

Maryland Institute for Emergency Medical Services Systems
State Office of Commercial Ambulance Licensing & Regulation
653 West Pratt Street, Room 313
Baltimore, MD 21201-1536
Office: (410) 706-8511 - Fax: (410) 706-8552

Guide to Become a Licensed Commercial Ambulance Service in Maryland

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I. GENERAL INFORMATION

A. What is a Commercial Ambulance Service?

A Commercial Ambulance Service means an individual, firm, partnership, limited liability company, corporation, association, or organization engaged in the business of transporting, by ambulance, individuals who are sick, injured, wounded, or otherwise incapacitated.

B. How Do I Become a Licensed Commercial Ambulance Service in Maryland?

Becoming a licensed Commercial Ambulance Service in Maryland is a multi-step process and requires the completion of a New Service Application submitted to the State Office of Commercial Ambulance Licensing and Regulation in accordance with COMAR 30.09.04.05.

It is recommended that you refer to a number of resources prior to submitting a New Service Application with the State Office of Commercial Ambulance and Licensing (SOCALR).

C. How Long Does the Process Take?

A precise length of time cannot be set for the total licensing process, given the variance of prospective commercial ambulance operators; therefore, it can take a few months to a year or longer to properly plan for and complete the submission of application. The most significant investment of time is in creating comprehensive operational policies that meet the State and Federal requirements. Once the New Service Application is submitted, the approval process will depend upon accuracy and inclusion of all necessary requirements. Although not anticipated, sometimes resubmissions are required until the New Service Application meets the qualification standards for gaining licensure.

D. Definitions

i. Basic Life Support (BLS) Provider

“Basic life support provider” means an individual certified by the EMS Board as a first responder or an EMT-B.

ii. Advanced Life Support (ALS) Provider

“Advanced life support provider” means an individual certified by the EMS Board as EMT-P or CRT.

iii. Specialty Care Transport (SCT)

Specialty care transport means the transport of a patient who either:

- Requires care or monitoring commensurate within the scope of practice of a physician or registered nurse and beyond the scope of a paramedic credentialed to provide SCT; or,
- Requires ongoing care or monitoring which is within the scope of a paramedic who is credentialed to provide SCT as defined in the Maryland Medical Protocols for EMS Providers; and, does not currently need, or is not anticipated to need, intervention during transport that would be beyond the scope of a paramedic credentialed to provide SCT under the Maryland Medical Protocols for EMS Providers.

II. RESOURCES

A. Maryland Checklist for New Businesses Published by the Maryland Department of Assessments and Taxation

- Select your business structure
- Create or register your business
- Select and register your business name and entity
- Obtain personal property tax information
- Register a trade name
- Obtain federal, state, county, and local tax information
- Tax ID number and FEIN
- Check county and local zoning requirements
- Check state and local license requirements
- Obtain and complete Application for Maryland Business License

For more detailed information on each of the outlined steps in the Maryland Checklist for New Businesses, go to:

<http://www.dat.state.md.us/sdatweb/checklist.html>

B. Governor's Office of Minority Affairs (OMA)

The mission of the Governor's Office of Minority Affairs (GOMA) is facilitating minority business enterprise activities through coordinating and promoting government programs aimed at strengthening and preserving the state's 200,000 minority and women owned businesses. GOMA is also responsible for overseeing the work of the state agencies as they plan and carry out projects that are intended to overcome special problems related to minority business enterprise participation initiatives.

As the state's principal advocates for minority businesses, we help minority business owners who are seeking state certification and state procurement opportunities. We also help minority business owners who believe they have been treated unfairly by a state agency or other entity.

We provide referrals to agencies and other entities that have programs to assist minority business owners in getting the services they need to start, develop and grow.

Web site: <http://www.oma.state.md.us>

C. Small Business Administration

The U.S. Small Business Administration (SBA) was created in 1953 as an independent agency of the federal government to aid, counsel, assist and protect the interests of small business concerns, to preserve free competitive enterprise and to maintain and strengthen the overall economy of our nation. We recognize that small business is critical to our economic recovery and strength, to building America's future, and to helping the United States compete in today's global marketplace. Although SBA has grown and evolved in the years since it was established in 1953, the bottom line mission remains the same. The SBA helps Americans start, build and grow businesses. Through an extensive network of field offices and partnerships with public and private organizations, SBA delivers its services to people throughout the United States, Puerto Rico, the U. S. Virgin Islands and Guam.

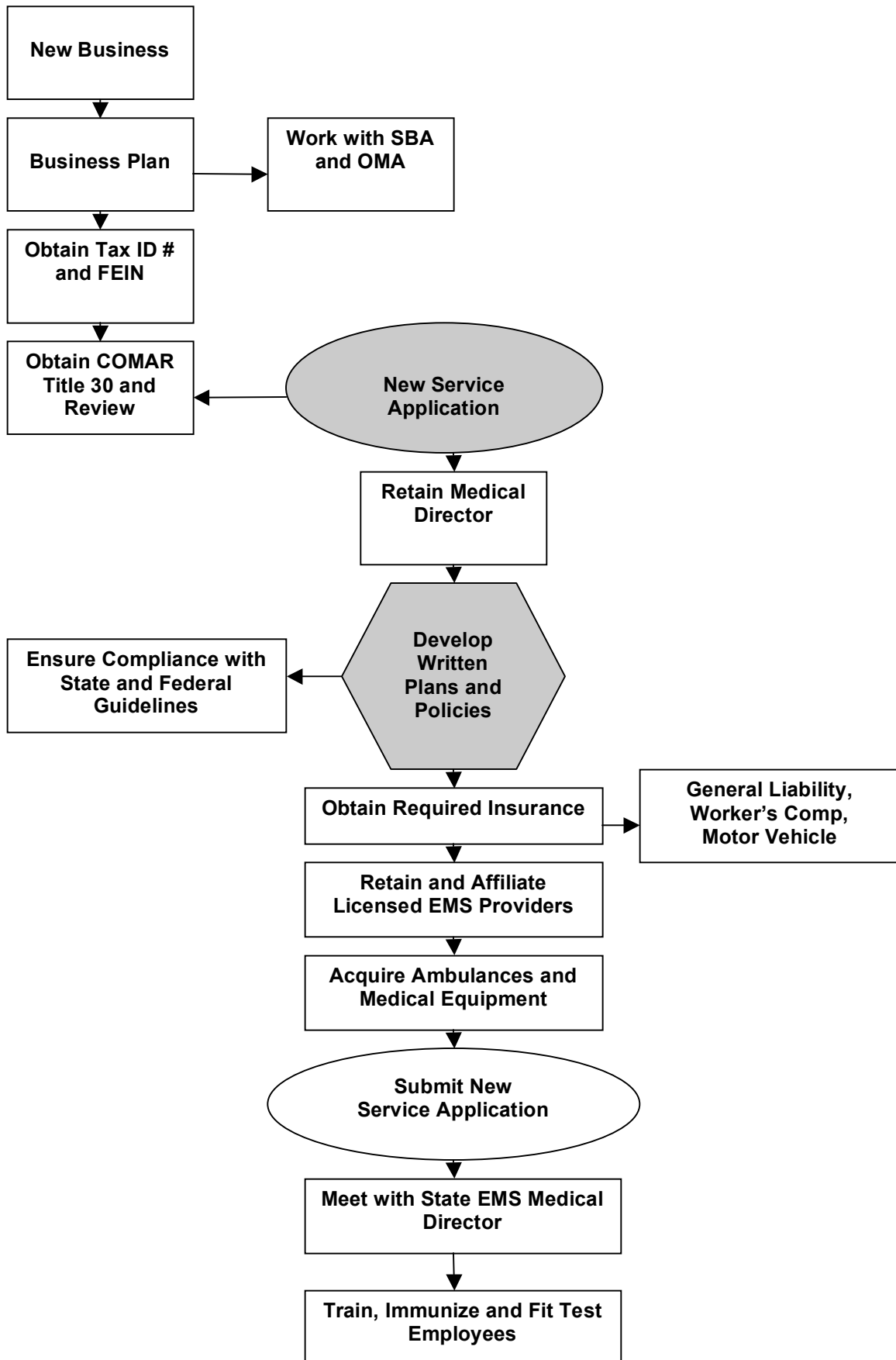
Maryland District Office

City Crescent Building, 6th Floor
10 South Howard Street
Baltimore, Maryland 21201
(410) 962-6195

Hours of Operation:
Weekdays 8:00am - 4:30pm

Web site: <http://www.sba.gov/md>

III. New Service Application Flowchart



IV. COMAR TITLE 30

Obtain a copy of COMAR Title 30 and thoroughly educate yourself on all the regulations dictating the management of an EMS operational program. COMAR Title 30 Subtitle 9 addresses the Commercial Ambulance Services. The complete details of these regulations cannot be summarized in this document.

You will be expected to know, understand and comply with the entirety of COMAR Title 30.

To purchase a copy of COMAR Title 30: <http://www.dsd.state.md.us>

V. MEDICAL DIRECTION

A. Retaining a Medical Director

Retain a Maryland licensed physician as the EMS operational program medical director in accordance with COMAR 30.03.03.03 who will be responsible for all aspects of the EMS operational program which impact patient care, including planning and development.

SOCALR cannot recommend a medical director for you, but suggests that you contact the Maryland chapter of the American College of Emergency Physicians (ACEP) and the Maryland State Medical Society (MedChi).

