



May 27, 2025

Ms. Whitney Burrows
Board of Medical and Osteopathic Examiners
101 N Main Ave. Suite 301
Sioux Falls, SD 57104

Dear Ms. Burrows:

The Legislative Research Council (LRC) received proposed rules from the Board of Medical and Osteopathic Examiners on May 5, 2025. In accordance with SDCL 1-26-6.5, the LRC reviewed the proposed rules for form, style, clarity, and legality, and now returns them with recommendations.

Please find enclosed:

- Proposed Rules Review Checklists;
- The proposed rules with recommended form, style, clarity, and minor legality edits;
- Directions for Submitting the Final Draft of the Rules; and
- The Interim Rules Review Committee Rules Presentation Format.

In addition to the recommendations provided in the enclosed packet, LRC identifies the following substantial legality issues:

- When material is incorporated by reference that is not federal statute or regulation, SDCL 1-26-6.6 requires a statement be attached to the material that includes the agency's name, the section number of the rule that incorporates the material within, and the date the proposed rule was served on LRC. Effective July 1, 2025, there is specific guidance on the form of this statement when the publication is only available as an electronic document (*see*, HB 1051). Please include a statement for the material incorporated by reference in ARSD 20:63:04:01 that aligns with statutory requirements and retain that copy as a record associated with this rulemaking, in accordance with SDCL 1-26-2 and 1-26-7.
- Additionally, SDCL 1-26-6.6 requires that any material incorporated by reference must "describe the exact section or portion of the publication which is being incorporated."
 - In ARSD 20:63:01:01, the rule references Section IV of the 2020 edition of the Commission on Accreditation of Athletic Training Education's *Standards and Procedures for Accreditation of Professional Programs in Athletic Training* to include skills that constitute the practice of athletic training "in addition to SDCL 36-29-1.1". However, it is unclear exactly which listed "skills" from this section are intended to be incorporated for the practice of athletic training, especially given that the document is for the accreditation of educational programs. Moreover, the reference indicates that the skills are "in addition to" those listed in statute, which suggests that the skills go beyond the legislatively established scope. Recommendations are included to address the latter concern, but please more clearly identify or describe the "skills" listed in the document that are being incorporated.
 - ARSD 20:63:04:01 incorporates the "code of ethics" in the Board of Certification's *Standards of Professional Practice*, and ARSD 20:63:04:03 states that the board may utilize the "annotations and opinions" in the Board of Certification's "standards of professional conduct, 2024" when determining whether a licensee has violated professional ethical standards and conduct. The *Standards of Professional Practice* include two sections--"Practice Standards" and a "Code of Professional Responsibility". Please

clarify exactly which section, or both, are being incorporated as the "code of ethics". Additionally, if the second rule is referencing the same document, please use consistent language. Assuming the document is the same, staff was unable to identify the "annotations and opinions" that are being referenced. If this material is truly being incorporated, a reference note should be placed below the rule as well, otherwise these materials are not properly incorporated and may not be able to be referenced, per SDCL 1-26-6.6.

- SDCL 36-4B-35(8)(b) requires the Board promulgate in rule "protocols and supervisory standards" for a paramedic who has been issued a community paramedic endorsement. ARSD 20:61:03:04 appears to largely shift the responsibility to set protocols to the medical director of the ambulance service, instead of establishing protocols in rule. There are unique provisions in the section regarding implementation of a patient care plan. Perhaps these are sufficient to constitute "protocols" per the statute, but the incongruity of shifting the responsibility to establish most protocols to the medical director remains. Similarly, ARSD 20:61:04:04 does not appear to establish unique "supervisory standards," instead reiterating statute or standards found in other rules generally applicable to paramedics.

Under SDCL 1-26-4(4), the Board is required to adopt LRC recommendations, subject to an appeal to the Interim Rules Review Committee for the Committee's final determination. Note, however, that LRC reserves the right to withdraw recommendations if they are resolved via discussion with Board staff.

Please do not hesitate to contact me if you have any questions or to discuss and possibly resolve any of the recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read "Justin J. Goetz", with a stylized flourish at the end.

Justin J. Goetz
Code Counsel
Enclosures

CC: Melissa Magstadt, Secretary, Department of Health

**Legislative Research Council
Proposed Rules Research Review Checklist**

Date Proposed Rules Received by LRC: _____

Date Public Hearing Scheduled: _____

Proposed Rules Reviewed by: _____

Fiscal Note Reviewed by: _____

"No agency rule may be enforced by the courts of this state until it has been adopted in conformance with the procedures set forth in this chapter." (SDCL 1-26-6.8)

Staff:

Please review the proposed rules and supporting documents and submit them with this completed checklist to the Code Counsel within ten business days from the date the proposed rules are received by the LRC.

| KEY | | | |
|---|--------------|----------------|---------------------------|
| ENTRY: | "[Initials]" | "N/A" | "[Initials]**" |
| MEANING: | Reviewed by | Not applicable | Edit Recommended or Issue |
| 1. Verify the rules packet includes (SDCL 1-26-4(2)): | | | |
| a. The proposed rules: | | | |
| i. Any incorporated material: | | | |
| b. Notice of hearing (Form 6): | | | |
| 2. Verify all documents have correct citations to the proposed rules provided in the packet. | | | |
| 3. Verify the appropriate departmental secretary, bureau commissioner, public utilities commissioner, or constitutional officer approved the rules process to proceed. (SDCL 1-26-4(1)) | | | |
| 4. If the Department of Social Services is promulgating rules that are mandated by federal statute or regulation, use the DSS Federal Regulations Checklist. | | | |
| 5. Review proposed rules for: | | | |
| a. Form, style, and clarity in accordance with the Administrative Rules Drafting Manual (including all existing language, not just amended language). | | | |
| i. Verify the most recent rule is used. (Manual , pg. 5) | | | |
| ii. Verify all cross-references in text are current. (Manual , pg. 6) | | | |
| iii. Verify all affected sections are included. For repealed sections, verify all affected sections are amended. (Manual , pg. 6) | | | |
| iv. Verify any renumbering of rules is consistent with Administrative Rules Drafting Manual. (Manual , pg. 7) | | | |

b. Legality, including:

- i. Verify the General Authority statute provides rule-making authority (i.e., “. . . shall/may promulgate rules to . . .”). ([Manual](#), pg. 8) _____
- ii. Verify the Law Implemented statute identifies the policy intended to be implemented. ([Manual](#), pg. 8) _____
- iii. If the proposed rule incorporates material by reference, verify the rule describes the exact section or portion of the material. ([SDCL 1-26-6.6](#); [Manual](#), pg. 11) _____

For incorporated material that is not CFR, USC, Fed. Reg., Stat.:
 - 1. Verify the proposed rule includes a reference note identifying the publication by title, date of publication, author, version/edition and where and at what cost the publication may be obtained. _____
 - 2. Verify there is a statement attached to the material that includes the agency’s name, the section number of the rule that incorporates the material, and the date the proposed rule was served on the LRC. _____
- iv. Verify the proposed rule does not incorporate or reiterate any statutory language other than definitions, and that the agency is not publishing or distributing statutory material. ([SDCL 1-26-6.1](#)) _____
- v. Verify the proposed rule does not restrict any right or privilege to carry or possess a concealed pistol under SDCL chapter 23-7. ([SDCL 1-26-6.10](#)) _____
- vi. Verify the agency does not delegate authority to a private association. (S.D. Const. art. III, §§ [23](#)(9), [26](#)) _____
- vii. Verify the rule does not allow the agency to circumvent the SDCL ch. 1-26 rulemaking process (e.g., authorizing it to make its own rules). (See SDCL [1-26-4](#), [1-26-6.5](#), [1-26-6.6](#), [1-26-38](#)(2)) _____
- viii. Verify the rule does not contain the agency’s internal processes or policy (e.g., personnel policies) or other matter that is not defined as a rule per [SDCL 1-26-1](#)(8). _____
- ix. Verify the rule does not incorporate a future rule or regulation, or incorporate future amendments to an existing rule or regulation, of another state or the federal government. ([State v. Johnson](#), 84 S.D. 556, 173 N.W.2d 894 (1970)) _____
- x. Verify only the rules being changed are included in the packet and that chapter indexes are updated as needed. ([Manual](#), pg. 8) _____

6. Review Notice of Public Hearing ([SDCL 1-26-4.1](#)):

- a. Verify the LRC received the proposed rules at least 20 days prior to the scheduled public hearing. _____

