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Hawaii Administrative Rules

Chapter 72 - State Comprehensive Emergency Medical Services System

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Historical Note: Chapter 72 of Title 11, Administrative Rules, incorporates Public Health Regulations Chapter 48, Ambulances, Ambulance Equipment, Ambulance Services, and Ambulance Personnel, Department of Health, State of Hawaii. [Eff. AUG 12 1985]

Subchapter 1 General Provisions

§11-72-1 Purpose

The purpose of these rules is to establish standards for the state comprehensive emergency medical services system providing for the arrangement of personnel, facilities, and equipment for the coordinated and effective delivery of health care services under emergency conditions.

[Eff. AUG 12 1985] (Auth: HRS §§321-228, 321-232, 321-233) (Imp: HRS §§321- 223, 321-226, 321-228, 321-232)

§11-72-2 Definitions

Whenever used in this chapter, unless the context otherwise provides:

- "Advanced life support" or "ALS" means initiating basic life support care as well as physician-authorized invasive patient care designed to stabilize and support a patient's condition due to sudden illness or injury. The care rendered, excluding basic life support, constitutes the practice of medicine.
- "Advanced life support personnel" or "ALS personnel" means individuals currently certified by the state board of medical examiners as Mobile Intensive Care Technicians or MICTs.
- "Ambulance" means any privately or publicly owned ground motor vehicle, watercraft, or aircraft that is specially designed or constructed, equipped pursuant to section 11-72-29 intended to be used for and maintained or operated for the transportation of patients with medical conditions unable to use other means of transportation, except any such ground motor vehicle, watercraft, or aircraft owned or operated under the direct control of the United States.
- "Ambulance service" means the business or regular activity, whether for profit or not, of transporting either emergency or nonemergency sick, injured, or otherwise medically or psychologically incapacitated individuals by ambulances staffed by BLS or ALS personnel.
- "Basic life support" or "BLS" means initiating noninvasive emergency patient care designed to optimize the patient's chances of surviving the emergency situation. The care rendered consists of all first-aid procedures needed, but does not include invasive procedures or other procedures which constitute the practice of medicine.
- "Basic life support personnel" or "BLS personnel" means individuals currently certified by the state board of medical examiners as Emergency Medical Technicians or EMTs. "Cardiopulmonary Resuscitation" or "CPR" means an emergency first-aid procedure that consists of opening and maintaining a patient's airway, ventilating the patient, and providing artificial circulation by means of external cardiac compression, as indicated.
- "Communications system" means all equipment, personnel, and procedures established and operated to provide a means for accepting calls for emergency medical services, for dispatching and coordinating emergency medical personnel and vehicles, and for conducting medical communications, such as that between emergency medical services personnel and a licensed physician in a hospital emergency room approved by the director.

- "Director" means the director of health or the designated representative of the director of health.
- "Disaster situation" includes "mass casualties", "national emergency", "natural disaster", or person-caused disaster.
- "Emergency ambulance call" means a request that is not prearranged for assistance requiring an ambulance unit to be dispatched to provide immediate prehospital medical care to each patient who is sick, injured, or otherwise medically or psychologically incapacitated.
- "Emergency medical services" or "EMS" means the services utilized in responding to a perceived need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological sickness, injury, or incapacitating condition.
- "Mass casualties" means so many persons being injured, incapacitated, made ill, or killed that ordinary resources for emergency treatment are strained beyond capacity.
- "Medical attendant" means a State of Hawaii licensed physician, State of Hawaii licensed registered nurse, state certified BLS personnel, or state certified ALS personnel.
- "Medical direction off-line" means a system of medical support which includes the review and monitoring of prehospital emergency services, this support being provided by physicians experienced in the conduct and the delivery of prehospital emergency medical services.
- "Medical direction on-line" means advice, assistance, supervision, and control provided from a state designated regional medical facility staffed by emergency physicians supplying professional support through radio, telephonic, or any written or oral communication for on-site and in-transit basic and advanced life support services given by prehospital field personnel.
- "Person-caused disaster" means accidents caused by persons including, but not limited to fire, explosion, radiation, and hazardous material spills that result in hazard, illness, injury, or death to large numbers of citizens, or that presents a potential for such hazard, illness, injury, or death.
- "Phased emergency response system" means the equipment, supplies, medications, transportation, personnel, and procedures arranged to provide the coordinated delivery of prehospital emergency medical services by identified private individuals, public safety personnel, and state and private and other agencies in a timely pattern that progresses from the CPR or first aid trained individual to more advanced levels of emergency medical care in order to provide a continuum of emergency medical care to a patient, from the time of occurrence of an emergency incident until admission for treatment in the emergency room or medical facility.
- "State comprehensive prehospital emergency medical services system" means the state program established to provide for the arrangement of personnel, facilities, and equipment for the effective and coordinated

delivery of health care services under emergency conditions throughout the State, whether occurring as a result of a patient's condition or of natural disasters or other causes. The state comprehensive medical services system is designed to provide services on the islands of Oahu, Hawaii, Kauai, Maui Lanai, and Molokai.

[Eff. AUG 12 1985] (Auth: HRS §§321-223, 321-233) (Imp: HRS §§321-222, 321-223, 321-226, 321-228, 321-233)

§11-72-3 Severability

If any provision of these rules, or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of these rules that can be given effect without the invalid provision or application, and to this end the provisions of these rules are severable.

[Eff. AUG 12 1985] (Auth: HRS §321-233) (Imp: HRS §321-233)

§11-72-4 Waivers

The director may waive any section or portion of these rules if it is necessary in order to ensure public safety and welfare.

[Eff. AUG 12 1985] (Auth: HRS §321-233) (Imp: HRS §321-233)

§11-72-5 Penalties

In addition to any other appropriate action to enforce this chapter, the director may assess fines as provided in Section 321-18, Hawaii Revised Statutes after a hearing held in accordance with Chapter 91, Hawaii Revised Statutes.

[Eff. AUG 12 1985] (Auth: HRS §§321-233, 321-18) (Imp. HRS §321-233)

§§1172-6 - 7 (Reserved)

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Subchapter 2 System Development Criteria, Administration and Components

§11-71-8 Development Criteria and Plans

- A. The department of health shall establish, administer, and maintain the state comprehensive emergency medical services system, which shall consist of the emergency medical services systems in the counties of Hawaii, Maui, Kauai, and the city and county of Honolulu by applying the following criteria in the development and administration of an emergency medical services system in a county:

1. Consideration of the entire county and all its residents in providing emergency medical services;

2. Application of emergency medical services component standards throughout the county in determining needs and setting priorities;
3. Delineation of administrative responsibility for overall system implementation of specific components within a system;
4. Standardization of emergency medical services throughout the counties insofar as possible;
5. Development of budget and implementation schedules to reflect existing and future resources and expenditures; and
6. Accessibility to emergency medical services as required by the state comprehensive emergency medical services system to all individuals regardless of the ability of the individual to pay therefor or of the lack of prepaid health care coverage or proof of such ability or coverage.

B. The department of health, in consultation with the state emergency medical services advisory committee, shall develop an emergency medical services system plan for each county that shall include the following elements:

1. Public access to emergency services through telephone communication, through a single seven-digit number or through an emergency "911" telephone number;
2. Central dispatch to expedite emergency medical services and assist in the coordination of emergency services;
3. Coordination with emergency medical services' activities of public safety agencies and with the public to provide first response assistance to emergencies, including disaster situations;
4. Emergency ambulance vehicles in compliance with section 11-72-45, Hawaii Administrative Rules;
5. A communications system consisting of a "911" or similar system for receiving and referring calls for emergency service from the public; a central dispatch system for dispatching and coordinating emergency medical personnel and vehicles; and a telecommunications system for coordination of medical communications between emergency medical services personnel and emergency physicians;
6. Prescribed prehospital standing orders for the guidance of trained advanced life support personnel;
7. Quality assurance control of emergency medical services system; and
8. The identification of the readiness and capabilities of hospitals and their staffs to adequately, expeditiously, and efficiently receive and treat emergency patients.

C. The emergency medical services system plan for each county shall identify the levels of emergency medical services components of an

emergency medical services system prescribed in section 11-72-9 and the respective roles of state and county agencies in providing such services, and shall describe the existing and proposed emergency medical services personnel, resources, services, and facilities called for by each county plan.

- D. The emergency medical services system plan for each county shall be integrated into the state master plan for emergency medical services, which shall be submitted to the legislature.

[Eff. AUG 12 1985] (Auth: HRS § 321-233) (Imp: HRS §§321-223, 321-224, 321-225)

§11-72-9 System Components

An emergency medical services system in the State shall include emergency medical services personnel and training, communications, emergency medical ambulance services, coordination of available public safety agencies, consumer education and participation in policy making, categorization of emergency facilities, coordination with specialized care services, prehospital standard medical recordkeeping, and quality assessment and assurance.

[Eff. AUG 12 1985] (Auth: HRS §321-233) (Imp: HRS §321-221, 42 C.F.R. §56a.103)

§11-72-10 EMS District Medical Directors

There shall be a qualified physician as district EMS medical director in each county who shall be experienced in the conduct and delivery of prehospital emergency medical services in the State and who shall be responsible for the off-line medical management of the emergency medical services system in the county to include medicom communications review, medical-surgical case reviews of ambulance patient care report forms generated in the county, monthly base station meetings to review selected cases, counseling of ambulance personnel in the county, and recommendation of continuing education programs for the ambulance personnel in the county; participation in continuing education programs in the county.

[Eff. AUG 12 1985] (Auth: HRS §§321-228, 321-233) (Imp: HRS §§321-223, 321-224)

§§11-72-11 - 14 (Reserved)

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Subchapter 3 System Component Standards

§11-72-15 Personnel and Training

- A. Manpower categories for personnel shall include:
1. Lay citizens trained in CPR techniques or first aid, or both;
 2. First responders;
 3. Telecommunicators (including public safety dispatchers);
 4. Basic life support personnel (EMTs);
 5. Advanced life support personnel (MICTs);
 6. Prehospital registered nurses;
 7. Emergency room or department registered nurses
 8. Specialized care registered nurses;
 9. Emergency physicians;
 10. Specialty physicians;
 11. District EMS medical directors;
 12. Medicom physicians; and
 13. EMS training personnel.
- B. There shall be an adequate number of personnel in the following categories:
1. A sufficient number of trained "911" and public safety dispatchers to provide staffing twenty-four hours daily at each designated EMS communications facility;
 2. At least two EMTs on each basic life support ambulance;
 3. At least one EMT and one MICT on each advanced life support ambulance and;
 4. At least one district EMS medical director in the system in each county.
- C. Because the state has no direct control in the following areas, there shall be reasonable efforts to have an adequate number of personnel in the following categories:
1. At least twenty per cent of the resident population of each county currently trained in CPR by June 30, 1985;
 2. At least fifty per cent of all field police, fire, and lifeguard personnel currently trained as first responders by June 30, 1985;
 3. Emergency service nursing personnel that meet the 1984 Joint Commission on Accreditation of Hospitals staffing standards for hospital emergency services;
 4. Emergency physicians that meet the 1984 Joint Commission on Accreditation of Hospitals staffing standards for hospital emergency services.
- D. State-funded courses used for training and retraining of the EMS personnel shall include:

1. State-approved CPR training, using at least the American Heart Association heart-saver course;
 2. State-approved public safety first responder training using at least the United States Department of Transportation "Emergency Training Course" dated Hatch 1979;
 3. State approved EMT training;
 4. State approved MICT training; and
 5. Any other state-approved BLS or ALS training.
- E. The department of health shall approve all basic life support and advanced life support courses as required by the board of medical examiners.
- F. There shall be annual refresher or continuing education sessions available for public safety first responder, EMT, and MICT emergency medical services personnel in each county.
[Eff. AUG 12 1985] (Auth: HRS § 321-233) (Imp: HRS §§321-222, 321-224, 321-229).

§11-72-16 Communications

- A. There shall be a communications system that includes a medical radio communications system for emergency medical services, including disaster response, established consistent with the regulations of the Federal Communications Commission.
- B. The personnel, facilities, and equipment of the emergency medical services system in each county shall be linked by a county central communications system so that requests for emergency medical services shall be handled by a communications facility that:
1. Utilizes or will utilize by June 30, 1985, the universal emergency telephone number "911" or another appropriate single-access number; and
 2. Will have direct two-way radio communications with the personnel, facilities, and equipment of the county emergency medical services system and with the state comprehensive emergency medical services system.
- C. Each county communications system shall include a central emergency medical services dispatch center responsible for receiving and coordinating all requests for emergency medical services and for providing liaison with other public safety and emergency response systems in order to provide the most effective and efficient management of the immediate problem.

[Eff. AUG 12 1985] (Auth: HRS §321-233) (Imp: HRS §§321-224, 321- 226)

§11-72-17 Emergency Medical Ambulance Services

A. There shall be an adequate number of emergency medical ambulances based on the following:

1. Identification of ambulance districts consisting of homogenous geographic areas that are either urban or rural;
2. Establishment, within the prescribed ambulance districts, of ambulance sectors that shall be designated as the geographic area in which one ambulance unit is capable of responding within the appropriate response standards prescribed herein;
3. Emergency ambulance response in its service area for ninety-five percent of all calls within the average of twenty minutes, which response time shall be computed from the time the emergency medical services dispatch center notifies the ambulance to the time the ambulance arrives at the scene-of the emergency; and
4. Provision of backup emergency ambulances as prescribed in Section 11- 72-28(b).

B. All ground and air ambulance vehicles and personnel staffing those vehicles shall conform to the licensing and certification requirements of this chapter. (c) There shall be appropriate transfer agreements between physicians, the hospitals and the emergency ambulance services for the transfer of seriously injured, ill, or psychiatrically incapacitated individuals from one care facility to another.

[Eff. AUG 12 1985] (Auth: HRS §§321-227, 321- 233) (Imp: HRS §§321-224, 321-226, 321-227)

§11-72-18 Coordination of Available Public Safety Agencies

Each county shall designate the specific role its public safety personnel shall play in providing emergency medical services as part of the phased response system established within the county and include:

1. Statements relative to the effective utilization and sharing of personnel, facilities, and equipment;
2. Linkage with the county medical radio communications system;
3. Utilization of appropriately trained personnel; and
4. Cooperative operating procedures and mutual aid plans with other state and county emergency response systems to include civil defense, private hospitals, military, and the American Red Cross.

[Eff. AUG 12 1985] (Auth: HRS §321- 233) (Imp: HRS §§321-224, 321-226)

§11-72-19 Consumer Education and Participation in Policy Making

- A. An emergency medical services system shall provide programs of consumer information and education, taking into account the needs of visitors as well as residents of the area, to inform the public of the means of obtaining emergency medical services.
 - 1. These programs shall stress the general dissemination of information regarding appropriate methods of medical self-help and first aid as well as the availability of first-aid training programs in the area; and
 - 2. There shall be a program of consumer information and education relating to CPR programs in order to encourage at least twenty percent of the residents of each county to be certified in CPR. (b) Any person in each county shall be able to participate and provide input to the making of policy through membership on or through communications with the state emergency medical services advisory committee.
[Eff. AUG 12 1985] (Auth: HRS §§321-224, 321-226, 321-233)
(Imp: HRS §§321-224, 321-226)

§11-72-20 Categorization of Emergency Facilities

- A. All hospitals and specialized care facilities in the state that provide emergency medical services shall be categorized every 1-3 years, in order to identify the readiness and capability of each hospital within each county to provide definitive treatment of consumers, especially those with serious or critical injuries or illnesses, and its capacity to provide emergency medical care.
- B. The categorization of hospitals and specialized care facilities shall be based on the Guidelines for the Categorization of Hospital Emergency Capabilities, 1971 developed by the American Medical Association Commission on EMS.
[Eff. AUG 12 1985] (Auth: §§321-226, 321-233) (Imp: HRS § 321-226)

§11-72-21 Coordination With Specialized Care Units

- A. There shall be appropriate treatment, triage, and transfer protocols for emergency management of seriously ill patients for use by all acute care facilities and specialty physicians in the areas of trauma, burns, acute cardiac, spinal cord injuries, poison, high-risk infant, behavioral disorders, high-risk maternal, and pediatric.
- B. Information relating to the numbers, types, and capabilities of the specialized care facilities shall be distributed to all acute care facilities and to the lead emergency physician in each emergency room or department in order to assist the emergency physician or the patient's

physician in arranging for the most appropriate level of follow up care for an emergency patient.

[Eff. AUG 12 1985] (Auth: HRS §321-233) (Imp: HRS §§321-224, 321-226)

§11-72-22 Prehospital Standard Medical Recordkeeping

A. During or immediately after the time of patient care, an ambulance patient care report form shall be prepared for each patient, with at least copies as follows: original copy retained by the ambulance service, one copy to medical facility, if patient is transported to such, and one copy to be retained by the ambulance service to provide to the director of health, if requested by the director of health. The ambulance patient care report shall include a copy of the dispatch card, if utilized, and the following information, on a department-approved standardized form:

1. Patient identification/name;
2. Residence;
3. Date of birth, and age;
4. Sex;
5. Date and time call was received;
6. Dispatch incident run number;
7. Ambulance unit identification;
8. Crew identification;
9. Time of emergency vehicle departure;
10. Location of incident;
11. Time of arrival at incident location;
12. Patient's condition observed by arriving crew;
13. Preliminary impression;
14. Anatomical sites of injury or illness;
15. Degree of urgency or severity of patient's condition;
16. Aid or treatment provided by crew;
17. Time of departure from incident location;
18. Outcome or destination of run; and
19. Time of arrival at destination.

B. Section 11-72-22(a) shall apply with equal force, for the data obtainable, in case any patient dies before being transported in the ambulance or dies while being transported in an ambulance or dies at any time prior to the acceptance of the patient into the responsibility of the hospital or medical or other authority if the patient is still under the care or responsibility of the ambulance service.

C. The prehospital data to be recorded on the provided ambulance patient care report form and the available emergency room and hospital, inpatient data shall be used for the purposes of obtaining follow-up data. Any data recorded, collected, or evaluated for the prehospital

emergency medical data system shall comply with applicable federal and state guidelines and statutes relating to the privacy of medical data and a patient's condition.

[Eff. AUG 12 1985] (Auth: HRS §321-233) (Imp: HRS §§321-224, 321-226)

§11-72-23 Quality Assessment and Assurance

- A. There shall be a review and evaluation on an ongoing and periodic basis to determine the adequacy of prehospital emergency medical services and identify areas for improvement of services or correction of deficiencies.
- B. Prehospital emergency medical services and systems established in the state shall be evaluated as to the availability and quality of emergency medical care being provided to assure a reasonable standard of performance by individuals and organizations providing such services.
- C. Periodic reports on the effectiveness of the state comprehensive emergency medical services system shall be made available to federal and state legislative and executive agencies by the director of health upon request.

[Eff. AUG 12 1985] (Auth: HRS §321-233) (Imp: HRS §§321-224, 321- 225. 321-226)

§§11-72-24 - 27 (Reserved)

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Subchapter 4 Ambulance Services

§11-72-28 Locations and Minimum Levels

- A. The minimum levels of emergency ambulance services for each of the six major islands of the State shall be as follows:
 - 1. Oahu: advanced life support in thirteen locations;
 - 2. Hawaii: advanced life support in six locations;
 - 3. Maui: advanced life support in four locations and basic life support in one location;
 - 4. Kauai: advanced life support in two locations and basic life support in one location;
 - 5. Molokai: advanced life support in one location; and
 - 6. Lanai: basic life support in one location.

- B. Each island emergency ambulance services system shall have, on the island, one backup ambulance vehicle for every four ambulance vehicles in service on that island, or as determined by the director of health.

[Eff. AUG 12 1985] (Auth: HRS §§321-228, 321-233) (Imp: HRS §§321-224, 321-228)

§11-72-29 Staffing

- A. The minimum staff for responding to an emergency ambulance call shall be one mobile intensive care technician and one emergency medical technician for advanced life support;
- B. The minimum staff for responding to an emergency ambulance call shall be two emergency medical technicians for basic life support, except hospital-based ambulance service shall be one emergency medical technician and one registered nurse licensed in the State of Hawaii, provided that:
 - 1.
 - 2. The nurse has satisfactorily completed the department of health's prehospital emergency care nursing course; and
 - 3. A written exemption to the ambulance service licensing requirements specified in this part be granted by the director of health.
- C. Air ambulance services shall be staffed by a State of Hawaii licensed physician, State of Hawaii registered nurse or mobile intensive care technician for advanced life supports or one emergency medical technician for basic life support.

[Eff. AUG 12 1985] (Auth: HRS §§321-228, 321-233) (Imp: HRS §321-228)

§11-72-30 Licensing and Certification

Each advanced life support and basic life support unit, and all vehicles and equipment used, shall be in compliance with the ambulance licensing and personnel certification standards as prescribed by this chapter.

[Eff. AUG 12 1985] (Auth: HRS §§321-227, 321-233) (Imp: HRS §§311-226, 321-227)

§11-72-31 Fees

- A. Effective upon adoption of this section, the fee for emergency ambulance services for each patient treated and transported to a medical facility or to a location for aeromedical transport, including but not limited to airports helipads or helicopter landing sites, shall be

according to the following schedule.

Ambulance service fee schedule:

Advanced life support (ALS) emergency transport, no specialized ALS services rendered, all inclusive (mileage and supplies);	\$400
ALS ground emergency transport, specialized ALS services rendered, all inclusive (mileage and supplies);	\$450
Basic life support (BLS) ground emergency transport, no specialized ALS services rendered, all inclusive (mileage and supplies); and	\$375
ALS emergency aeromedical helicopter transport for the island of Hawaii, all inclusive (mileage and supplies).	\$2,250

- B.
- C. The fee schedule set forth in subsection (a) may be increased on July 1 of each year. Fees, however, may not be increased more than ten percent each year. The fee increase shall be based upon projected revenue collected to equal no less than fifty percent of the preceding fiscal year's ambulance service direct contract cost.
- D. Fees for emergency ambulance services shall be collected by the director of health or by a county or other agency under contract with the department of health. The revenue collected shall be deposited by a county or other authorized agency into the state general fund, except amounts necessary to provide for collection services for bad debt accounts."
[Eff. 09/28/81 ;am JUL 01 1996] (Auth: HRS §§321-232, 38-2, 38-10)
(Imp: HRS §321-232)

§11-72-32 Determination of Ability to Pay

- A. No emergency medical services provided by or under contract with the department of health shall be denied to any person on the basis of the ability of the person to pay therefor or because of the lack of prepaid health care coverage or proof of such ability or coverage.
- B. The department of health or its designate shall make every reasonable effort to collect any fee for emergency ambulance service assessed under Section 11-72-31. In the event of nonpayment of any fee assessed under Section 11-72-31, the department of health or its designate shall

determine whether that person is financially able to pay such fee. The county or other entity or agency that provided the emergency medical services shall forward records relating to services to the department of health or its designate. If the department of health or its designate finds that a person is financially able to pay, the department of health or its designate shall continue every reasonable effort to collect such fees or, if the cost of the provided services were borne by the county or other entity or agency, the department of health or its designate shall notify the county or other entity or agency that it may proceed to collect the unpaid fee. If the department of health or its designate finds that a recipient of services is without sufficient resources to pay for the service, further action to collect the fees may be terminated.

- C. The department of health or its designate shall determine ability to pay by using criteria based on the 1985 income poverty guidelines for Hawaii and established by the U.S. Department of Health and Human Services, which are published annually in the Federal Register.
- D. The department of health shall determine that a recipient of services is without sufficient resources to pay fees if the recipient's annual family income is at or below the appropriate maximum family income specified in subsection (c) when calculated by either of the following methods:
 - 1. Multiplying by four the recipient's family income for the three months preceding the determination of ability to pay; or
 - 2. Using the recipient's actual family income for the twelve months preceding the determination of ability to pay.
[Eff. AUG 12 1985] (Auth: HRS §§321-232, 321-233) (Imp: HRS §321-232)

§11-72-33 - 36 (Reserved)

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Subchapter 5 Contracts for Services

§11-72-37 Ambulance Services

- A. The director of health may contract for the provision of emergency medical ambulance services with a county which applies to the director for direct operation of such services provided that the county:
 - 1. Develops a detailed budget including a line item description of services to be funded and other related costs for review and analysis;

2. Provides evidence that the county will satisfactorily provide this required level of emergency ambulance services, will plan, coordinate, and facilitate the development of components in the EMS service area;
3. Provides evidence of administrative capability and supporting resources for the provision of emergency medical ambulance services;
4. Permits an annual audit and evaluation of expenditures, procedures, calls, and operations in order to determine the adequacy and cost effectiveness of services rendered; and
5. Provides a description of existing emergency ambulance units, locations, personnel, and level of personnel, including an inventory of vehicles, medical and non medical equipment and supplies.

B. If the director of health determines that a county's application satisfactorily provides the required information and if the county and the director agree upon the amount of compensation for the services to be performed and appropriated and allocated funds are available in the agreed upon amount, then the department of health may contract with the county for the provision of emergency medical ambulance services.

C. If a county does not apply to the director of health for the operation of emergency medical ambulance services, the director shall operate services or contract with a private agency for such services according to the emergency medical services system plan of the county.
[Eff. AUG 12 1985] (Auth: HRS §§321-228, 321-233) (Imp: HRS §321-228)

§11-72-38 Other System Components

The director of health may contract for the provision of emergency medical services or any necessary component of an emergency medical services system in a county.

[Eff. AUG 12 1985] (Auth: HRS §§321-228, 321-233) (Imp: HRS §321-228)

§§11-72-39 - 42 (Reserved)

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Subchapter 6 Ambulance Services

§11-72-43 License Required to Operate Ambulance Services

- A. No person, either as owner, agent, or otherwise shall furnish, operate, conduct, maintain, advertise, or otherwise be engaged in or profess to be

engaged in ambulance service in the state without holding a valid ambulance service license issued pursuant to these regulations.

- B. No ambulance shall be operated for ambulance services and no individual shall drive, ride in, or permit it to be operated for such purposes in the state unless it is operated under a valid ambulance service license and staffed at least by 2 primary crew members.
- C. This section does not apply to:
 - 1. The operation of a fire department rescue vehicle with minimum staffing required when it is used during a period of non-availability of an ambulance.
 - 2. The operation of any vehicle, when, during a period of non-availability of an ambulance or when, under conditions making a patient inaccessible to an ambulance, the vehicle is used for the extrication or transportation of a patient.
 - 3. Assistance rendered to a licensed ambulance service or certified BLS or ALS personnel in the case of:
 - a. A major catastrophe or disaster beyond the capabilities of the available licensed ambulance services; or
 - b. An emergency declared by the director to ensure that patient transportation services are not interrupted or seriously deficient. (4) Ambulance service insufficiency in areas in regard to sufficient emergency ambulance calls to support full staffing of conforming ambulances and equipment as determined by the director. Exceptions under this paragraph may be granted by the director after full consideration of written and oral submissions respecting the proposed exception.
[Eff. AUG 12 1985] (Auth: HRS §§321-223, 321-224, 321-227, 321-228, 321-233) (Imp: HRS §§321-224 321-233)

§11-72-44 Applications for Ambulance Service Licenses; Application Fee

- A. Applications for an ambulance service license shall be made upon forms, prepared and prescribed by the director.
- B. Each application for an ambulance service license shall be accompanied by a nonrefundable fee of \$10.
[Eff. AUG 12 1985] (Auth: HRS §§321-223, 321-224, 321-227, 321-228, 321-233) (Imp: HRS §§321-223, 321-224, 321-227, 321-233)

§11-72-45 Standards of Licensed Ambulance Services; Ambulances

- A. Each licensed ambulance service ambulance shall, at all times when in, use as such:
1. Be suitable for the transportation of patients with respect to health, sanitation, and safety;
 2. In the case of ground motor ambulance, conform to the document entitled Motor Vehicle Ambulance Design and Performance Standards, dated July 15, 1985 and available from the department. In the case of aircraft, conform to the document entitled Essential Equipment and Requirements for Air Ambulance Services, dated July 15, 1985 and available from the department;
 3. Have a state-licensed physician medical director and be staffed by primary crew members;
 4. Contain equipment conforming with the standards, requirements, and regulations prescribed in Section 11-71-55;
 5. Conform with all applicable laws relating to health, sanitation, and safety;
 6. Be maintained in suitable premises with facilities for washing and disinfecting equipment; handling linen and supplies; storing supplies in a clean, dry location; storing personal effects and maintaining cleanliness and orderliness of premises, and disposing of wastes in an acceptable manner.
- B. An ambulance service shall notify the director of any change of ownership of an ambulance within ten working days after the sale or other transfer of ownership.
- C. Any additional or replacement ambulance acquired by an ambulance service shall conform with all the requirements applicable upon original licensing.
- D. Each ambulance service, ambulance, equipment, and the premises designated in the application, and the following records relating to maintenance and operation shall be open to inspection by the director or his designee during usual hours of operation:
1. Personnel records of each ambulance service employee, including evidence of certification required in Hawaii Revised Statutes Sections 453- 31 to 453-32, and Administrative Rules 16-85-53 to 16-85-56;
 2. Vehicle records for each ambulance, including preventative and corrective maintenance records, vehicle registration records, and records of department of transportation vehicle safety inspections;
 3. Records of ambulance service activity; trip records, patient care reports as specified in Section 11-72-22;

4. Written policies and procedures, including a copy of these regulations, which provide to its employees guidelines for operating and maintaining the service and ambulances.
- E. No official entry made upon a license may be defaced, removed, or obliterated.
- F. No person, either as owner, agent or otherwise, shall advertise or profess to be engaged in ambulance service in the state unless that person possesses a valid ambulance license, and all information contained in such advertisements, signs or other publicity is accurate and does not mislead or result in misrepresentation to the public.
[Eff. AUG 12 1985] (Auth: HRS §§321-223, 321-224, 321-226, 321-227, 321-228, 321-233) (Imp: HRS §§ 321-223, 321-224, 321-226, 321-227, 321-228, 321-233)

§11-72-46 Standards for Ambulance Services; Liability Insurance

- A. No ambulance shall be operated in the State of Hawaii unless there is at all times in force and in effect insurance coverage, issued by an insurance company licensed to do business in the State of Hawaii, for each and every ambulance owned or operated by or for the applicant licensee providing for the payment of benefits and including, but not limited to, the following:
 - 1.
 2. No-fault insurance policy (motor vehicle):
 - a. No-fault benefits, as defined in Chapter 294-2, Hawaii Revised Statutes with respect to any accidental harm arising out of a motor vehicle accident.
 - b. Liability coverage for all damages arising out of bodily injury to or death of any one person as a result of any one motor vehicle accident.
 - c. Liability coverage for all damages arising out of injury to or destruction of property, including motor vehicles and including the loss of use thereof, as a result of any one motor vehicle accident.
 3. Professional or Occupational Liability or Bodily Injury Insurance (other than motor vehicle) in an amount of not less than that specified by the director.
- B. The insurance policies required by this section shall be submitted to the director for approval prior to the issuance of the ambulance service license.
[Eff. AUG 12 1985] (Auth: HRS §§321-223, 321-224, 321-226, 321-

227, 321-228, 321-233) (Imp: HRS §§321-223, 321-224, 321-226,321-227)

§11-72-47 Licensing Duties of Director; Licensing Fee

- A. Within thirty days after receipt of an application for an ambulance service license, an investigation will be made of the applicant and the proposed operations;
- B. Prior to issuance or denial of an ambulance service license, an inspection will be made of the ambulances, equipment and supplies, and premises designated in the application;
- C. A non-transferable license or denial of the application will be issued not later than sixty days of receipt of an application; each license issued to an ambulance service shall specify the ambulances authorized to be operated under the license and shall be valid for a period of one year unless earlier amended, suspended, revoked, or terminated;
- D. The ambulance service license not shall be transferable nor assignable;
- E. A license will be issued upon receipt of an initial licensing fee of \$ 25 after finding that:
 - 1. When required under Chapter 323D, Hawaii Revised Statutes, finding that a certificate of need has been issued.
 - 2. Each such ambulance and its required equipment and the premises designated in the application meet the standards of these regulations;
 - 3. Only state certified drivers, basic life support personnel, advanced life support personnel, and prehospital registered nurses are employed in such capacities; and
 - 4. All the requirements of these regulations and all other applicable laws and ordinances have been met.
- F. Subsequent to issuance of an ambulance service license, an inspection shall be made of each ambulance authorized under the license and of equipment and premises at least annually and immediately following any disabling vehicular collision and subsequent repair in which an ambulance is involved.
- G. Within sixty days a copy of each initial, periodic, or other investigation and inspection report will be transmitted to the applicant or ambulance service to whom it refers.
[Eff. AUG 12 1985] (Auth: HRS §§ 321-223, 321-224, 321-226, 321-227, 321-228, 321-233) (Imp: HRS §§321-223, 211-224, 321-226, 321-227)

§11-72-48 Renewal of Ambulance Service License; Fee

- A. Annual renewal of an ambulance service license shall be obtained prior to expiration.
- B. The annual renewal fee for a license that has not expired or been suspended or revoked shall be \$20.
- C. The annual renewal fee for a license that has expired for one to fifty-nine days shall be \$25.
[Eff. AUG 12 1985] (Auth: HRS §§321-223, 321-224, 321-226, 321-227, 321-228, 321-233) (Imp: HRS §§321-223, 321-224, 321-226, 321-227, 321-233)

§11-72-49 Revocation of Ambulance Service License

- A. The director may suspend or revoke an ambulance service license for failure of a licensee to comply and to maintain compliance with, or for violation of, an applicable provision, standard, or requirement of these regulations or of any other applicable law or ordinance or regulation promulgated thereunder, but only in compliance with the procedures and requirements of Chapter 91, Hawaii Revised Statutes.
- B. Upon suspension, revocation, or termination of an ambulance service license the ambulance service shall cease operations as such and no person shall permit the ambulance service to continue operations.
[Eff. AUG 12 1985] (Auth: HRS §§321-223, 321-224, 321-226, 321-227, 321-233) (Imp: HRS §§ 321-223, 321-224, 321-226, 321-227, 321-233)

§§11-72-50 - 54 (Reserved)

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Subchapter 7 Ambulance Equipment and Supplies

§11-72-55 Standards for Ambulance Equipment and Supplies

- A. Required equipment in each licensed ambulance in use as such shall include:
 - 1. Telecommunications equipment for communications with a dispatch center;
 - 2. Telecommunications equipment capable of providing communication with emergency medical facilities or emergency medical physicians;

3. Equipment for light rescue and extrication is required unless a fully-equipped rescue service is able to correspond with the ambulance on a call for which those materials are needed;
4. Medical equipment and supplies including, but not limited to, the equipment and supplies prescribed in the documents-entitled Essential Equipment for Basic Life Support Ambulance Service Standards dated July 15, 1985 and Essential Equipment for Advanced Life Support Ambulance Service Standards dated July 15, 1985 and available from the department; and
5. In the event of an emergency declared by the director, or a disaster, or a catastrophe, a readily accessible source of additional supplies, as delineated by the director. (b) The director shall enforce the equipment and supplies requirements set forth in Section 11-72-45(a).
[Eff. AUG 12 1985] (Auth: HRS §§321-223 321- 224, 321-226, 321-227, 321-233) (Imp: HRS §§321-223, 321-224, 321-226, 321- 227, 321-233)

§§11-72-56 - 59 (Reserved)

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Subchapter 8 Ambulance Personnel

§11-72-60 Application for Prehospital Registered Nurses Certificates by the Application Fees

- A. Application for certificates by the department for prehospital registered nurse shall be made upon forms prepared for such by the department.
- B. The application forms shall request the following information:
 1. Applicant's name, mailing address, home address, telephone number, age, sex, color of eyes, color of hair;
 2. Verification that applicant age is 21 years or older;
 3. Such other information as the director requires for the purposes of these regulations.
- C. The following information shall be obtained in conjunction with the application:
 1. For certification as a prehospital registered nurse the applicant must show proof of possession of a certificate from a state-approved prehospital registered nurse course and evidence of a current valid RN license from the State of Hawaii.
- D. Each application for a prehospital registered nurse personnel certificate shall be accompanied by a nonrefundable fee of \$2.

[Eff. AUG 12 1985] (Auth: HRS §§321-227, 321-233) (Imp: HRS §§321-226, 321-227)

§11-72-61 Standards for Prehospital Registered Nurse Certification; Initial Certificate Fees

- A. Within thirty days after a completed written application form is filed with the department, an investigation will be made of the applicant for certification.
 - B. A certificate will be issued or the application denied not later than sixty days of receipt of an application unless earlier suspended, revoked, or terminated.
 - C. A certificate shall be issued after finding that the applicant:
 - 1. Is not addicted to intoxicating liquors or any drugs;
 - 2. Is able to speak, read, and write the English language;
 - 3. Has been found by a licensed physician upon examination attested to on a physical examination form approved by the director to be suitable for the work;
 - 4. Has duly completed all other requirements.
 - D. A certificate for a prehospital registered nurse shall not be assignable or transferable.
 - E. BLS or ALS personnel may serve as the driver of a ground motor ambulance when necessary, provided they possess the proper State of Hawaii driver's license and meet all other applicable DOT requirements.
 - F. No official entry made upon a certificate may be defaced, removed, or obliterated.
 - G. The director may suspend or revoke a driver or prehospital registered nurse certificate for failure of the certificate holder to comply, and to maintain compliance with, or for violation of, the provisions of this section or any other applicable law, ordinance, or regulation, in accordance with the provisions of the Hawaii Revised Statutes Chapter 91.
 - H. The initial certificate fees shall be:
Prehospital RN \$2.00
- [Eff. AUG 12 1985] (Auth: HRS §§321-223, 321-224, 321-226, 321-227, 321- 233) (Imp: HRS §§321-223, 321-224, 321-226, 321-227, 321-233)

§11-72-62 Renewal of Prehospital Registered Nurse Certificates; Fees

- A. Renewal of any prehospital registered nurse certificate by the state department of health, except for reasons of suspension, revocation, or expiration of more than sixty days, shall require presentation of the following, 60 days prior to the expiration of the certificate:
 - 1. A current valid State of Hawaii registered nurse license and prehospital registered nurse refresher training, as approved by the director.
- B. The annual renewal fee for a certificate that has not expired or been suspended or revoked shall be \$2.00.
- C. Renewal of certificates expired for one to sixty days shall require completion of a renewal application and a late renewal fee totaling \$5.00.
- D. Renewal of certificates which have been suspended, revoked or expired for more than sixty days shall require conformance with all the requirements of these regulations as upon original certification, with the entire renewal fee being \$10.00.
[Eff. AUG 12 1985] (Auth: HRS §§321-223, 321-224, 321-226, 321-227, 321-228, 321-233) (Imp: HRS §§321-223, 321-224, 321-226, 321-227, 321-233)

§11-72-63 Revocation or Suspension of Prehospital Registered Nurse Certificate

- A. The director may, subject to Chapter 91, Hawaii Revised Statutes, suspend or revoke a prehospital registered nurse certificate provided by the department for:
 - 1. Failure of the certificate holder to comply and to maintain compliance with, or for his violation of the provisions of this section or any other applicable law, ordinances, or regulation.
 - 2. Being habituated to the excessive use of drugs or alcohol; or being addicted to, dependent on, or a habitual user of a narcotic, barbiturate, amphetamine, hallucinogen, or other drug having similar effects.
 - 3. Providing services while the ability to practice is impaired by alcohol, drugs, physical disability, or mental instability.
 - 4. Professional misconduct or gross carelessness or manifest incapacity in the provision of services.
 - 5. Conduct or practice contrary to recognized standards of ethics of the occupation.
 - 6. Violation of the conditions or limitations upon which a certificate is issued.
 - 7. Fraudulent obtaining of certificate.

- B. If any such certificate is revoked, limited, or suspended by the director of the department subject to Chapter 91, Hawaii Revised Statutes, for any act or condition listed in this section, the holder of the certificate shall be notified in writing by the department of the revocation or suspension. Any certificate which has been revoked under this section may be restored by the director of the department, subject to Chapter 91 Hawaii Revised Statutes.
[Eff. AUG 12 1985] (Auth: HRS §§321-223, 321-224, 321-226, 321-227, 321-228, 321-233) (Imp: HRS §§321-223, 321- 224, 321-226, 321-227, 321-233)

§§11-72-64 - 68 (Reserved)

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Last modified: 5/4/99 12:17:43 PM

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