American College of Emergency Physicians: www.acep.org

The Maryland State Medical Society: <http://www.medchi.org>

B. Medical Director Requirements

As part of the application process, your company and the medical director must engage in a Medical Director Agreement. This document must be signed by the EMS operational program medical director acknowledging the responsibilities required under COMAR Title 30. This signed document along with the physician's Curriculum Vitae (CV) and proof of active Maryland physician licensure in the state are required prior to approval.

An EMS operational program medical director shall:

- 1) Be licensed to practice medicine in Maryland
- 2) Be familiar with the design and operation of EMS operational programs and systems, including medical dispatch and communications

3) Have experience in and current knowledge of emergency care of patients who are acutely ill or injured

4) Possess current knowledge of the Maryland EMS System

VI. PLANS AND POLICIES

Develop required written plans and policies that must be submitted with your New Service Application and approved by SOCALR. These plans and policies must be unique and address the definitive needs of your service.

A. Clinical Laboratory Improvement Amendment (CLIA)

CLIA is only required for ALS services or BLS services that are authorized for the Glucometer Optional Supplemental Program.

The CLIA Amendment of 1988 requires that any “laboratory” that performs procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body be issued a certificate. Blood glucose tests that are typically performed by EMS operational programs qualify as one of the procedures that fall under CLIA legislation. Refer to CDC standards 42 CFR 493.

Your organization may do one of two things to be compliant with CLIA:

1) Apply for a Certificate of Registration

2) Apply for a Certificate of Waiver to perform only the waived tests listed at Sec. 493.15(c) of which obtaining a blood glucose sample with a glucose monitoring device cleared by the FDA specifically for home use is applicable.

B. Complaint Policy

A Complaint Policy is a procedural plan that will be implemented if a customer, healthcare facility, employee or any other citizen that comes in contact with your service is dissatisfied. This complaint can be made through a written or spoken medium. COMAR 30.09.09.04 requires that all commercial ambulance services have a written complaint policy in order to maintain licensure.

C. Exposure Control Plan

An Exposure Control Plan, in accordance with OSHA standards 29 CFR §1910.1030, is a written document that identifies the job tasks that may expose employees to infectious materials and the methods your organization implements to reduce potential exposures. The plan also includes your company’s in-service

training on blood-borne pathogens, procedures for reporting and following-up on exposures and employee vaccinations and records.

D. Hazard Communication Plan

A Hazard Communication Plan is a written policy required by OSHA under 29 CFR §1910.1200 that evaluates the potential hazards of chemicals in your company's workplace and provides information on the appropriate protective measures to your employees. This policy may include lists of hazardous chemicals, the posting of material safety data sheets (MSDS), labeling of containers of chemicals such as biohazard waste, and the development and implementation of employee training programs regarding hazards of chemicals and protective measures from these hazards.

E. Mechanical Failure Policy

A Mechanical Failure Policy, required in accordance with COMAR 30.09.08.05, is a written procedure for your employees to follow if a service vehicle breaks down or has serious mechanical issues such as non-functioning air conditioning unit. This policy should address how to handle the mechanical failure with a patient in the compartment and without a patient in the compartment.

F. Medical Device Reporting Plan

A Medical Device Reporting Plan, required by the Food and Drug Administration under 21 CFR 803, is a written policy that your service enacts if there is a device-related malfunction, injury or death. The FDA requires that any adverse event resulting from a medical device such as an Automated External Defibrillator (AED) must be reported using the FDA MEDWATCH Form 3500A no later than 30 calendar days after the day that you become aware of a reportable event.

G. Respiratory Protection Plan

A Respiratory Protection Plan, required by OSHA under 29 CFR §1910.134, is your company's written policies and procedures for controlling the exposure of your employees to occupational diseases caused by breathing contaminated air. In this plan, you will determine your employees' inherent risk and those engineering controls, such as personal protective equipment, that you will supply. This plan must address your service and you should choose only those respirators specific to your employees' potential exposure and needs. Your company must provide a methodical process for ensuring employees are medically cleared and appropriately fitted for respirator use.

H. Quality Assurance Plan

A Quality Assurance (QA) Plan, approved by the Medical Director in accordance with COMAR 30.03.04.02, is an organized method of auditing and evaluating care provided within an EMS system. COMAR Title 30 requires that all EMS operational programs have both a QA Plan and a QA Officer, established in accordance with COMAR 30.03.04.08, who institutes the plan within your organization.

As part of the QA plan, your organization must verbally inform SOCALR within 72 hours and complete a 5-day and 35-day written report to notify MIEMSS upon the discovery of a significant incident or complaint. In accordance with COMAR Title 30, you must then have your Medical Review Committee review the complaint and determine the course of action. It is the duty of the Medical Review Committee to carry out the quality assurance plan with the participation of the EMS operational program medical director.

i. Quality Assurance Officer

A Quality Assurance Officer is the individual in your organization that is designated to:

- Implement the EMS operational program quality assurance plan
- Develop strategies for improvement
- Serve on the Medical Review Committee
- Track and investigate customer complaints
- Create remedial action plans for individual medical practice and system variances as directed by the Medical Review Committee
- Complete reports to MIEMSS as required under COMAR 30.03.04
- Ensure that issues regarding Advanced Life Support providers are delegated to a member of the Medical Review Committee who is an Advanced Life Support provider for review if the QA officer is certified as an EMT-B

MIEMSS requires that every EMS operational program have a Quality Assurance (QA) Officer that completes a QA Officer course within 6 months of taking over the position or has been serving as a QA Officer for the EMS operational program for a period of at least 5 years and successfully completing a QA Officer continuing education course

annually. You can contact MIEMSS to find out upcoming dates and register for the QA Officer course.

ii. Medical Review Committee

A Medical Review Committee is required in accordance with COMAR 30.03.04.03. It is the duty of the Medical Review Committee to carry out the quality assurance plan with the participation of the EMS operational program medical director.

VII. INSURANCE

Acquiring proper insurance for the operation of a commercial ambulance service is required in accordance with COMAR 30.09.04.06. Your service must obtain certificates of insurance in specified amounts for General Liability, Worker's Compensation and Commercial Motor Vehicle Liability Insurance.

A. General Liability

General Liability greater than or equal to \$1 million for each occurrence of bodily injury liability and \$100,000 for each occurrence of property damage liability; **or**, General Liability equal to \$1 million for each occurrence of combined bodily injury and property damage liability.

B. Worker's Compensation

Worker's Compensation insurance coverage, unless exempt, in the amount required by the State's Worker's compensation statutes and regulations.

C. Vehicle Insurance

Commercial motor vehicle liability insurance coverage of not less than the minimum required under Transportation Article § 17-103, Annotated Code of Maryland.

VIII. STAFFING & LICENSES

You must staff each ambulance with a minimum of two currently licensed or certified EMS providers by the EMS Board in accordance with COMAR 30.09.07.02. In addition, your organization must maintain a current personnel list and properly affiliate these providers with your service.

A. Basic Life Support (BLS) Ambulance

A "BLS" licensed ambulance shall be staffed with a driver who is certified as first responder or higher and who possesses a valid motor vehicle license while on

duty and an individual in addition to the driver who is an EMT-B or higher, who is responsible for the patient.

B. Advanced Life Support (ALS) Ambulance

An “ALS” licensed ambulance shall be staffed with a driver who is certified as EMT-B or higher and possesses a valid motor vehicle license while on duty and an individual in addition to the driver who is a licensed CRT (EMT-I) or higher, who is responsible for the patient.

C. Neonatal Ambulance

A “Neonatal” licensed commercial ambulance shall be staffed by at least one registered nurse or physician that specializes in the advanced care of neonates.

D. Specialty Care Transport (SCT) Ambulance

Specialty care transport (SCT) licensed commercial ambulance shall be staffed with at least an EMT-P who has successfully completed a paramedic specialty care transport course. In certain situations, a registered nurse or physician with advanced training or certification on the care of specialty care patients may also be required.

IX. FEES

There are fees associated with applying for and becoming licensed as a commercial ambulance service. The licensing fee pertains to each individual vehicle within your company and differs based on whether the vehicles are licensed as BLS, ALS, Neonatal or SCT. There are also miscellaneous fees. See the Fee Schedule at:

<http://www.miemss.org/home/LinkClick.aspx?fileticket=qKr%2bDj2AhUI%3d&tabid=68&mid=499> for more details.

X. REQUIRED EQUIPMENT

All licensed commercial ambulances must be equipped with a required minimum of emergency medical supplies. Some of the required supplies depend on the level of ambulance licensure (BLS, ALS). See the Equipment List at:

<http://www.miemss.org/home/LinkClick.aspx?fileticket=vCKtyNrWru0=&tabid=68&mid=499> for more details.

XI. AMBULANCE ACQUISITION

You must own or operate at least one ambulance in accordance with COMAR 30.09.04.02. It is recommended that the acquisition of your company’s vehicle

apparatus be one of the final steps in establishing your new commercial ambulance operation.

A. Ambulance Safety

It is necessary that occupants are safely transported in ambulances including, but not limited to, the use of safety restraints, properly stowing or fastening medical devices/supplies, and the use of oxygen brackets that meet Ambulance Manufacturers Division Oxygen Tank Retention Standard 003 (www.ntea.com).

B. Vehicle Diagram

Per COMAR 30.09.04.04, you must submit a diagram of the vehicle markings intended to be displayed on the ambulance, including numbering, lettering and symbols.