- b. Verify the notice contains a narrative description of the effect of the proposed rule. _____
 - c. Verify the notice contains the reason for adopting the proposed rule. _____
 - d. Verify the notice contains the location, date, and time (Central or Mountain) of the hearing. _____
 - e. Verify the notice contains information about how amendments, data, opinions, and arguments may be presented. _____
 - f. Verify the notice contains a deadline for submission of comments. _____
 - i. If the authority promulgating the rule is a secretary, commissioner, or officer, ensure the deadline is ten days after the public hearing. ([SDCL 1-26-4](#)(6)) _____
 - ii. If the authority promulgating the rule is a part-time citizen board, Commission, committee, or task force, ensure the deadline is at least 72 hours before the public hearing (not including hearing day). ([SDCL 1-26-4](#)(6)). _____
 - g. Verify the notice contains information for how the public may obtain copies of the proposed rules. _____
7. For any proposed rule regarding professional or regulatory examination or licensing that is to be published in pamphlet form, review the pamphlet for style, form, and clarity in accordance with the Administrative Rules Drafting Manual. ([SDCL 1-26-11](#)) _____

Reviewed by Code Counsel on _____

**Legislative Research Council
Proposed Rules Fiscal Note Review Checklist**

Date Proposed Rules Received by LRC: _____

Date Public Hearing Scheduled: _____

Proposed Rules Reviewed by: _____

Fiscal Note Reviewed by: _____

"No agency rule may be enforced by the courts of this state until it has been adopted in conformance with the procedures set forth in this chapter." (SDCL 1-26-6.8)

Staff:

Please review the proposed rules and supporting documents and submit them with this completed checklist to the Code Counsel within ten business days from the date the proposed rules are received by the LRC.

KEY

| ENTRY: | "[Initials]" | "N/A" | "[Initials]**" |
|----------|--------------|----------------|---------------------------|
| MEANING: | Reviewed by | Not applicable | Edit Recommended or Issue |

1. Verify the rules packet includes ([SDCL 1-26-4\(2\)](#)):

- a. Fiscal note (Form 5): _____
- b. Small business impact statement (Form 14): _____
- c. Housing Cost Impact Statement (Form 16), if applicable: _____

2. Indicate whether the proposed rules:

- a. Increase a fee, in which case, initial. If initialed, the agency must submit a completed Form 17 with the final packet provided to the Interim Rules Review Committee and LRC, pursuant to SDCL 1-26-4(8). ([SDCL 1-26-4.8](#)) _____
- b. Increase a fee of a professional or occupational licensing board or commission for which no maximum fee is established in statute, in which case, initial. If the fee increases by more than 20%, note the issue. ([SDCL 1-26-6.9](#)) _____

3. Review the Fiscal Note ([SDCL 1-26-4.2](#)):

- a. Verify the Fiscal Note states whether the proposed rule will have any effect on the revenues, expenditures, or fiscal liability of the state, agencies, and subdivisions: _____
 - i. If there is an effect, verify the Fiscal Note includes an explanation of how the effect was computed? _____
 - ii. If there is an effect on subdivisions, is that effect described? _____

4. Review Small Business Impact Statement ([SDCL 1-26-2.1](#)):

- a. Verify if the rule change has any small business impact based on readily available info: _____
 - i. If only INDIRECT, verify that a brief description of the impact is included. _____
 - ii. If DIRECT, review 4.b through 4.h:
- b. Verify the Impact Statement includes a narrative explanation in plain, easy-to-read language. _____
- c. Verify the narrative explanation discusses the effect of the proposed rule on small business, including the basis for the rule's enactment and why the rule is needed. _____
- d. Verify the narrative explanation includes an identification and estimated number of small businesses subject to the proposed rule. _____
- e. Verify the Impact Statement includes the projected reporting and record-keeping required for compliance with the proposed rule. _____
- f. Verify the Impact Statement includes the types of professional skills necessary for preparation of required reports or records. _____
- g. Verify the Impact Statement includes a statement of the probable effect on impacted small business. _____
- h. Verify the Impact Statement includes a description of any less intrusive or less costly alternative methods of achieving the proposed rule's purpose. _____

5. Review Housing Cost Impact Statement ([SDCL 1-26-2.3](#)), if applicable:

- a. Verify that the agency has indicated what building sectors will be impacted by the rule change. _____
- b. Verify a description of and explanation of necessity for each standard and requirement is included. _____
- c. Verify the statement includes the average estimated cost of each standard and requirement. _____
- d. Verify that contact and estimate information is included for three licensed contractors or building trades professionals. _____

Reviewed by Code Counsel on _____

ARTICLE 20:61

EMERGENCY MEDICAL SERVICES PERSONNEL

Chapter

20:61:01 Licensure and certification.

20:61:02 Critical care endorsement.

20:61:03 Continuing education.

20:61:04 Community ~~Paramedic~~ paramedic.

Declaratory Ruling: Declaratory Ruling of the Board of Medical and Osteopathic Examiners dated September 21, 1994, was vacated by the Board of Medical and Osteopathic Examiners by order of the board dated March 30, 2015.

Commented [A1]: Style/form/clarity - only certain terms are capitalized in rule, and this does not fall into one of those categories outlined on pgs. 15-16 in the ARSD Drafting Manual. Thus, this should be lowercase. Additionally, should the chapter title be "Community paramedic endorsement" to mirror the critical care endorsement above?

Commented [A2]: Style/form - need period here.

CHAPTER 20:61:01

LICENSURE AND CERTIFICATION

Section

- 20:61:01:01 Meaning of terms.
- 20:61:01:02 Application for license and certification.
- 20:61:01:03 Required contents of applications for licensure.
- 20:61:01:04 Medical supervision agreement.
- 20:61:01:05 Application for reciprocity.
- 20:61:01:06 Application based on examination.
- 20:61:01:07 Application for approval of educational programs.
- 20:61:01:08 Testing team, Repealed.
- 20:61:01:09 Required contents of applications for ambulance ~~driver~~ operator certification.
- 20:61:01:10 Ambulance ~~driver~~ operator certification renewal.
- 20:61:01:11 Fees.
- 20:61:01:12 Emergency medical services personnel allowable skills and techniques.

20:61:01:04. Medical supervision agreement. An applicant shall file with the application for an emergency medical services advanced life support personnel license:

- (1) An agreement with the physician who will supervise, observe, direct, and review the applicant's work record and practice; and
- (2) A statement from the physician attesting that the physician assumes the responsibility to supervise, observe, direct, and review the applicant's work record and practice.

~~Applicants~~ An applicant affiliated with an ambulance service that has been granted a hardship exemption in accordance with SDCL 34-11-12.2 may file the required agreement and statement from a physician assistant or nurse practitioner serving as the program director of the ambulance service.

Commented [A3]: Form/legality - The table of contents above has this chapter title as "Licensure and Certification", and it also appears that full title is used on the published LRC site.

Commented [A4]: Clarity/legality - this rule is not included in the packet, but it has a reference to "ambulance driver" if the intent is to update all references of ambulance "driver" to "operator." Recommend including it for consistency with the changes below as well.

Commented [A5]: Style/form - Remember to strike the space before the struck material. Otherwise, you are left with two spaces. Please strike here and in the catchline immediately below.

Commented [A6]: Clarity - Since this is now only applicable to ALS, it may be helpful to add that to the catchline: "Medical supervision agreement -- Advanced life support personnel."

Commented [A7]: Clarity - It may be clearer to rearrange this introductory phrase a bit to clarify the applicability to ALS--"An applicant for an advanced life support personnel license shall file with the application:..."

Commented [A8]: Clarity - This is a bit of an aside, but if the supervisor or medical director changes, does the ALS have to notify the board? This section only addresses the initial licensure application, and I can't seem to find anything else regarding if that agreement must be updated.

Commented [A9]: Clarity - What is the nature of this agreement? Is it to memorialize the physician's role as medical director—to supervise, direct, etc. (it seems the statement requirement already does that?)? Or is it to provide the terms of the "indirect control" described in chapter 36-4B? Should that be clarified? Otherwise, I do not see a reference to an agreement of this nature in chapter 36-4B, or elsewhere in rule.

Commented [A10]: Style - Singular is preferable, especially when we are referencing a single agreement in the sentence. ARSD DM, pg. 15.

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Commented [A11]: Style - More concise language.

Source: 5 SDR 68, effective February 15, 1979; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-15.

DRAFT

20:61:01:09. Required contents of applications for ambulance ~~driver~~ operator

certification. An application for an ambulance ~~driver~~ operator certification must contain:

(1) An affidavit, with a photograph of the applicant attached, attesting to the applicant's qualifications required by SDCL chapter 36-4B and this chapter;

(2) The dates and locations where the following ambulance ~~driver~~ operator competency trainings were completed:

- (a) Cardiopulmonary resuscitation;
- (b) Health Insurance Portability and Accountability Act awareness;
- (c) Infection control;
- (d) Patient movement;
- (e) Equipment and communication system knowledge; and
- (f) Emergency vehicles operation course;

(3) A signed statement listing any criminal offenses for which the applicant has been convicted; and

(4) Proof of a valid driver's license.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-41.

Commented [A12]: Clarity - it seems a bit odd that the photograph requirement is combined with this subdivision. Is there a reason why the photo must be literally "attached" to the affidavit? Or must a photo just be submitted as part of the application? If the latter, consider just making another subdivision with the photograph requirement.

20:61:01:10. Ambulance ~~driver~~ operator certification renewal. An ambulance ~~driver~~ operator certified by the board shall renew the certification ~~biennially~~ by on or before April thirtieth in ~~even years~~ the second calendar year after issuance and every two years thereafter on a form approved by the board. The ~~certified ambulance driver~~ operator shall sign a statement confirming that the ~~certified ambulance driver~~ operator holds a current cardiopulmonary resuscitation certification and valid driver's license. The ~~certified ambulance driver~~ operator must present proof of the current cardiopulmonary resuscitation certification and valid driver's license if requested by the board.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-31, 36-4B-41.

Commented [A13]: Clarity - This word is not necessary here given the following detail for the timeline of renewals.

Commented [A14]: Clarity - we try to use "on or before" instead of "by" to make it crystal clear if we are including that specific date or not.

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Commented [A15]: Clarity/Style - Given that the operator's full title is used in the first sentence, relying upon the short form does not create any ambiguity in subsequent sentences, and it helps make the language more concise. ARSD DM, pg. 13.

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20:61:01:11. Fees. The application fees for emergency medical services personnel licensure

are:

(1) Initial licensure:

- (a) Emergency medical responder, zero dollars;
- (b) Emergency medical technician, zero dollars;
- (c) Emergency medical technician-intermediate/85, fifty dollars;
- (d) Emergency medical technician-intermediate/99, fifty dollars;
- (e) Advanced emergency medical technician, fifty dollars; and
- (f) Paramedic, fifty dollars;

(2) Licensure by reciprocity:

- (a) Emergency medical responder, zero dollars;
- (b) Emergency medical technician, zero dollars;
- (c) Emergency medical technician-intermediate/85, seventy-five dollars;
- (d) Emergency medical technician-intermediate/99, seventy-five dollars;
- (e) Advanced emergency medical technician, seventy-five dollars; and
- (f) Paramedic, seventy-five dollars;

(3) Licensure renewal:

- (a) Emergency medical responder, zero dollars;
- (b) Emergency medical technician, zero dollars;
- (c) Emergency medical technician-intermediate/85, fifty dollars;
- (d) Emergency medical technician-intermediate/99, fifty dollars;
- (e) Advanced emergency medical technician, fifty dollars; and
- (f) Paramedic, fifty dollars;

(4) Reissuance of a lost or destroyed license, ten dollars; and

(5) Reinstatement of ~~lapsed a license, one hundred dollars~~ within twelve months after expiration:

- (a) Emergency medical responder, zero dollars;
- (b) Emergency medical technician, zero dollars;
- (c) Emergency medical technician-intermediate/85, fifty dollars;
- (d) Emergency medical technician-intermediate/99, fifty dollars;
- (e) Advanced emergency medical technician, fifty dollars; and
- (f) Paramedic, fifty dollars.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-29.

Law Implemented: SDCL ~~36-4B-2~~.

Commented [A16]: Legality - This existing content was missing here.

Formatted: Line spacing: Double

Commented [A17]: Legality - Would recommend striking this and inserting 36-4B-29 instead, as that provides the fee maximums and is an appropriate Law Implemented.

20:61:01:12. Emergency medical services personnel allowable skills and techniques.

The allowable skills and techniques for all levels of emergency medical services personnel are contained in the South Dakota Scope of Practice Guide for Emergency Medical Services Personnel, revised ~~June 20, 2024~~ March 21, 2025. The board shall review the guide at least annually.

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Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-16 to 36-4B-16.2, inclusive, 36-4B-17.

Collateral Reference: South Dakota Scope of Practice Guide for Emergency Medical Services Personnel, revised ~~June 20, 2024~~ March 21, 2025. South Dakota Department of Health. Copies may be obtained free of charge at <https://www.sdbmoe.gov/professions-emergency-medical-services/>.

CHAPTER 20:61:04

COMMUNITY PARAMEDIC

Commented [A18]: Clarity - See note above about making this title "Community Paramedic Endorsement".

Section

20:61:04:01 Definitions.

20:61:04:02 Education and training.

20:61:04:03 Protocols.

20:61:04:04 Supervisory standards.

20:61:01:01. Definitions. Terms defined in SDCL chapter 36-4B have the same meaning when used in this chapter.

Commented [A19]: Form - This has an incorrect chapter number. Please revise.

Commented [A20]: Clarity - This is likely outside the scope of this packet, but every chapter in this article has this definition referral except 20:61:03 (continuing education). You may want to consider adding it to that chapter, presuming that the definitions should be similarly applied there.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-1, 36-4B-18.2, 36-4B-18.3.

20:61:04:03. Education and training. A paramedic seeking the community paramedic endorsement, as provided ~~for~~ by SDCL 36-4B-18.2, must hold a current, unencumbered, paramedic license issued in accordance with chapter 36-4B and satisfy one of the following criteria:

(1) Successfully complete a community paramedic education program that has been approved by the board. The education program must include clinical experience and a written examination; or

(2) Obtain certification as a community paramedic from the International Board of Specialty Certification

Before a paramedic may be issued a community paramedic endorsement through completion of a community paramedic education program, the paramedic must provide documentation to the board, showing that the paramedic has successfully completed ~~the a board-approved program and required examination.~~

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.2.

Commented [A21]: Form - The numbering is off here. This is the second proposed rule in this chapter.

Commented [A22]: Style/form - see comment above about this subdivision repeating statutory material, but this is also missing a period.

Commented [A23]: Clarity/legality - These subdivisions (with the exception of the reference to a “clinical experience and a written examination” which are novel and should be retained) are essentially repeating the statutory content contained in HB 1099. The text of a rule may not repeat or reiterate statute. SDCL 1-26-6.1 and ARSD DM, pg. 5. Moreover, by referencing SDCL 36-4B-18.2 in the first sentence, one has already incorporated (by reference) these requirements into this section.

Instead, the rule should lay out the “education requirements and training approved by the board” as referenced in subdivision (1) of that bill. See also the General Authority in SDCL 36-4B-35(8)(a). The critical care endorsement rules do this in 20:61:02:02 by providing some detail as to what the course requirements for the endorsement entail.

Commented [A24]: Clarity - The content above states that clinical experience and an examination must be part of an approved program. Thus, it’s unnecessary to specifically mention the examination again.

Commented [A25]: Style/form - Remember to include the periods here and after the citation below.

20:61:04:04. Protocols. A community paramedic must practice in accordance with protocols established by the medical director of the ambulance service and may provide services as directed by a patient care plan, if the plan has been developed by the patient's primary physician, an advanced practice registered nurse, or a physician assistant in conjunction with the medical director of the ambulance service.

~~The~~ If a paramedic with a community paramedic endorsement provides services directed by a patient care plan, as permitted by SDCL 36-4B-18.3, the care plan must ensure that ~~the~~:

(1) The services provided by the ~~community~~ paramedic are not duplicated by another provider or home health service; and ~~that the~~

(2) The patient receives the necessary services.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.3.

Commented [A26]: Form - Incorrect numbering.

Commented [A27]: Clarity - Although it would be clear to most what we are referring to here, "community paramedic" is not actually defined in chapter 36-4B or this article/chapter. You could add a definition, or also say here "A paramedic who has been issued a community paramedic endorsement by the board..." To add a definition above, it would be "In addition, "community paramedic" means a paramedic who has been issued a community paramedic endorsement by the board."

Commented [A28]: Clarity - Is the ambulance service that the individual is employed by? Volunteering for?

Also, although the definitions are not incorporated by this chapter, SDCL 34-11 separately defines "medical director" and "program director". Should program director also be included here?

Commented [A29R28]: Legality - SDCL 36-4B-18.3 provides that the person with a community paramedic endorsement "shall practice in accordance with protocols and supervisory standards established by the board in accordance with § 36-4B-35." Those protocols and supervisory standards are required to be in rule per SDCL 36-4B-35(8)(b).

So this language appears to conflict with the statutory requirement by making it the responsibility of the medical/program director, and not the board, to establish protocols. Shifting the responsibility to establish the protocol is not the same as establishing a protocol.

Commented [A30]: Legality - This repeats statutory material. See suggestion below to help provide an appropriate lead-in to that content. Also, suggest a new paragraph.

Commented [A31]: Clarity - I'm a little confused by this phrase—wouldn't the care plan be designating the services? How can the care plan ensure that the patient "receives" the services, if the care plan is identifying those in the first place?

20:61:04:04. Supervisory standards. ~~The A~~ community paramedic must, through the use of direct and indirect control, be supervised by a physician licensed in accordance with chapter 36-4. The community paramedic shall have on file with the board a medical supervision agreement and statement as required by § 20:61:01:04.

~~Community paramedics~~ A community paramedic affiliated with an ambulance service that has been granted a hardship exemption in accordance with SDCL 34-11-12.2 may file the required agreement and statement from a physician assistant licensed in accordance with SDCL chapter 36-4A or nurse practitioner licensed in accordance with SDCL chapter 36-9A.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.3.

Commented [A32]: Clarity - This section seems to essentially reiterate the supervisory standards for a regular paramedic in SDCL 36-4B-15. If there are not unique supervisory requirements for a paramedic with a community paramedic endorsement, is most of the content in this section necessary? Additionally, this first paragraph says that the CP must be supervised by a physician. But, the next paragraph says that if the ambulance service has a hardship exemption, they can file their agreement with a PA or NP—but doesn't explicitly say that the physician supervisory requirement doesn't apply. This sort of gets to the point noted above about if ALS have to keep an updated agreement on file with the board. If a regular paramedic has to keep an updated supervisory agreement on file with the board—whether it's with a physician or otherwise due to a hardship exemption—it's not necessary to reiterate again here. If there are no requirements to update the agreement, perhaps the only content necessary in this section is that the paramedic have a current medical supervision agreement on file? (i.e., only the second sentence is necessary, with the additional of "current" or something similar?)

Commented [A33]: Style - The definite article is not appropriate as this is the first reference to this paramedic. See the prior section.

Commented [A34]: Clarity - See comment above on this term.

Commented [A35]: Style - Singular subject preferred. ARSD DM, pg. 15.

Commented [A36]: Clarity - If you retain this content, note that the § 20:61:01:04 only allows the PA or NP who is the program director of the ambulance service to sign the agreement. This appears to allow any PA or NP to sign.

Commented [A37R36]: Clarity - Recommend removing everything after "from" and replacing it with "the program director."

CHAPTER 20:63:01
GENERAL PROVISIONS

Section

20:63:01:01 Definitions.

20:63:01:02 Date of notice, Repealed.

20:63:01:03 Filing of ~~physician's written protocol~~ practice guideline agreement.

20:63:01:04 Revision of ~~physician's written protocol~~ practice guideline agreement.

20:63:01:05 Repealed.

Commented [A1]: Form - Note that there are proposed changes to catchlines in the text below. Please update accordingly.

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Commented [A2]: Same.

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20:63:01:01. Definitions. Terms defined in SDCL 36-29-1 have the same meaning when used in this article. In addition, as used in this article mean:

— (1) "Team physician," a person licensed by the Board of Medical and Osteopathic Examiners to practice medicine or osteopathy in this state and designated by an athletic team as its physician;

Words defined in SDCL 36-29-1 have the same meaning when used in this chapter.

Commented [A3]: Style - Content must not be underlined and overstricken. ARSD DM, pg. 6. Recommend removal.

— (2) "Physician's written protocol," a written statement by the team physician indicating the functions and procedures allowed to be performed by the athletic trainer under the direction of the team physician;

— (3) "Athletic training course requirements," course work in the subject matter areas of prevention and care of athletic injuries and illnesses; evaluation of athletic injuries and illnesses; first aid and emergency care; therapeutic modalities; therapeutic exercise; human anatomy; human physiology; exercise physiology; kinesiology and biomechanics; nutrition; psychology; personal and community health; and instructional methods;

— (4) "Athletic, the term, athletic training," means, in addition to ~~the skills listed in SDCL subdivision 36-29-1(1)~~ 36-29-1.1, the practice of athletic training includes the skills as listed in the

Commented [A4]: Clarity - See the note below, but this does not make sense with the lead-in language above (Reading altogether: "In addition, as used in this article, the term, athletic training, means, in addition to SDCL 36-29-1.1, the practice of athletic training includes the skills...")

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Commented [A5]: Style/form - this citation is no longer to a subdivision.

Commented [A6]: Clarity/legality - This is a substantive provision that is incorporating further skills that constitute the practice of athletic training. It should not be included in the general definitions section—it should be in standalone section. ARSD Drafting Manual, pgs. 10-11. Moreover, it is problematic to try to define "athletic training" differently than how it is described in SDCL 36-29-1.1. E.g., what if one of the skills listed in that document conflicts with or goes beyond the statutory scope? Perhaps another way to do this is to have a separate rule that states: "An athletic trainer may perform, within the scope described in SDCL 36-29-1.1, the skills listed in..."

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Commission on Accreditation of Athletic Training Education, ~~Standards, and Procedures for Accreditation of Professional Programs in Athletic Training, 2020, Section IV.~~

Source: 13 SDR 9, effective August 4, 1986; 43 SDR 131, effective April 20, 2017; 50 SDR 12, effective August 10, 2023.

General Authority: SDCL 36-29-17.

Law Implemented: SDCL 36-29-1, ~~36-29-3.~~

Reference: ~~Commission on Accreditation of Athletic Training Education, Standards, and Procedures for Accreditation of Professional Programs in Athletic Training, 2020.~~ Copies may be obtained at no cost from <https://caate.net/Programs/Professional/Professional-Program-Standards>.

Commented [A7]: Clarity - The document does not have a comma following this word.

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Commented [A8]: Clarity/legality - I'm having a difficult time understanding what the skills being incorporated by this document are? These standards are for accreditation of educational programs. For something as serious as the scope of a profession, would it be better to incorporate the actual skills that you are trying to reference in this document into the text of the rule? Section IV of this document refers to "Curricular Content" and later gets into "Core Competencies", but it's unclear to me what explicit skills listed there are being incorporated to be included in the practice of athletic training.

Commented [A9]: Legality - This does not appear to be an appropriate Law Implemented--I do not see anything that relates to the definitions here.

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Commented [A10]: No comma after this word.

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Commented [A11]: Style - Recommend the following, per ARSD DM, pg. 20 (note the bolding):

"Standards and Procedures for Accreditation of Professional Programs in Athletic Training, 2020, Commission on Accreditation of Athletic Training Education. Copies may be obtained...."

Commented [A12]: Style - Remove the hyperlink so that current content does not appear new (i.e., underscored).

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20:63:01:02. Date of notice. ~~The date of all notices required to be given to the board, unless otherwise specifically provided in this article, is the date upon which the document is received at the office of the board.~~ Repealed.

Source: 13 SDR 9, effective August 4, 1986.

~~— **General Authority:** SDCL 36-29-17.~~

~~— **Law Implemented:** SDCL 36-29-1, 36-29-24.~~

DRAFT

20:63:01:03. Filing of physician's ~~written protocol~~ practice guideline agreement. ~~One~~

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copy of the physician's written protocol. ~~An athletic trainer shall practice under the direction of and according to guidelines established by a physician licensed pursuant to SDCL chapter 36-4. A~~
practice guideline agreement shall be submitted on a form approved by the board and maintained by
each of the following ~~persons or parties~~:

- (1) The South Dakota ~~Board~~ of Medical and Osteopathic Examiners board;
- (2) The ~~team~~ physician; and
- (3) The athletic trainer.

Source: 13 SDR 9, effective August 4, 1986.

General Authority: SDCL 36-29-17.

Law Implemented: ~~SDCL 36-29-1~~ SDCL 36-29-1.1.

Commented [A13]: Legality - This sentence repeats the content in SDCL 36-29.1.1. The statute already makes clear that athletic training may only be practiced under the direction and guidelines of a physician—thus, this sentence is not implementing or administering a policy set forth by the Legislature, it's just reiterating it. Recommend striking this. SDCL 1-26-6.1.

Commented [A14]: Clarity - Submitted to who? It is not explicit that the agreement is to be submitted to the board. Additionally, this sentence would benefit from being in the active voice, presuming that the AT has the duty to submit the agreement to the board. E.g., "The athletic trainer shall submit a practice guideline agreement to the board, on a form approved by the board, and signed by the supervising physician. The athletic trainer and physician shall maintain..."

Commented [A15]: Clarity - Must they keep it at a place of employment or otherwise? Also, it doesn't really make sense to include the board in the subdivision list—the board has to keep the agreement on file, but it's not necessarily the board's responsibility to keep it "maintained" or updated in the same sense as the AT and physician. (Note the use of "filing" in the catchline.)

Commented [A16]: Clarity - Unnecessary verbiage.

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Commented [A17]: Style/form - Since we are using the shortened version, this should not be capitalized. But, see comment above.

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Commented [A18]: Style/form - Need connector word here. ARSD DM, pg. 14.

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20:63:01:04. Revision of physician's ~~written protocol~~ practice guideline agreement. ~~The~~

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~~A~~ physician's ~~written protocol~~ practice guideline agreement ~~for an athletic trainer~~ may be modified ~~from time to time~~ if the ~~team~~ physician determines that, through training or experience, the functions and procedures performed by the athletic trainer should be revised.

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Commented [A19]: Clarity - Unnecessary verbiage.

Source: 13 SDR 9, effective August 4, 1986.

General Authority: SDCL 36-29-17.

Law Implemented: SDCL ~~36-29-1(2)~~ 36-29-1.1.

Commented [A20]: Clarity/Style - Use active voice here. Recommend: "A physician may modify a practice guideline agreement for an athletic trainer if the physician determines that the athletic trainer is competent, through training or experience, to perform a revised scope of athletic training."

As it currently reads, it is unclear whose "training or experience" is being referenced here—the physician's or the athletic trainer's. Moreover, it is unclear what kind of training or experience triggers the revision. Is it training/experience that shows competency? That may be implied, but it is not express.

CHAPTER 20:63:02

LICENSURE REQUIREMENTS

Section

- 20:63:02:01 Application for licensure by examination, Repealed.
- 20:63:02:02 Application for licensure by reciprocity, Repealed.
- 20:63:02:03 Replacement of license.
- 20:63:02:04 Evidence of change of name.
- 20:63:02:05 Fees for licensure or renewal.
- 20:63:02:06 Examination.

20:63:02:01. Application for licensure by examination. ~~An applicant for licensure by examination may apply for the examination following successful completion of athletic training course requirements. The examination shall test for proficiency in the area of knowledge and skill required in SDCL 36-29-1(1). The applicant shall apply on a form provided by the board at least seven weeks before the scheduled date of the examination. The application shall show that the applicant meets the legal requirements for licensing and shall be accompanied by the fee required by § 20:63:02:05. The board or its designated representative shall interview the candidate prior to the written examination. An applicant who has not successfully completed a course in therapeutic modalities must demonstrate competence in therapeutic modalities to a board-approved examiner~~
Repealed.

Source: 13 SDR 9, effective August 4, 1986; 43 SDR 131, effective April 20, 2017.

— **General Authority:** ~~SDCL 36-29-17.~~

— **Law Implemented:** ~~SDCL 36-29-3.~~

20:63:02:02. Application for licensure by reciprocity. ~~An applicant for licensure by reciprocity shall file an application with the board on forms provided by the board. The applicant shall submit a certified copy of the applicant's current valid license from another state or territory or proof of certification from the Board of Certification.~~ Repealed.

Source: 13 SDR 9, effective August 4, 1986; 43 SDR 131, effective April 20, 2017.

~~— **General Authority:** SDCL 36-29-17.~~

~~— **Law Implemented:** SDCL 36-29-5.~~

DRAFT

20:63:02:05. Fees for licensure or renewal. The board shall charge the following

application fees for licensure as an athletic trainer, ~~shall be charged:~~

(1) An ~~applicant applying for the~~ initial license, ~~shall pay a fee of \$100,~~ one hundred dollars;

and

(2) ~~An applicant for reexamination shall pay a fee of \$50;~~

(3) ~~An applicant for A license renewal, of a license upon expiration shall pay a fee of \$50,~~

fifty dollars.

Source: 13 SDR 9, effective August 4, 1986; 23 SDR 70, effective November 11, 1996.

General Authority: SDCL 36-29-6, ~~36-29-10, 36-29-11,~~ 36-29-17.

Law Implemented: SDCL ~~36-29-3,~~ 36-29-6, ~~36-29-10,~~ 36-29-11.

Commented [A21]: Clarity - Suggestions for active voice here, and revisions below for conciseness.

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Commented [A22]: Clarity - By specifying in the lead-in that the following fees are associated with applications, the subdivisions can be made more concise.

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Commented [A23]: Legality - this section was repealed.

Commented [A24]: Legality - This section does not contain the clearly expressed legislative will to adopt a rule--i.e., "shall promulgate rules in accordance with chapter 1-26..." ARSD DM, pg. 9.

Commented [A25]: Legality - Although this section has the "catchall" language in subdivision (3), it doesn't really specifically pertain to this rule--the first citation should suffice.

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Commented [A26]: Legality - This is also an appropriate Law Implemented.

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CHAPTER 20:63:03
CONTINUING EDUCATION

Section

- 20:63:03:01 Continuing education requirements.
- 20:63:03:02 Standards for continuing education.
- 20:63:03:03 Reporting continuing education.
- 20:63:03:04 Waiver of continuing education requirements.

20:63:03:04. Waiver of continuing education requirements. The board may ~~excuse a licensee from~~ waive the annual continuing education requirements for an athletic trainer if the ~~licensee athletic trainer~~ submits an affidavit to the board that the ~~licensee athletic trainer~~ was prevented from completing the requirements because of illness or undue hardship.

Source:

General Authority: SDCL 36-29-17.

Law Implemented: SDCL 36-29-14.

Commented [A27]: Clarity - Minor suggestion for consistency with the catchline.

Commented [A28]: Clarity - Since this is the term defined in 36-29-1, recommend staying consistent.

Commented [A29]: Clarity - "attesting that..." ?

Commented [A30]: Clarity - The board is expressly authorized to require proof of compliance with the continuing education requirement, per ARSD 20:63:03:03, but a similar authority to request proof of the grounds for waiver is not provided here. Is that problematic? An affidavit is simply a statement sworn to.

20:63:04:01. Ethics. ~~A licensee under SDCL chapter 36-29~~ An athletic trainer shall comply with the following code of ethics in the Board of Certification Standards of Professional Practice, 2024.

Commented [A31]: Clarity - Same as previous comment regarding consistent terms.

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Commented [A32]: Style/form - Remember to strike this space.

Commented [A33]: Legality - There is not a code of ethics in the linked document. There are two different sections for "Practice Standards" and a "Code of Professional Responsibility" (as outlined below in the struck material). It should be clarified what is actually being referenced here. "A rule which incorporates material by reference shall describe the exact section or portion of the publication which is being incorporated." SDCL 1-26-6.6.

Practice Standards

Standard 1: Direction

~~— The Athletic Trainer renders service or treatment under the direction of a physician.~~

Standard 2: Prevention

~~— The Athletic Trainer understands and uses preventive measures to ensure the highest quality of care for every patient.~~

Standard 3: Immediate Care

~~— The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.~~

Standard 4: Clinical Evaluation and Diagnosis

~~— Prior to treatment, the Athletic Trainer assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The Athletic Trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.~~

Standard 5: Treatment, Rehabilitation and Reconditioning

~~— In development of a treatment program, the Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.~~

Standard 6: Program Discontinuation

— The Athletic Trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The Athletic Trainer, at the time of discontinuation, notes the final assessment of the patient's status.

Standard 7: Organization and Administration

— All services are documented in writing by the Athletic Trainer and are part of the patient's permanent records. The Athletic Trainer accepts responsibility for recording details of the patient's health status.

Code of Professional Responsibility

Code 1: Patient Responsibility

— The Athletic Trainer or applicant:

— 1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability social/economic status or any other characteristic protected by law

— 1.2 Protects the patient from harm, acts always in the patient's best interests and is an advocate for the patient's welfare

— 1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice

— 1.4 Maintains the confidentiality of patient information in accordance with applicable law

— 1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress

— 1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain

— 1.7 Exercises reasonable care, skill and judgment in all professional work

Code 2: Competency

~~— The Athletic Trainer or applicant:~~

~~— 2.1 Engages in lifelong, professional and continuing educational activities~~

~~— 2.2 Participates in continuous quality improvement activities~~

~~— 2.3 Complies with the most current BOC recertification policies and requirements~~

Code 3: Professional Responsibility

~~— The Athletic Trainer or applicant:~~

~~— 3.1 Practices in accordance with the most current BOC Practice Standards~~

~~— 3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training~~

~~— 3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care~~

~~— 3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care~~

~~— 3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, and patient care or education~~

~~— 3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training, public health, patient care or education~~

~~— 3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful~~

~~— 3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificate or applicant files, documents or other materials~~

—— 3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public

—— 3.10 Complies with all confidentiality and disclosure requirements of the BOC

—— 3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape, sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of a controlled substance, or its possession with the intent to distribute, or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity

—— 3.12 Cooperates with BOC investigations into alleged illegal or unethical activities; this includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion

—— 3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

Code 4: Research

—— The Athletic Trainer or applicant who engages in research:

—— 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions

—— 4.2 Protects the rights and well-being of research subjects

—— 4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems and healthcare delivery

Code 5: Social Responsibility

—— The Athletic Trainer or applicant:

~~5.1 Uses professional skills and knowledge to positively impact the community~~

Code 6: Business Practices

~~The Athletic Trainer or applicant:~~

~~6.1 Refrains from deceptive or fraudulent business practices~~

~~6.2 Maintains adequate and customary professional liability insurance~~

Source: 41 SDR 180, effective May 21, 2015.

General Authority: SDCL 36-29-17.

Law Implemented: SDCL 36-29-19.

Reference: Board of Certification Standards of Professional Practice, 2006, 2024, Board

of Certification for the Athletic Trainer. Copies may be obtained at no cost from

<http://www.bocatc.org/resources/standards-of-professional-practice>.

Commented [A34]: Legality - This also may be an appropriate Law Implemented.

Commented [A35]: Style - ARSD DM, pg. 20.

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Commented [A36]: Style - The Reference note must specify the organization from which the material incorporated by reference derives. ARSD DM, pg. 20.

Commented [A37]: Style - See above comment re: removed underline for hyperlinks.

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20:63:04:03. Ethical considerations. The board may utilize the annotations and opinions included in the board of certification standards of professional conduct, ~~2006~~ 2024 as guidance in determining whether a licensee has violated professional ethical standards and conduct.

Source: 41 SDR 180, effective May 21, 2015.

General Authority: SDCL 36-29-17.

Law Implemented: SDCL ~~36-29-18(7)~~ 36-29-19.

Commented [A38]: Clarity/Legality - Is this the same document as referred to above? If so, the wording and capitalization should be consistent. And, it should have a reference note beneath, since it is incorporated material by reference.

However, what annotations and opinions are in that document? It is unclear.

Commented [A39R38]: Clarity/Legality - If those annotations or opinions are in a separate document, that document must be specifically cited here and a Reference note inserted below for that precise publication.

Commented [A40]: Legality - It appears necessary to cite this subdivision, as there are only certain grounds in statute for taking adverse action against a licensee, and none of them specifically call out a code of ethics violation. However, if rule adopts a code of ethics, then the violation of the code of ethics means a violation of rule, and thus this ground for adverse action.

DIRECTIONS FOR SUBMITTING THE FINAL DRAFT

Rules Review Meeting Schedule for the 2025 Interim: The Interim Rules Review Committee will meet April 8, May 6, June 10, July 15, August 19, September 9, and October 7. Meeting notices will be posted on the LRC website and at the Capitol.

A. Committee: The following materials must be served on the Committee at least seven calendar days before the committee meeting via first-class mail, e-mail, or both:

1. Form 12 – Affidavit and all its referenced documents (for final rules, please three-hole punch and number by page the final rules):
 - a. Form 10 – Minutes of Public Hearing;
 - b. A record of written comments;
 - c. Form 14 – Small Business Impact Statement;
 - d. Form 5 – Fiscal Note;
 - e. For any rules that increase a fee, per SDCL 1-26-4.8, a completed Form 17;
 - f. For any rules prescribing new standards or requirements for building or remodeling a residential structure based on a model code, the Form 16 – Housing Cost Impact Statement; and
 - g. The final rules as adopted;
2. Form 15 – Rules Presentation Format;
3. First draft of proposed rules containing LRC recommendations for style, form, clarity, and legality; and
4. Letter from the LRC to the agency.

B. Legislative Research Council: The following materials must be submitted to the LRC at least seven calendar days before the committee meeting:

1. Final draft of adopted rules, double-spaced and containing only amended, repealed, or adopted rules, and showing overstrikes and underscores;
2. Original Form 11; and
3. Copies of:
 - a. Form 10 – Minutes of Public Hearing
 - b. A record of written comments;
 - c. Form 12 – Affidavit of Service;
 - d. Form 15 - Rules Presentation Format; and
 - e. Form 17 – Agency Financial Resources, if applicable.

C. Office of the Secretary of State: Following Committee hearing, each agency must complete and sign all documents before filing:

1. Form 13 - Certificate of rule completion;
2. Final draft of the adopted rules; and
3. Form 11 (per Secretary's request).

FORM 15

Rules Presentation Format

Department/Board/Commission Name _____

Please complete these questions to show that the SDCL 1-26 rule-making process is complete.

Use this format to organize your presentation to the Committee.

- Approval to proceed? Yes _____ No _____ Date _____
- Date of public hearing _____
- Date proposed rules and supporting documents submitted to the LRC and the Bureau of Finance and Management _____
 - any publication incorporated by reference;
 - the fiscal note;
 - the impact statement on small business; and
 - the notice of hearing.
- Date and name of newspapers in which the notice of public hearing was published:
 - Date _____ Newspaper _____
 - Date _____ Newspaper _____
 - Date _____ Newspaper _____
- Summary of how, when, and number of interested persons, if any, were contacted.

- Page numbers in the minutes where the agency considered amendments, data, opinions, or arguments regarding the proposed rules, along with any changes and final action.

- For any rule implementing a bill from a preceding session, the number of the bill:

- Date final rules and supporting documents submitted to the LRC and the Committee

ARTICLE 20:61

EMERGENCY MEDICAL SERVICES PERSONNEL

Chapter

20:61:01 Licensure and certification.

20:61:02 Critical care endorsement.

20:61:03 Continuing education.

20:61:04 Community paramedic.



Declaratory Ruling: Declaratory Ruling of the Board of Medical and Osteopathic Examiners dated September 21, 1994, was vacated by the Board of Medical and Osteopathic Examiners by order of the board dated March 30, 2015.

CHAPTER 20:61:01

LICENSURE AND CERTIFICATION

Section

- 20:61:01:01 Meaning of terms.
- 20:61:01:02 Application for license and certification.
- 20:61:01:03 Required contents of applications for licensure.
- 20:61:01:04 Medical supervision agreement.
- 20:61:01:05 Application for reciprocity.
- 20:61:01:06 Application based on examination.
- 20:61:01:07 Application for approval of educational programs.
- 20:61:01:08 Testing team, Repealed.
- 20:61:01:09 Required contents of applications for ambulance ~~driver~~ operator certification.
- 20:61:01:10 Ambulance ~~driver~~ operator certification renewal.
- 20:61:01:11 Fees.
- 20:61:01:12 Emergency medical services personnel allowable skills and techniques.

20:61:01:04. Medical supervision agreement. An applicant shall file with the application for an ~~emergency medical services~~ advanced life support personnel license:

- (1) An agreement with the physician who will supervise, observe, direct, and review the applicant's work record and practice; and
- (2) A statement from the physician attesting that the physician assumes the responsibility to supervise, observe, direct, and review the applicant's work record and practice.

~~Applicants~~ An applicant affiliated with an ambulance service that has been granted a hardship exemption in accordance with SDCL 34-11-12.2 may file the required agreement and statement from a physician assistant or nurse practitioner serving as the program director of the ambulance service.

Source: 5 SDR 68, effective February 15, 1979; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-15.

DRAFT

20:61:01:09. Required contents of applications for ambulance-driver operator

certification. An application for an ambulance-driver operator certification must contain:

(1) An affidavit, with a photograph of the applicant attached, attesting to the applicant's qualifications required by SDCL chapter 36-4B and this chapter;

(2) The dates and locations where the following ambulance-driver operator competency trainings were completed:

- (a) Cardiopulmonary resuscitation;
- (b) Health Insurance Portability and Accountability Act awareness;
- (c) Infection control;
- (d) Patient movement;
- (e) Equipment and communication system knowledge; and
- (f) Emergency vehicles operation course;

(3) A signed statement listing any criminal offenses for which the applicant has been convicted; and

(4) Proof of a valid driver's license.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-41.

20:61:01:10. Ambulance-driver operator certification renewal. An ambulance-driver operator certified by the board shall renew the certification ~~biennially by~~ on or before April thirtieth in even years the second calendar year after issuance and every two years thereafter on a form approved by the board. The ~~certified ambulance-driver operator~~ shall sign a statement confirming that the ~~certified ambulance-driver operator~~ holds a current cardiopulmonary resuscitation certification and valid driver's license. The ~~certified ambulance-driver operator~~ must present proof of the current cardiopulmonary resuscitation certification and valid driver's license if requested by the board.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-31, 36-4B-41.

20:61:01:11. Fees. The application fees for emergency medical services personnel licensure

are:

(1) Initial licensure:

- (a) Emergency medical responder, zero dollars;
- (b) Emergency medical technician, zero dollars;
- (c) Emergency medical technician-intermediate/85, fifty dollars;
- (d) Emergency medical technician-intermediate/99, fifty dollars;
- (e) Advanced emergency medical technician, fifty dollars; and
- (f) Paramedic, fifty dollars;

(2) Licensure by reciprocity:

- (a) Emergency medical responder, zero dollars;
- (b) Emergency medical technician, zero dollars;
- (c) Emergency medical technician-intermediate/85, seventy-five dollars;
- (d) Emergency medical technician-intermediate/99, seventy-five dollars;
- (e) Advanced emergency medical technician, seventy-five dollars; and
- (f) Paramedic, seventy-five dollars;

(3) Licensure renewal:

- (a) Emergency medical responder, zero dollars;
- (b) Emergency medical technician, zero dollars;
- (c) Emergency medical technician-intermediate/85, fifty dollars;
- (d) Emergency medical technician-intermediate/99, fifty dollars;
- (e) Advanced emergency medical technician, fifty dollars; and
- (f) Paramedic, fifty dollars;

(4) Reissuance of a lost or destroyed license, ten dollars; and

(5) Reinstatement of ~~lapsed~~ a license, ~~one hundred dollars~~ within twelve months after expiration:

- (a) Emergency medical responder, zero dollars;
- (b) Emergency medical technician, zero dollars;
- (c) Emergency medical technician-intermediate/85, fifty dollars;
- (d) Emergency medical technician-intermediate/99, fifty dollars;
- (e) Advanced emergency medical technician, fifty dollars; and
- (f) Paramedic, fifty dollars.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL [36-4B-29](#).

Law Implemented: SDCL [36-4B-2](#).

20:61:01:12. Emergency medical services personnel allowable skills and techniques.

The allowable skills and techniques for all levels of emergency medical services personnel are contained in the South Dakota Scope of Practice Guide for Emergency Medical Services Personnel, revised ~~June 20, 2024~~ March 21, 2025. The board shall review the guide at least annually.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-16 to 36-4B-16.2, inclusive, 36-4B-17.

Collateral Reference: South Dakota Scope of Practice Guide for Emergency Medical Services Personnel, revised ~~June 20, 2024~~ March 21, 2025. South Dakota Department of Health. Copies may be obtained free of charge at <https://www.sdbmoe.gov/professions-emergency-medical-services/>.

CHAPTER 20:61:04

COMMUNITY PARAMEDIC

Section

20:61:04:01 Definitions.

20:61:04:02 Education and training.

20:61:04:03 Protocols.

20:61:04:04 Supervisory standards.

20:61:01:01. Definitions. Terms defined in SDCL chapter 36-4B have the same meaning when used in this chapter.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-1, 36-4B-18.2, 36-4B-18.3.

20:61:04:03. Education and training. A paramedic seeking the community paramedic endorsement, as provided by SDCL 36-4B-18.2, must hold a current, unencumbered, paramedic license issued in accordance with chapter 36-4B and satisfy one of the following criteria:

- (1) Successfully complete a community paramedic education program that has been approved by the board. The education program must include clinical experience and a written examination; or
- (2) Obtain certification as a community paramedic from the International Board of Specialty

Certification

Before a paramedic may be issued a community paramedic endorsement through completion of a community paramedic education program, the paramedic must provide documentation to the board, showing that the paramedic has successfully completed a board-approved program.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.2.

20:61:04:04. Protocols. A community paramedic must practice in accordance with protocols established by the medical director of the ambulance service.

If a paramedic with a community paramedic endorsement provides services directed by a patient care plan, as permitted by SDCL 36-4B-18.3, the care plan must ensure that:

(1) The services provided by the paramedic are not duplicated by another provider or home health service; and

(2) The patient receives the necessary services.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.3.

20:61:04:04. Supervisory standards. A community paramedic must, through the use of direct and indirect control, be supervised by a physician licensed in accordance with chapter 36-4. The community paramedic shall have on file with the board a medical supervision agreement and statement as required by § 20:61:01:04.

A community paramedic affiliated with an ambulance service that has been granted a hardship exemption in accordance with SDCL 34-11-12.2 may file the required agreement and statement from a physician assistant licensed in accordance with SDCL chapter 36-4A or nurse practitioner licensed in accordance with SDCL chapter 36-9A.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.3.

ARTICLE 20:61

EMERGENCY MEDICAL SERVICES PERSONNEL

Chapter

- 20:61:01 Licensure and certification.
- 20:61:02 Critical care endorsement.
- 20:61:03 Continuing education.
- 20:61:04 Community paramedic endorsement.

Declaratory Ruling: Declaratory Ruling of the Board of Medical and Osteopathic Examiners dated September 21, 1994, was vacated by the Board of Medical and Osteopathic Examiners by order of the board dated March 30, 2015.

CHAPTER 20:61:01

LICENSURE AND CERTIFICATION

Section

- 20:61:01:01 Meaning of terms.
- 20:61:01:02 Application for license and certification.
- 20:61:01:03 Required contents of applications for licensure.
- 20:61:01:04 Medical supervision agreement —Advanced life support personnel.
- 20:61:01:05 Application for reciprocity.
- 20:61:01:06 Application based on examination.
- 20:61:01:07 Application for approval of educational programs.
- 20:61:01:08 Testing team, Repealed.
- 20:61:01:09 Required contents of applications for ambulance-~~driver~~ operator certification.
- 20:61:01:10 Ambulance-~~driver~~ operator certification renewal.
- 20:61:01:11 Fees.
- 20:61:01:12 Emergency medical services personnel allowable skills and techniques.

20:61:01:02. Application for license and certification. Any person seeking any emergency medical services personnel license or ambulance-~~driver~~ operator certification in South Dakota shall apply to the board on applications provided by the board.

Source: 5 SDR 68, effective February 15, 1979; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 48 SDR 108, effective May 4, 2022; 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-13(2), 36-4B-41(2).

20:61:01:04. Medical supervision agreement --Advanced life support personnel. An applicant ~~shall file with the application for an advanced life support emergency medical services personnel license shall file with the application:~~

(1) An agreement with the physician attesting that the physician assumes the responsibility to ~~who will~~ supervise, observe, direct, and review the applicant's work record and practice; ~~and,~~

(2) ~~A statement from the physician attesting that the physician assumes the responsibility to supervise, observe, direct, and review the applicant's work record and practice.~~

~~Applicants~~ An applicant affiliated with an ambulance service that has been granted a hardship exemption in accordance with SDCL 34-11-12.2 may file the required agreement and statement from ~~a physician assistant or nurse practitioner serving as the program director of the ambulance service.~~

The advanced life support personnel shall notify the board, in writing, if termination of the medical supervision agreement occurs. An advanced life support personnel may not practice without a medical supervision agreement approved by the board.

Source: 5 SDR 68, effective February 15, 1979; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-15.

20:61:01:09. Required contents of applications for ambulance-driver operator

certification. An application for an ambulance-driver operator certification must contain:

(1) An affidavit, with a photograph of the applicant attached, attesting to the applicant's qualifications required by SDCL chapter 36-4B and this chapter;

(2) The dates and locations where the following ambulance-driver operator competency trainings were completed:

- (a) Cardiopulmonary resuscitation;
- (b) Health Insurance Portability and Accountability Act awareness;
- (c) Infection control;
- (d) Patient movement;
- (e) Equipment and communication system knowledge; and
- (f) Emergency vehicles operation course;

(3) A signed statement listing any criminal offenses for which the applicant has been convicted; and

(4) Proof of a valid driver's license.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-41.

20:61:01:10. Ambulance-driver operator certification renewal. An ambulance-driver operator certified by the board shall renew the certification ~~biennially by~~ on or before April thirtieth in even years the second calendar year after issuance and every two years thereafter on a form approved by the board. The ~~certified ambulance-driver operator~~ shall sign a statement confirming that the ~~certified ambulance-driver operator~~ holds a current cardiopulmonary resuscitation certification and valid driver's license. The ~~certified ambulance-driver operator~~ must present proof of the current cardiopulmonary resuscitation certification and valid driver's license if requested by the board.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-31, 36-4B-41.

20:61:01:11. Fees. The application fees for emergency medical services personnel licensure

are:

(1) Initial licensure:

- (a) Emergency medical responder, zero dollars;
- (b) Emergency medical technician, zero dollars;
- (c) Emergency medical technician-intermediate/85, fifty dollars;
- (d) Emergency medical technician-intermediate/99, fifty dollars;
- (e) Advanced emergency medical technician, fifty dollars; and
- (f) Paramedic, fifty dollars;

(2) Licensure by reciprocity:

- (a) Emergency medical responder, zero dollars;
- (b) Emergency medical technician, zero dollars;
- (c) Emergency medical technician-intermediate/85, seventy-five dollars;
- (d) Emergency medical technician-intermediate/99, seventy-five dollars;
- (e) Advanced emergency medical technician, seventy-five dollars; and
- (f) Paramedic, seventy-five dollars;

(3) Licensure renewal:

- (a) Emergency medical responder, zero dollars;
- (b) Emergency medical technician, zero dollars;
- (c) Emergency medical technician-intermediate/85, fifty dollars;
- (d) Emergency medical technician-intermediate/99, fifty dollars;
- (e) Advanced emergency medical technician, fifty dollars; and
- (f) Paramedic, fifty dollars;

(4) Reissuance of a lost or destroyed license, ten dollars; and

(5) Reinstatement of ~~lapsed~~ a license, ~~one hundred dollars~~ within twelve months after expiration:

- (a) Emergency medical responder, zero dollars;
- (b) Emergency medical technician, zero dollars;
- (c) Emergency medical technician-intermediate/85, fifty dollars;
- (d) Emergency medical technician-intermediate/99, fifty dollars;
- (e) Advanced emergency medical technician, fifty dollars; and
- (f) Paramedic, fifty dollars.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-29.

Law Implemented: ~~SDCL 36-4B-2~~ 36-4B-29.

20:61:01:12. Emergency medical services personnel allowable skills and techniques.

The allowable skills and techniques for all levels of emergency medical services personnel are contained in the South Dakota Scope of Practice Guide for Emergency Medical Services Personnel, revised ~~June 20, 2024~~ March 21, 2025. The board shall review the guide at least annually.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-16 to 36-4B-16.2, inclusive, 36-4B-17.

Collateral Reference: South Dakota Scope of Practice Guide for Emergency Medical Services Personnel, revised ~~June 20, 2024~~ March 21, 2025. South Dakota Department of Health. Copies may be obtained free of charge at <https://www.sdbmoe.gov/professions-emergency-medical-services/>.

CHAPTER 20:61:04

COMMUNITY PARAMEDIC ENDORSEMENT

Section

20:61:04:01 Definitions.

20:61:04:02 Educational requirements – Subjects covered.

20:61:04:03 Educational requirements – Structure.

20:61:04:04 Educational requirements – Proof of completion.

20:61:04:05 Protocols.

20:61:04:06 Supervisory standards.

20:61:04:01. Definitions. Terms defined in SDCL chapter 36-4B have the same meaning when used in this chapter.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-1, 36-4B-18.2, 36-4B-18.3.

20:61:04:02. Educational requirements – Subjects covered. The board shall approve a program of study for a community paramedic that focuses on increasing access to primary and preventative care. The program must include courses on:

- (1) Community based needs;
- (2) Multidisciplinary collaboration;
- (3) Patient centric care;
- (4) Community paramedic wellness and safety;
- (5) Preventative care and education for patient and caregiver; and
- (6) Ethical and legal considerations.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.2.

20:61:04:03 Educational requirements – Structure. The program must have a minimum of one hundred and fourteen didactic hours and one hundred and ninety six clinical hours. A written examination must be included at the conclusion of the program to prove competency.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.2.

20:61:04: 04 Educational requirements – Proof of completion. Before a paramedic may be issued a community paramedic endorsement through completion of a community paramedic education program, the paramedic must provide documentation to the board, showing that the paramedic has successfully completed a board-approved program.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.2.

DRAFT

20:61:04:05. Protocols. A paramedic who has been issued a community paramedic endorsement by the board shall provide services in accordance with the patient care plan developed pursuant to SDCL 36-4B-18.3. The care plan must ensure that the services provided by the community paramedic are not duplicated by another provider or home health service. In addition to providing services as required by the patient care plan, the community paramedic shall at each initial visit:

- (1) Have the patient fill out initial consents and any additional paperwork as required;
- (2) Obtain a complete history and physical, including vital signs;
- (3) Provide additional assessments as indicated by the patient's medical needs or as requested by the patient or provider; and
- (4) Schedule follow up visits as necessary.

The community paramedic shall at each follow up visit:

- (1) Provide services as outlined in the patient care plan; and
- (2) Document any additional services provided if indicated upon arrival.

Upon completion of an initial or follow up visit, the community paramedic shall document the visit notes in the patient health record within twenty four hours of the completed visit.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.3.

20:61:04:06. Supervisory standards. The paramedic who has been issued a community paramedic endorsement by the board shall have on file with the board a medical supervision agreement as required by § 20:61:01:04.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.3.

DRAFT

EMR Scope of Practice**Airway / Ventilation / Oxygenation**

Airway - Mouth-to-Mouth

Airway - Mouth-to-Barrier

Airway - Mouth-to-Mask

Airway - Mouth-to-Nose

Airway - Mouth-to-Stoma

Airway - Nasopharyngeal

Airway - Oropharyngeal

Airway - Supraglottic Airway Device

Airway Obstruction - Manual

Head-Tilt / Chin-Lift

Jaw-Thrust

Jaw-Thrust - Modified

Bag Valve Mask (BVM)

Chest Seal

Manual Airway Maneuvers

Oxygen Therapy - Nasal Cannula

Oxygen Therapy - Non-Rebreather Mask

Oxygen Therapy - Simple Face Mask & Partial NRB

Pulse Oximetry

Assessment Skills / Miscellaneous

Perform Patient Assessments

Obtain Vital Signs Manually or Electronically

Obtain Temperature

Assisted Delivery (Childbirth)

Eye Irrigation (Non Invasive)

Cardiovascular / Circulation

Cardiopulmonary Resuscitation (CPR)

Use of mechanical CPR Assist Devices

Defibrillation - AED

Hemorrhage Control Products

Hemorrhage Control - Direct Pressure

Hemorrhage Control - Pressure Point

Hemorrhage Control - Tourniquet

| |
|---|
| |
| Trauma Care |
| Spinal immobilization - Cervical Collar |
| Spinal Immobilization - Long Board |
| Spinal Immobilization - Manual Stabilization |
| Spinal Immobilization - Seated Patient (KED, etc.) |
| Splinting - Manual |
| Splinting - Rigid |
| Splinting - Soft |
| Splinting - Vacuum |
| Emergency Moves for Endangered Patient |
| Rapid Extrication of Patient |
| |
| May Assist Patient with Patient Prescription |
| Oral Glucose (Insta-Glucose) |
| |
| Medication Administration Routes |
| Auto-Injector or Nasal Spray |
| Buccal (Cheek or Gum) |
| Oral (PO) |
| Intranasal |
| |
| Medication List |
| Epinephrine 0.15mg Auto Injector (Epi-Pen Jr) |
| Epinephrine 0.3mg Auto Injector (Epi-Pen) |
| MARK I Kit (or alternative): Use of unit dose commercially pre-filled containers or auto injectors for the administration of life saving medications intended for self, peer, or patient rescue after exposure to nerve agents(s) |
| Naloxone Hydrochloride (Narcan) Auto Injector or Nasal Spray Intranasal Route |
| Oral Glucose (Insta-Glucose) |
| Oxygen |

| EMT Scope of Practice |
|--|
| Airway / Ventilation / Oxygenation |
| Airway - Mouth-to-Mouth |
| Airway - Mouth-to-Barrier |
| Airway - Mouth-to-Mask |
| Airway - Mouth-to-Nose |
| Airway - Mouth-to-Stoma |
| Airway - Nasopharyngeal |
| Airway - Oropharyngeal |
| Airway - Supraglottic Airway Device |
| Airway Obstruction - Manual |
| Head-Tilt / Chin-Lift |
| Jaw-Thrust |
| Jaw-Thrust - Modified |
| Bag Valve Mask (BVM) |
| CPAP |
| Capnography - End Tidal CO2 Monitoring |
| Chest Seal |
| Cricoid Pressure (Sellick) |
| Manual Airway Maneuvers |
| Oxygen Therapy - Tracheal Tube |
| Oxygen Therapy - Nasal Cannula |
| Oxygen Therapy - Non-Rebreather Mask |
| Oxygen Therapy - Simple Face Mask & Partial NRB |
| Oxygen Therapy - Venturi Mask |
| Oxygen Therapy - Humidified |
| Pulse Oximetry |
| Suctioning - Upper Airway (soft & rigid) |
| Ventilators - Automated Transport Ventilator |
| |
| Assessment Skills / Miscellaneous |
| Perform Patient Assessments |
| Obtain Vital Signs Manually or Electronically |
| Pulse Oximetry |
| Obtain Temperature |
| Obtain & Measure Blood Glucose |
| Assisted Delivery (Childbirth) |
| Eye Irrigation (Non Invasive) |
| Patient Physical Restraint Application |
| |
| Cardiovascular / Circulation |
| 12, 15, or 18 Lead EKG transmission (Mission LifeLine) |
| Cardiopulmonary Resuscitation (CPR) |
| Use of mechanical CPR Assist Devices |
| Defibrillation - AED |
| Hemorrhage Control Products |
| Hemorrhage Control - Direct Pressure |

| |
|---|
| Hemorrhage Control - Pressure Point |
| Hemorrhage Control - Tourniquet |
| |
| Trauma Care |
| Spinal immobilization - Cervical Collar |
| Spinal Immobilization - Long Board |
| Spinal Immobilization - Manual Stabilization |
| Spinal Immobilization - Seated Patient (KED, etc.) |
| