BASIC: NATIONAL STANDARD CURRICULUM, APPENDIX A (FUNCTIONAL JOB ANALYSIS), AS REVISED AS OF 1994].

The introductory language of 7 AAC 26.950(c) is amended to read:

(c) The department will revoke, suspend, or deny an individual's certification or recertification as an ETT instructor [INSTRUCTOR], EMS instructor, EMS instructor coordinator, or MICP course coordinator [EMT-I INSTRUCTOR, EMT-II INSTRUCTOR OR EMT-III INSTRUCTOR] for one or more of the following reasons:

• • •

7 AAC 26.950(e) is amended to read:

(e) If the department, on a ground set out in (b)(1) - (3), (b)(6) - (14) [(b)(1) - (b)(3), (b)(6) - (b)(15)], or (c) of this section, revokes or suspends the certification of or refuses to certify or recertify an individual, the individual is not eligible to become certified again until 36 months after termination of sentence, parole or probation, or, if a criminal penalty is not imposed, 36 months after the effective date of the revocation, suspension, or denial of certification or recertification. If the department, on a ground set out in (b)(4) or (5) [(b)(4) OR (b)(5)] of this section, revokes or suspends the certification of or refuses to certify or recertify an

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individual, the individual is not eligible to become certified again until 12 months after the effective date of the revocation, suspension, or denial of certification or recertification.

(Eff. 6/23/2001, Register 158; am 8 / 21 / 2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.082 AS 18.08.084

[EDITOR'S NOTE: APPENDIX A (FUNCTIONAL JOB ANALYSIS), FROM THE UNITED STATES DEPARTMENT OF TRANSPORTATION'S EMERGENCY MEDICAL TECHNICIAN - BASIC: NATIONAL STANDARD CURRICULUM, REVISED 1994, IS AVAILABLE FOR A FEE FROM THE SECTION OF COMMUNITY HEALTH AND EMS, DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, BOX 110616, JUNEAU, AK 99811-0616, MAY BE VIEWED AT THAT OFFICE, OR MAY BE DOWNLOADED FROM THE SECTION'S WEB SITE AT [HTTP://WWW.CHEMS.ALASKA.GOV.](http://www.chems.alaska.gov)]

7 AAC 26.980 is repealed and readopted to read:

**7 AAC 26.980. Emergency use of epinephrine approval.** (a) The department will approve

(1) an epinephrine auto-injector training program that meets the department's *Standards for the Approval of Training Programs for Emergency Use of Epinephrine*, dated 2011, and adopted by reference;

(2) an epinephrine ampule training program that meets the department's *Standards for the Approval of Training Programs for Emergency Use of Epinephrine*, dated

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2011, and adopted by reference;

(b) An organization that is requesting approval of a training program under (a)(2) of this section must be under the authority of a medical director.

(c) In this section, "ampule" means ampule, multi-dose vial, or prefilled syringe. (Eff. 6/23/2011, Register 198; am 8 / 21 / 2019, Register 231 )

**Authority:** AS 17.22.010 AS 17.22.040 AS 17.22.090  
AS 17.22.020

7 AAC 26.985(d)(1) is amended to read:

(1) teaches CPR in accordance with the current guidelines of the International Liaison Committee on Resuscitation (ILCOR), 2018 [2010] *International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations*, as amended from time to time, and adopted by reference for basic life support CPR;

(Eff. 5/22/96, Register 138; am 8/16/2002, Register 163; am 1/20/2013, Register 205; am 8 / 21 / 2019, Register 231 )

**Authority:** AS 18.08.080 AS 18.08.084 AS 47.05.012  
AS 18.08.082

**Editor's note:** The International Liaison Committee on Resuscitation (ILCOR), 2018 [2010] *International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations*, adopted by reference in 7 AAC



26.985, may be obtained from the Department of Health and Social Services, Division of Public Health, Section of Rural and Community Health Systems, P.O. Box 110616, Juneau, Alaska 99811-0616; telephone: (907) 465-3140; facsimile number: (907) 465-4101; [,] or on the ILCOR website at the following Internet address: [www.ilcor.org](http://www.ilcor.org).

7 AAC 26.999 is repealed and readopted to read:

**7 AAC 26.999. Definitions.** In this chapter,

(1) "acute care hospital" means a state licensed hospital or federal hospital that provides medical and surgical outpatient and inpatient services to persons with injuries or illnesses;

(2) "advanced life support" has the meaning given in AS 18.08.200;

(3) "AED" means automated external defibrillation;

(4) "AEMT" means a person who has been certified or licensed in a state or territory as an Advanced Emergency Medical Technician (AEMT) certified by the National Registry of Emergency Medical Technicians (NREMT);

(5) "aeromedical service" means a medevac service, an air ambulance service, a critical care air ambulance service, or a specialty aeromedical transport team;

(6) "aeromedical transport team" means a team of two or more health care workers who are trained and equipped to provide care to a patient being transported in an aircraft;

(7) "air medevacs" means transporting emergency patients by fixed or rotary wing aircraft with at least one certified or licensed emergency medical responder in attendance;

(8) "appropriate equipment to perform basic and advanced life-support emergency procedures" means the basic and advanced life-support equipment carried on an ambulance that meets department approval and the needs of local EMS patient care guidelines;

(9) "area trauma center" means a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in the Committee on Trauma Level III Trauma Center Designation Criteria, located in the American College of Surgeons' *Resources for Optimal Care of the Injured Patient*, adopted by reference in 7 AAC 26.740, unless a specific exception is granted by the department;

(10) "automated defibrillator"

(A) means a defibrillator that is capable of automated rhythm analysis, and that will charge and deliver a defibrillation, with minimal operator intervention, after electronically detecting the presence of ventricular fibrillation or rapid ventricular tachycardia;

