

## **Proposed Title: Updated EMS Vehicle Licensing Matrix for Improved Agency Tiered Response and Transport Capability**

### **Subcommittee: Sustainability and Efficiency**

1. Describe the PROBLEM that the advisory is attempting to address
  - This advisory will address limitations in the current Arkansas EMS vehicle licensing structure, which was developed primarily around traditional ambulance-based response models. Many modern EMS systems now operate using tiered response models, deploy Quick Response Vehicles (QRVs) staffed with licensed EMS clinicians, and incorporate non-transport care models such as treatment-in-place, community paramedicine, and alternate destination transport. However, existing vehicle licensing categories may not fully support these evolving operational models. As a result, EMS agencies may be constrained in how they deploy personnel and resources, potentially requiring the use of fully equipped ambulances or a fire department heavy apparatus even when a smaller response vehicle or non-transport unit would be more appropriate. This can increase operational costs, limit system flexibility, and create barriers to innovative care delivery models.
2. What is the end goal of the advisory and its associated recommendation(s)?
  - The end goal of this advisory will be to modernize Arkansas EMS vehicle licensing categories so they better align with contemporary EMS system design. The advisory will recommend evaluating and potentially updating the vehicle licensing framework to formally recognize ambulances, Quick Response Vehicles (QRVs), and other EMS response or transport platforms that support tiered deployment models. These changes will allow EMS agencies to more effectively deploy the right resources for the right type of call, support patient care models that include both transport and non-transport responses, and improve operational efficiency while maintaining appropriate clinical oversight and safety standards.
3. What action will you be asking the target audience (i.e. State Legislature, Secretary of Health, Board of Health, Section of EMS, etc) take and is it in their statutory authority to take action?
  - This advisory will ask the Arkansas Department of Health, Section of EMS, to work with the AR EMS Advisory Committee, Subcommittee on Sustainability and Efficiency, to review and evaluate the current EMS vehicle licensing structure and consider updates that allow for additional vehicle categories consistent with modern EMS operations. This may include defining licensure categories for vehicles such as Quick Response Vehicles (QRVs), non-transport EMS response units, and alternate destination transport vehicles. The request will also include consideration

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of regulatory standards for staffing, equipment, and operational use of these vehicles. These actions will fall within the authority of the AR Department of Health, which is responsible for establishing and maintaining licensing standards for EMS vehicles operating within Arkansas.

4. Is the action within the target audience’s regulatory authority (Yes or No)? If no, what is the proposed solution to achieve the targeted recommendations?
  - Yes. The Arkansas Department of Health Section of EMS has regulatory authority to establish and modify EMS vehicle licensing categories and operational requirements for EMS agencies. This advisory will recommend that the state evaluate potential regulatory updates that allow agencies to operate a broader range of EMS vehicles while maintaining appropriate safety, staffing, and equipment standards.
  
5. Does federal or state guidance already exist for this topic? If so, is there a gap in the guidance provided for EMS? Will this advisory assist in closing that gap?
  - National EMS system design guidance increasingly recognizes tiered response systems, QRVs, and alternative care delivery models as effective approaches to improving response efficiency and patient-centered care. However, existing state regulations in Arkansas may not fully reflect these evolving operational models, particularly in how EMS vehicles are defined and licensed. This advisory will help evaluate how Arkansas can modernize its EMS vehicle licensing framework to better support contemporary EMS practices. By doing so, the state will enable EMS agencies to deploy licensed clinicians in a wider range of response vehicles to meet their obligations to respond to 911 calls and “stop the clock” on response time metrics, while also offering more cost-effective deployment options that require fewer resources than a traditional ambulance. Additionally, updating the vehicle licensing structure may help support alternate destination transport models and non-transport care pathways, which are increasingly being used to improve system efficiency and reduce unnecessary emergency department utilization.

Proposed Matrix #1 – 9 potential vehicle licenses

Patient Transport Vehicles	
Ambulances	Non-Ambulances (QRVs)
1) Basic Ambulance	1) Basic QRV
2) Advanced EMT Ambulance	2) Advanced EMT QRV
3) Paramedic Ambulance	3) Paramedic QRV
4) Special Purpose Ambulance	4) Community Paramedic QRV
Non-Patient Transport Vehicles	
1) Paramedic Supervisor	

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Proposed Matrix #2 – only 3 potential vehicle licenses

Patient Transport Vehicles	
Ambulances	Non-Ambulances (QRVs)
<p>1) “Arkansas Ambulance”</p> <ul style="list-style-type: none"> <li>a. Covers all levels, and stocked for the highest level available at that service, with the level of service provided dependent only on the licensure of the EMS clinician staffing the ambulance</li> <li>b. Would not need to downgrade equipment off the ambulance if downgrading the licensure of the EMS clinician (with exception of controlled substances if not Paramedic level)</li> <li>c. Expectation is that the EMS clinician only perform and use equipment and medications within their own scope, and will be held accountable to such</li> </ul>	<p>1) “Arkansas QRV”</p> <ul style="list-style-type: none"> <li>a. Covers all levels, and stocked for the highest level available at that service, with the level of service provided dependent only on the licensure of the EMS clinician staffing the QRV</li> <li>b. Would not need to downgrade equipment off the QRV if downgrading the licensure of the EMS clinician (with exception of controlled substances if not Paramedic level)</li> <li>c. Expectation is that the EMS clinician only perform and use equipment and medications within their own scope, and will be held accountable to such</li> </ul>
Non-Patient Transport Vehicles	
1) Paramedic Supervisor	