(B) does not include a semi-automatic defibrillator;

(11) "basic life support" means those emergency care skills set out in the goals and objectives of the United States Department of Transportation, National Highway Traffic Safety Administration's *National Emergency Medical Services Education Standards*, January 2009, adopted by reference in 7 AAC 26.050(1)(A);

(12) "certified or licensed medical personnel" means EMT-I's, EMT-II's, EMT-III's, AEMT's, mobile intensive care paramedics, physician assistants, advanced practice registered nurses, registered nurses, or physicians authorized by law to provide medical care in this state or in the state in which the certified service is based;

(13) "certifying officer" means a person designated

(A) by the department to ensure the security of the examinations for state certification;

(B) to ensure that the security of examinations for certification meets testing requirements by the National Registry of Emergency Medical Technicians (NREMT);

(14) "commissioner" means the commissioner of health and social services;

(15) "continuing medical education" or "CME" means ongoing education in

(A) topics included in the initial training course objectives for certified EMD, emergency medical responder (EMR), EMT-I, EMT-II, EMT-III, or AEMT or continuing education requirements of cognitive and psychomotor learning for which the provider is certified;

(B) other department-approved educational subjects required for maintenance of professional organization certification;

(C) college courses in anatomy, physiology, biology, chemistry, pharmacology, psychology, sociology, injury prevention, or statistics, or department-accepted courses;

(D) content presented using critiques, didactic sessions, practical drills, workshops, seminars, commercial educational systems, distributed learning, or other department-approved educational methods;

(E) professional EMS education systems such as the National Continued Competency Program (NCCP) by the National Registry of Emergency Medical

Technicians (NREMT) or accredited education by the Commission on Accreditation for Pre-Hospital Education (CAPCE);

(16) "CPR" means cardiopulmonary resuscitation;

(17) "critical care air ambulance service" means an organization or entity that is, or that uses by contractual arrangement, an aircraft operator or operators, with appropriate aircraft, and that provides or advertises to provide emergency medical care that includes advanced life support services and air transportation under the direct or indirect supervision of a medical director, through personnel trained at least to the mobile intensive care paramedic, physician assistant, advanced practice registered nurse, registered nurse, or physician level; generally, a critical care air ambulance service has the expertise to provide a higher level of medical care than does an medevac service and usually provides transportation from the initial treatment hospital to a referral hospital;

(18) "curriculum" means a collection of objectives, educational standards, or course materials;

(19) "department" means the Department of Health and Social Services;

(20) "department-approved aeromedical training" means a course, approved by the department, that includes training in the following, as appropriate to meet the needs of the applicant:

(A) physiological aspects of pressure and the atmosphere, including composition, layers and physiological divisions of the atmosphere, atmospheric pressure, the circulation system, basic respiratory physiology, hypoxia and shock, cabin pressurization and decompression, gas expansion disorders, evolved gas problems, and

acceleration or deceleration forces on the body;

(B) specific medical situations, such as escort responsibilities and self-care, patient stress and prolonged immobility, medication problems and side effects, motion sickness, nosebleed, hearing problems, flying across time zones and international borders, patient preparation for transportation, enplaning and deplaning, stages of flight, oxygen administration, intravenous therapy, tracheal suction, CPR, chest tubes, retention balloons, and dressing change;

(C) specific medical situations, such as patient assessment, head injuries, chest, abdominal, neck or spinal injuries, orthopedic disorders, facial wounds and injuries, eye problems, ear and throat problems, respiratory problems, cardiac problems, gastrointestinal problems, poisoning and overdose, hematologic disorders, urological disorders, behavioral states, maternal transport, infant and pediatric transport, burns, hypothermia and cold water near-drowning, and diving injuries;

(D) responsibilities during preflight, inflight, and postflight phases of an air ambulance mission;

(E) legal considerations of air ambulance service and recordkeeping for air ambulance services;

(F) lifting and moving patients, and general inflight patient care, including care of patients who require special considerations in the airborne environment;

(G) medications, including the times that medications are administered and adjustments that are required when changing time zones;

(H) medical equipment used aboard aircraft;

(I) changes in barometric pressure, decompression sickness and air embolism, and changes in partial pressure of oxygen;

(J) other environmental factors affecting patient care, including humidity, temperature, ventilation, and noise;

(K) aircraft systems, including electrical, pressurization, lighting, and ventilation; and

(L) aircraft emergencies, such as electrical failure, rapid decompression, emergency landings, and principles of survival;

(21) "department-approved medevac training" means a course, approved by the department, that includes training in the following, as appropriate to meet the needs of the applicant:

(A) decision to medevac, planning and systems coordination, and escort training objectives;

(B) aircraft and equipment considerations, such as types of aircraft, patient care, selection of aircraft and air carriers, minimum and special needs, effects of the environment, safety factors, and transferring and retrieving equipment;

(C) physiological aspects of pressure and the atmosphere, including composition, layers and physiological divisions of the atmosphere, atmospheric pressure, the circulation system, basic respiratory physiology, hypoxia and shock, cabin pressurization and decompression, gas expansion disorders, evolved gas problems, and acceleration or deceleration forces on the body;

(D) supporting activities, such as recordkeeping and the role of protocols

and standing orders;

(E) lifting and moving patients, survival during inflight emergencies, and general inflight patient care, including care of patients who require special considerations in the airborne environment;

(F) medical equipment used aboard aircraft;

(G) changes in barometric pressure, decompression sickness and air embolism, and changes in partial pressure of oxygen;

(H) other environmental factors affecting patient care, including humidity, temperature, ventilation, and noise;

(I) aircraft systems, including electrical, pressurization, lighting, and ventilation; and

(J) aircraft emergencies such as electrical failure, rapid decompression, emergency landings, and principles of survival;

(22) "direct or indirect supervision" means direct voice contact or by written standing orders;

(23) "distance delivery education" means educational activities in which the student and the instructor are not in the same physical location; "distance delivery education" includes videoconference or teleconference, performing directed studies, distributed learning, and virtual instructor lead training;

(24) "EMD" means an emergency medical dispatcher;

(25) "EMD medical director" means a physician who is authorized to practice medicine in this state who assumes medical oversight of emergency medical dispatch services,

including the approval of systematized caller interrogation questions, systematized pre-arrival instructions, and protocols to match the dispatcher's evaluation of injury or illness severity and the number of victims with vehicle response modes and configurations;

(26) "emergency medical dispatcher" means a person certified by the department who has successfully completed a department-approved emergency medical dispatcher course and has met all other department requirements for certification;

(27) "emergency medical dispatch priority reference system" means a protocol system approved by the EMD medical director, used by a dispatch agency to dispatch aid to medical emergencies, and must include

(A) systematized caller interrogation questions;

(B) systematized pre-arrival instructions; and

(C) protocols matching the dispatcher's evaluation of injury or illness severity and numbers of victims with vehicle response modes and configurations;

(28) "emergency medical service" means an organization that provides basic or advanced life support medical services outside a hospital;

(29) "emergency medical services" means the provision of emergency medical care and transportation of the sick or injured;

(30) "emergency medical technician" has the meaning given in AS 18.08.200;

(31) "emergency trauma technician" means a person who has successfully completed an emergency trauma technician training course approved by the department under 7 AAC 26.450;

(32) "EMS" means emergency medical services;



(33) "EMS bridge" means a specialized curriculum designed between two EMS courses for which the course is designed;

(34) "EMS communications capability" means point-to-point voice communications between EMS responders in the field and a higher-level medical facility, such as a clinic with mid-level practitioners, or a hospital;

(35) "EMS provider" means an individual that is certified, licensed or trained to provide emergency medical services;

(36) "EMS training" means the didactic, clinical, and psychomotor education, or instruction, provided to an emergency medical student or responder;

(37) "EMT"

(A) means an emergency medical technician;

(B) includes a person who has been certified or licensed as an EMT in a state or territory or by the National Registry of Emergency Medical Technicians (NREMT);

(38) "EMT-Paramedic" or "National Registry Paramedic" means a person who has been certified or licensed as a Paramedic or MICP in a state or territory, or who has been certified as a Paramedic by the National Registry of Emergency Medical Technicians (NREMT);

(39) "ETT" means emergency trauma technician;

(40) "ETT card" means documentation of successful completion of an ETT training course approved by the department under 7 AAC 26.450;

(41) "gross misconduct" means the knowing violation of AS 18.08 or this chapter;

(42) "high-risk maternal transport team" means a team of two or more health care workers who are trained and equipped to provide care to women with potentially serious complications of pregnancy during transport;

(43) "high-risk newborn transport team" means a team of two or more health care workers who are trained and equipped to provide care to newborns during transport;

(44) "hours of instruction" means hours devoted to the didactic, clinical, and psychomotor training of the course participants, but does not include hours used for the certification testing of students;

(45) "inflight patient care form" means a preprinted form that includes spaces for recording information, including the patient's name; date of flight; name of air carrier; diagnosis; originating and terminating points and patient's condition upon departure and arrival; an inflight medical attendant's report of the patient's status, including vital signs, level of consciousness, drugs administered, and details of therapeutic intervention; unusual circumstances encountered during the flight, including inordinate altitudes flown, turbulence, and times associated with these abnormal conditions; and other information, such as billing information for medical and transportation expenses;

(46) "intervener physician" means a physician who has not previously established a doctor-patient relationship with the emergency patient, but who is willing to accept responsibility for a medical emergency, and who can provide proof of a valid medical license;

(47) "local trauma stabilization center" means a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in the department's level IV trauma center designation criteria, contained in *Level IV/V*

*Trauma Center Applicants, Essential or Desirable Resources/Services Available*, adopted by reference in 7 AAC 26.720;

(48) "local trauma stabilization clinic" means a clinic that

(A) provides advanced trauma life support before a patient is transferred to a higher level of care; and

(B) is designated by the department as having met the essential standards for Level V trauma centers as specified in the department's level V trauma center designation criteria, contained in *Level IV/V Trauma Center Applicants, Essential or Desirable Resources/Services Available*, adopted by reference in 7 AAC 26.720;

(49) "medevac service" means an organization or entity that provides aeromedical evacuation or medically assisted transportation and usually provides transportation from the scene of the emergency, or a remote village or occupation site, to the initial treatment hospital;

(50) "medical director" means, except in 7 AAC 26.620, an individual who meets the applicable qualifications in 7 AAC 26.630 and who agrees to perform the responsibilities specified in this chapter for supervision of an EMT-I, EMT-II, EMT-III, AEMT, emergency medical dispatcher, EMD or EMS instructor education course, emergency medical service, medevac service, critical care air ambulance service, or specialty aeromedical transport team;

(51) "MICP" means mobile intensive care paramedic;

(52) "MICP course coordinator" means an individual who is certified in accordance with 7 AAC 26.174 to fulfill the responsibilities set out in 7 AAC 26.176;

(53) "mid-level practitioner" means a person certified or licensed by the state as

an advanced practice registered nurse or as a physician assistant;

(54) "mobile intensive care paramedic" has the meaning given that term by AS 08.64.380;

(55) "mutual aid agreement" means a written agreement that permits an emergency medical service to go to the aid of another emergency medical service within or outside the local service area, and to receive aid from another emergency medical service within or outside of the local service area, during multiple casualty incidents or other situations as defined in the agreement;

(56) "objectives" means instructional content or learning outcomes as part of the curriculum, course lesson, activity, cognitive knowledge, or demonstrated skill;

(57) "on-line physician" means a physician immediately available in person or by radio or telephone, when medically appropriate, for communication of medical direction to non-physician prehospital care-givers;

(58) "organization that provides basic or advanced life-support emergency medical services outside a hospital"

(A) means an organization, such as an ambulance service, rescue squad, fire department, or medevac service that, as one of its primary functions, provides basic or advanced life-support emergency medical services;

(B) does not include other organizations having ancillary emergency health or patient care responsibilities;

(59) "other organization having ancillary emergency health or patient care responsibilities" means an organization such as the community health aide program, the

uniformed services, the National Park Service, the United States Forest Service, a logging camp, the Alaska Marine Highway System, the Alaska Railroad, or private corporation, that must provide services to individuals needing immediate medical care in order to prevent loss of life or aggravation of psychological or physiological illness or injury;

(60) "patient contact" means a contact by an EMT with a person who is sick or injured in which the EMT performs at least one of the following:

- (A) patient assessment;
- (B) obtaining vital signs;
- (C) providing treatment;

(61) "pediatric transport provider" means a health care worker who is trained and equipped to provide care to children during transport;

(62) "pediatric transport team" means a team of two or more health care workers who are trained and equipped to provide care to children during transport;

(63) "pre-arrival instructions" means telephone rendered, medically approved, written instructions given by trained EMD's through callers that help to provide aid to the victim and control of the situation before the arrival of prehospital EMS personnel; "pre-arrival instructions" are part of an instruction given by a certified emergency medical dispatcher and are used as close to word-for-word as possible;

(64) "primary instructor" means an EMS instructor, EMS instructor coordinator, ETT instructor, or MICP course coordinator who

- (A) requested course approval under this chapter; or
- (B) coordinated a training program approved by the department under this

chapter, or taught more hours in that program than any other instructor;

(65) "protocols" mean written clinical standards for EMS practice in a variety of situations within the EMS system;

(66) "reasonable period of time" means that period of time in which the medical attendant with the patient, or the supervising physician, feels that the patient's condition will not deteriorate significantly;

(67) "refresher course" means a course, of at least 24 hours in length, that includes cognitive and psychomotor skills appropriate for an EMT-I, EMT-II, EMT-III, or AEMT;

(68) "regional trauma center" means a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in the Committee on Trauma Level II Trauma Center Designation Criteria, located in the American College of Surgeons' *Resources for Optimal Care of the Injured Patient*, adopted by reference in 7 AAC 26.740;

(69) *Resources for Optimal Care of the Injured Patient* means a publication of the Committee on Trauma, American College of Surgeons, and is adopted by reference in 7 AAC 26.740;

(70) "responsible official" means a person who has administrative responsibility for the operations of an emergency medical service, and includes the chief of a fire department or ambulance service;

(71) "reverification" means the

(A) process used by the American College of Surgeons' Committee on

Trauma to re-evaluate the trauma care capabilities and performance of a center previously verified as meeting the criteria of a level I, level II, or level III trauma center using the current guidelines set out in *Resources for Optimal Care of the Injured Patient*, adopted by reference in 7 AAC 26.740; or

(B) process used by a physician and nurse from the state trauma system review committee under AS 18.23.070(5)(A) with expertise in trauma care, and additional licensed physicians or nurses with that expertise as needed, to re-evaluate the trauma care capabilities and performance of a hospital or clinic previously verified as meeting the criteria of a level IV or level V trauma center using the current guidelines set out in *Level IV/V Trauma Center Applicants, Essential or Desirable Resources/Services Available*, adopted by reference in 7 AAC 26.720;

(72) "semi-automatic defibrillator" means a defibrillator that is capable of electronically detecting ventricular fibrillation and rapid ventricular tachycardia, but requires user interaction in order to deliver a countershock;

(73) "skill sheets" means the forms containing frequently used and critical psychomotor skills;

(74) "specialty aeromedical transport team" means an aeromedical transport team that provides advanced life support services and can accommodate the special medical needs of the category of patient the applicant is certified to serve, including a high-risk newborn transport team, high-risk maternal transport team, or pediatric transport team; generally, a specialty air medical transport team transports a certain category of patient to a specialty hospital referral center capable of meeting the particular needs of the patient;

(75) "specialty trauma referral center" means a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in the Committee on Trauma Level I Trauma Center Designation Criteria, located in the American College of Surgeons' *Resources for Optimal Care of the Injured Patient*, adopted by reference in 7 AAC 26.740;

(76) "standing orders" means strictly defined written orders for actions, techniques, or drug administration, to be used when communication contact has not been made with a base station physician;

(77) "state-approved EMS training agency" means a regional nonprofit EMS agency, a regional native corporation that provides EMS training, a university in this state providing EMS training, a state agency providing EMS training, or an organization that employs emergency medical technician instructors;

(78) "successful course completion" means verification on forms provided by the department, that the student has met all the cognitive and learning objectives, and psychomotor skill competencies of the course, in the training course classroom setting;

(79) "trauma center" means an acute care hospital, clinic, or other entity that has met minimum standards for staffing, equipment, and organizational commitment to manage the care and treatment of traumatic injury victims, and is certified by the department as a level I, level II, level III, level IV, or level V trauma center under 7 AAC 26.720 or recertified under 7 AAC 26.730;

(80) "trauma patient" means a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to



thermal, mechanical, electrical, or chemical energy, or by the absence of heat or oxygen (International Classification of Diseases, ICD-10 codes) or other categories of injuries as defined by the department;

(81) "trauma registry" means a statewide database on traumatic injury victims, whose injuries are of sufficient severity to result in hospitalization or death, to assess the appropriateness and quality of care and treatment in the prehospital and hospital setting and to study the epidemiology of serious injuries;

(82) "under the direct supervision of a physician or mobile intensive care paramedic" means that the physician or mobile intensive care paramedic is physically present and able to view, provide patient care, and provide recommendations regarding the assessment and treatment provided by the mobile intensive care paramedic intern from the time of arrival at the scene to the time the patient care is transferred to another medical provider;

(83) "vehicle response configuration" means the specific vehicles of varied types, capabilities, and numbers responding to render assistance;

(84) "vehicle response mode" means the use of driving techniques, such as red lights-and-siren, to respond to an emergency medical situation;

(85) "verification" means the

(A) process used by the Committee on Trauma, American College of Surgeons, to assess the trauma care capabilities and performance of a trauma center as a level I, level II, or level III trauma center; or

(B) process used by a physician and nurse from the state trauma system review committee under AS 18.23.070(5)(A) with expertise in trauma care, and

additional licensed physicians or nurses with that expertise as needed, to evaluate the trauma care capabilities and performance of a hospital or clinic as meeting the criteria of a level IV or level V trauma center using the current guidelines set out in *Level IV/V Trauma Center Applicants, Essential or Desirable Resources/Services Available*, adopted by reference in 7 AAC 26.720;

(86) "voice recorder" means a device capable of continuous recording of the voice communications at the scene;

(87) "working day" means a day other than Saturday, Sunday, or a state holiday. (Eff. 4/7/96, Register 138; am 5/22/96, Register 138; am 3/11/98, Register 145; am 7/4/99, Register 151; am 6/23/2001, Register 158; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am 11/1/2018, Register 228; am 8 /21 /2019, Register 231 )

**Editor's note:** Before Register 138, July 1996, the history of 7 AAC 26.999 was contained in 7 AAC 26.900. The history line for 7 AAC 26.999 does not reflect the prior history.

The publications listed in 7 AAC 26.999 are available **for a fee from emergency medical services (EMS), Section of Rural and Community Health Systems, Division of Public Health**, [THE] Department of Health and Social Services, **P.O. Box 110616, Juneau, Alaska 99811-0616; telephone: (907) 465-3140; facsimile number: (907) 465-4101** [DIVISION OF PUBLIC HEALTH, RURAL AND COMMUNITY HEALTH SYSTEMS SECTION, 3601 C STREET, SUITE 424, ANCHORAGE, AK 99503].


# MEMORANDUM

## State of Alaska Department of Law


**To:** The Honorable Kevin Meyer  
Lieutenant Governor

**Date:** June 25, 2019

**File No.:** 2017200794

**Thru:** Susan R. Pollard   
Chief Assistant Attorney General  
and Regulations Attorney  
Legislation and Regulations Section

**Tel. No.:** 465-3600

**From:** Steven C. Weaver   
Senior Assistant Attorney General  
Legislation and Regulations Section

**Re:** Department of Health and Social  
Services regulations re: emergency  
medical services (7 AAC 26)

The Department of Law has reviewed the attached regulations of the Department of Health and Social Services against the statutory standards of the Administrative Procedure Act. Based upon our review, we find no legal problems. This memorandum constitutes the written statement of approval under AS 44.62.060(b) and (c) that authorizes your office to file the attached regulations. The regulations were adopted by the Department of Health and Social Services after the close of the public comment period. The regulations are an omnibus update to the procedures and requirements regarding emergency medical services and emergency medical technicians and the qualifications for an individual to become an emergency medical technician.

The April 5, 2018 public notice, the September 25, 2018 supplemental public notice, and the June 18, 2019 adoption order all state that this action is not expected to require an increased appropriation. Therefore, a fiscal note under AS 44.62.195 is not required.

SCW

cc: Honorable Adam Crum, Commissioner  
Department of Health and Social Services

Triptaa Surve, Regulations Contact  
Department of Health and Social Services

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Kelly E. Henriksen, Senior Assistant Attorney General  
Human Services Section

SUPPLEMENTAL NOTICE OF PROPOSED CHANGES ON EMERGENCY MEDICAL SERVICES  
IN THE REGULATIONS OF THE DEPARTMENT OF HEALTH & SOCIAL SERVICES

BRIEF DESCRIPTION

The Department of Health & Social Services proposes to change regulations on emergency medical services, including updating required training, testing, certification and related terminology.

The Department of Health & Social Services proposes to adopt regulation changes in Title 7 of the Alaska Administrative Code, dealing with emergency medical services, including the following:

- 7 AAC 26.020-.999 is proposed to be changed as follows:
  - Update requirements for emergency medical services (EMS), instructors, staff, applications, training, examinations, certification, recertification, and reciprocity of personnel.
  - Add Emergency Medical Technician – Advanced provider level, EMS scope of medical practice.
  - Repeal and replace obsolete requirements and terminology.

This is a SUPPLEMENTAL NOTICE adding to the NOTICE OF PROPOSED CHANGES that was issued on April 3, 2018, concerning these proposed regulation revisions contained in the Department of Law file number 2017200794. This SUPPLEMENTAL NOTICE is being issued because the Department of Health & Social Services has decided to extend the public comment period through December 5, 2018, to allow the public to review the Department's amendments to the proposed regulations and the adopted by reference documents.

You may comment on the proposed regulation changes, including the potential costs to private persons of complying with the proposed changes, by submitting written comments to Ronald W. Quinsey, Department of Health & Social Services, Division of Public Health, Section of Rural and Community Health Systems, Office of Emergency Medical Services, P.O. Box 110616, Juneau, AK 99811-0616. Additionally, the Department of Health & Social Services will accept comments by facsimile at (907) 465-4101 and by electronic mail at [EMSRegulationResponse@alaska.gov](mailto:EMSRegulationResponse@alaska.gov). The comments must be received not later than 5 p.m. on December 5, 2018.

Oral or written comments also may be submitted at a hearing to be held on November 13, 2018, at room number 115, 350 Main Street, Juneau, AK 99801. The hearing will be held from 10 a.m. to 12:00 p.m. and might be extended to accommodate those present before 11 a.m. who did not have an opportunity to comment. If you are unable to attend in person, but would like to comment during the oral public hearing, you can call the teleconference number at 1- 800-944-8766 (toll free), code #83001.

You may submit written questions relevant to the proposed action to Mr. Ronald W. Quinsey, by e-mail at [EMSRegulationResponse@alaska.gov](mailto:EMSRegulationResponse@alaska.gov) or at the Department of Health & Social Services, Division of Public Health, Section of Rural and Community Health Systems, Office of Emergency Medical Services, 350 Main Street, Suite 530, Juneau, AK 99811-0616. The questions must be received at least 10 days before the end of the public comment period. The Department of Health and Social Services will aggregate its

response to substantially similar questions and make the questions and responses available on the Alaska Online Public Notice System and <http://dhss.alaska.gov/dph/Emergency/Pages/ems/default.aspx> .

If you are a person with a disability who needs a special accommodation in order to participate in this process, please contact Persephone Bodine, by e-mail at [persephone.bodine@alaska.gov](mailto:persephone.bodine@alaska.gov), or at telephone number (907)465-3140 not later than November 6, 2018, to ensure that any necessary accommodations can be provided.

A copy of the proposed regulation changes is available on the Alaska Online Public Notice System and by contacting Ronald W. Quinsey, by e-mail at [ron.quinsey@alaska.gov](mailto:ron.quinsey@alaska.gov) or by telephone at (907) 465-8508.

A copy of material proposed for adoption by reference is available on the Alaska Online Public Notice System at <https://aws.state.ak.us/OnlinePublicNotices/>. A copy of material proposed for adoption by reference may also be viewed at the agency's office at Department of Health & Social Services, Division of Public Health, Section of Rural and Community Health Systems, Office of Emergency Medical Services, 350 Main Street, Suite 530, Juneau, AK 99811-0616.

After the public comment period ends, the Department of Health & Social Services will either adopt the proposed regulation changes or other provisions dealing with the same subject, without further notice, or decide to take no action. The language of the final regulation may be different from that of the proposed regulation. **You should comment during the time allowed if your interests could be affected.**

**Statutory authority:** AS 09.65.090; AS 17.22.010; AS 17.22.020; AS 17.22.040; AS 17.22.090; AS 18.08.010; AS 18.08.015; AS 18.08.080; AS 18.08.082; AS 18.08.084; AS 47.05.012.

**Statutes being implemented, interpreted, or made specific:** AS 09.65.090; AS 17.22.010; AS 17.22.020; AS 17.22.040; AS 17.22.090; AS 18.08.010; AS 18.08.015; AS 18.08.080; AS 18.08.082; AS 18.08.084; AS 47.05.012.

**Fiscal information:** The proposed regulation changes are not expected to require an increased appropriation.

DATE: 9-21-18

  
Jon Sherwood  
Deputy Commissioner  
Department of Health & Social Services

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Department of Health & Social Services



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DATE: 4-2-18

  
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Jon Sherwood  
Deputy Commissioner  
Department of Health & Social Services

ADDITIONAL REGULATION NOTICE INFORMATION  
(AS 44.62.190(d))<sup>1</sup>

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Emergency Medical Services Amendments (training testing, certification, and miscellaneous).
3. Citation of regulation (may be grouped): 7 AAC 26.020-.999
4. Department of Law file number, if any: 2017200794

5. Reason for the proposed action:
- Compliance with federal law or action (identify): \_\_\_\_\_
  - Compliance with new or changed state statute
  - Compliance with federal or state court decision (identify): \_\_\_\_\_
  - Development of program standards
  - Other (identify): \_\_\_\_\_

6. Appropriation/Allocation: Public Health / Emergency Programs

7. Estimated annual cost to comply with the proposed action to: None.  
A private person: None.  
Another state agency: None  
A municipality: None

8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY2018	Subsequent Years
Operating Cost	\$ <u>0</u>	\$ <u>0</u>
Capital Cost	\$ <u>0</u>	\$ <u>0</u>
1002 Federal receipts	\$ <u>0</u>	\$ <u>0</u>
1003 General fund match	\$ <u>0</u>	\$ <u>0</u>
1004 General fund	\$ <u>0</u>	\$ <u>0</u>
1005 General fund/ program	\$ <u>0</u>	\$ <u>0</u>
Other (identify)	\$ <u>0</u>	\$ <u>0</u>

9. The name of the contact person for the regulation:

Name: Ronald W. Quinsey  
Title: Emergency Medical Services Officer I  
Address: 350 Main St., Suite 530, P.O. Box 110616, Juneau, AK 99811-0616  
Telephone: (907) 465-8508  
E-mail address: ron.quinsey@alaska.gov  
(E-mail for public comment: EMSRegulationResponse@alaska.gov )

10. The origin of the proposed action:

- Staff of state agency
- Federal government
- General public
- Petition for regulation change
- Other (identify): \_\_\_\_\_

11. Date: 3-29-2018

Prepared by:   
[signature]

Name (printed): Ronald W. Quinsey

Title (printed): Emergency Medical Services Officer I

Telephone: (907) 465-8508

AFFIDAVIT OF NOTICE OF PROPOSED REGULATION  
AND FURNISHING OF ADDITIONAL INFORMATION

I, Ronald W. Quinsey, Emergency Medical Services Officer I, of the Department of Health & Social Services, being sworn, state the following:

As required by AS 44.62.190, notice of the proposed adoption of changes to Emergency Medical Services regulations (7 AAC 26) has been given by being

- (1) published in a newspaper or trade publication;
- (2) furnished to every person who has filed a request for notice of proposed action with the state agency;
- (3) furnished to appropriate state officials;
- (4) furnished to interested persons;
- (5) furnished to the Department of Law, along with a copy of the proposed regulation;
- (6) furnished electronically to incumbent State of Alaska legislators;
- (7) posted on the Alaska Online Public Notice System as required by AS 44.62.175(a)(1) and (b) and 44.62.190(a)(1).

As required by AS 44.62.190, additional regulation notice information regarding the proposed adoption of the regulation changes described above has been furnished to interested persons and those in (2), (4) and (6) of the list above. The additional regulation notice information also has been posted on the Alaska Online Public Notice System.

Date: 1-24-19

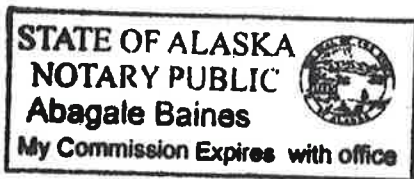
  
\_\_\_\_\_  
Ronald W. Quinsey, EMS Officer I

Subscribed and sworn to before me at 350 MAIN ST. JUNEAU, AK 99801 on

1-24-2019  
(date)

  
\_\_\_\_\_  
Notary Public in and for the State of Alaska

[NOTARY SEAL]




AFFIDAVIT OF ORAL HEARING

I, Ronald W. Quinsey, Emergency Medical Services Officer I, of the Department of Health & Social Services, being sworn, state the following:

On May 7, 2018, at 10 a.m., in room number 115, at 350 Main Street, in Juneau, AK 99801, I presided over a public hearing held under AS 44.62.210 for the purpose of taking testimony in connection with the adoption of changes to the Emergency Medical Services regulations (7 AAC 26).

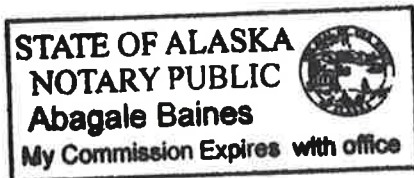
Date: 1-24-19

  
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RONALD W. QUINSEY, EMS OFFICER I

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(date)

  
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Date: 1-29-2019



Ronald W. Quinsey, EMS Officer 1 - DHSS/EMS

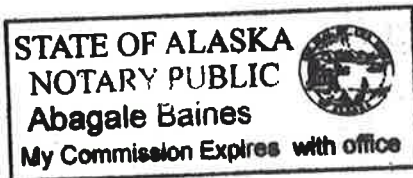
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(date)



Notary Public in and for the State of Alaska

[NOTARY SEAL]



AFFIDAVIT OF AGENCY RECORD OF PUBLIC COMMENT

I, Ronald W. Quinsey, Emergency Medical Services Officer I, for the Department of Health & Social Services, being duly sworn, state the following:


In compliance with AS 44.62.215, the Department of Health & Social Services has kept a record of its use or rejection of factual or other substantive information that was submitted in writing and orally as public comment and that was relevant to the accuracy, coverage, or other aspect of the Department of Health & Social Services regulation on Emergency Medical Services (7 AAC 26).

Date: 1-24-19

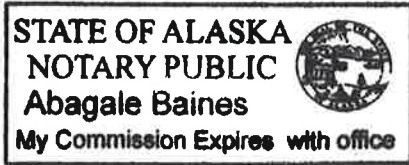
  
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(date)

  
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# ANCHORAGE DAILY NEWS

## AFFIDAVIT OF PUBLICATION

Account #: 270229

ST OF AK/DHSS/COMMISSIONERS  
3601 C STREET STE 902  
ANCHORAGE, AK 99503

Order# 0001428131  
Cost \$532.88

Product ADN-Anchorage Daily News  
Placement 0300  
Position 0301

STATE OF ALASKA  
THIRD JUDICIAL DISTRICT

Joleesa Stepetin

being first duly sworn on oath deposes and says that he/she is a representative of the Anchorage Daily News, a daily newspaper. That said newspaper has been approved by the Third Judicial Court, Anchorage, Alaska, and it now and has been published in the English language continually as a daily newspaper in Anchorage, Alaska, and it is now and during all said time was printed in an office maintained at the aforesaid place of publication of said newspaper. That the annexed is a copy of an advertisement as it was published in regular issues (and not in supplemental form) of said newspaper on

September 25, 2018

and that such newspaper was regularly distributed to its subscribers during all of said period. That the full amount of the fee charged for the foregoing publication is not in excess of the rate charged private individuals.

Signed Joleesa Stepetin  
Joleesa Stepetin

Subscribed and sworn to before me  
this 25th day of September, 2018

Britney Thompson  
Notary Public in and for  
The State of Alaska.  
Third Division  
Anchorage, Alaska

MY COMMISSION EXPIRES

Britney Thompson  
Notary Public  
BRITNEY L. THOMPSON  
State of Alaska  
My Commission Expires Feb 23, 2019

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**Apt For Rent**  
Close to USA  
Call 907-223-9965

**Ranch Duplex Taku/Diamond**  
Close to bike trails, Diamond Mall  
2 bd w/d, lg yd, sm dog on approval, \$1250+SD+Elec, 1st yr lease. For info & application call Bruce 907-717-4282

**DOWNTOWN 1 BR Condo**  
525 W 3rd Ave, 5th floor  
Turnagain Arms complex, furnished or unfurnished. Parking, \$1195/mo. 907-227-6208

**Townhomes/Duplexes For Rent 6425**  
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**ER FIRE LAKE 2 BD**  
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# ANCHORAGE DAILY NEWS

## AFFIDAVIT OF PUBLICATION

Account #: 270229

ST OF AK/DHSS/COMMISSIONERS  
3601 C STREET STE 902  
ANCHORAGE, AK 99503

Order# 0001419087  
Cost \$383.46

Product ANC-Anchorage Daily News  
Placement 0300  
Position 0301

STATE OF ALASKA  
THIRD JUDICIAL DISTRICT

Joleesa Stepetin

being first duly sworn on oath deposes and says that he/she is a representative of the Anchorage Daily News, a daily newspaper. That said newspaper has been approved by the Third Judicial Court, Anchorage, Alaska, and it now and has been published in the English language continually as a daily newspaper in Anchorage, Alaska, and it is now and during all said time was printed in an office maintained at the aforesaid place of publication of said newspaper. That the annexed is a copy of an advertisement as it was published in regular issues (and not in supplemental form) of said newspaper on

April 05, 2018

and that such newspaper was regularly distributed to its subscribers during all of said period. That the full amount of the fee charged for the foregoing publication is not in excess of the rate charged private individuals.

Signed

*Joleesa Stepetin*  
Joleesa Stepetin

Subscribed and sworn to before me  
this 5th day of April, 2018

*Britney Thompson*

Notary Public in and for  
The State of Alaska.  
Third Division  
Anchorage, Alaska

MY COMMISSION EXPIRES

*2/23/2019*

Notary Public  
BRITNEY L. THOMPSON  
State of Alaska  
My Commission Expires Feb 23, 2019

### NOTICE OF PROPOSED CHANGES ON EMERGENCY MEDICAL SERVICES IN THE REGULATIONS OF THE DEPARTMENT OF HEALTH & SOCIAL SERVICES

The Department of Health & Social Services proposes to adopt regulation changes in Title 7 of the Alaska Administrative Code, dealing with emergency medical services, including the following:

- 7 AAC 26.020-.999 is proposed to be changed as follows:
  - o Update requirements for emergency medical services (EMS), instructors, staff, applications, training, examinations certification, recertification, and reciprocity of personnel.
  - o Add Emergency Medical Technician - Advanced provider level, EMS scope of medical practice.
  - o Repeal and replace obsolete requirements and terminology.

You may comment on the proposed regulation changes, including the potential costs to private persons of complying with the proposed changes, by submitting written comments to Ronald W. Quinsey, Department of Health & Social Services, Division of Public Health, Section of Rural and Community Health Systems, Office of Emergency Medical Services, P.O. Box 110616, Juneau, AK 99811-0616. Additionally, the Department of Health & Social Services will accept comments by facsimile at (907) 465-4101 and by electronic mail at EMSRegulationResponse@alaska.gov. The comments must be received not later than 5p.m. on June 5, 2018.

Oral or written comments also may be submitted at a hearing to be held on May 7, 2018, at room number 115, 350 Main Street, Juneau, AK 99801. The hearing will be held from 10 a.m. to 12:00 p.m. and might be extended to accommodate those present before 11 a.m. who did not have an opportunity to comment. If you are unable to attend in person, but would like to comment during the oral public hearing, you can call the teleconference number at 1-800-944-8766 (toll free), code #83001.

You may submit written questions relevant to the proposed action to Mr. Ronald W. Quinsey, by e-mail at ron.quinsey@alaska.gov or EMSRegulationResponse@alaska.gov or at the Department of Health & Social Services, Division of Public Health, Section of Rural and Community Health Systems, Office of Emergency Medical Services, 350 Main Street, Suite 530, Juneau, AK 99811-0616. The questions must be received at least 10 days before the end of the public comment period. The Department of Health and Social Services will aggregate its responses to substantially similar questions and make the questions and responses available on the Alaska Online Public Notice System and <http://dhss.alaska.gov/dph/Emergency/Pages/ems/default.aspx>.

If you are a person with a disability who needs a special accommodation in order to participate in this process, please contact Persephone Bodine, by e-mail at persephone.bodine@alaska.gov, or at telephone number (907)465-3140 not later than April 26, 2018, to ensure that any necessary accommodations can be provided.

A copy of the proposed regulation changes is available on the Alaska Online Public Notice System and by contacting Ronald W. Quinsey, by e-mail at ron.quinsey@alaska.gov or by telephone at (907) 465-8508.

A copy of material proposed for adoption by reference may be viewed at the agency's office at Department of Health & Social Services, Division of Public Health, Section of Rural and Community Health Systems, Office of Emergency Medical Services, 350 Main Street, Suite 530, Juneau, AK 99811-0616. After the public comment period ends, the Department of Health & Social Services will either adopt the proposed regulation changes or other provisions dealing with the same subject, without further notice, or decide to take no action. The language of the final regulation may be different from that of the proposed regulation. You should comment during the time allowed if your interests could be affected.

Statutory authority: AS 09.65.090; AS 17.22.010; AS 17.22.020; AS 17.22.040; AS 17.22.090; AS 18.08.010; AS 18.08.015; AS 18.08.080; AS 18.08.082; AS 18.08.084; AS 47.05.012.

Statutes being implemented, interpreted, or made specific: AS 09.65.090; AS 17.22.010; AS 17.22.020; AS 17.22.040; AS 17.22.090; AS 18.08.010; AS 18.08.015; AS 18.08.080; AS 18.08.082; AS 18.08.084; AS 47.05.012.

Special Service Installations		
Metal Street Light	\$1,080.00	\$1,130.00
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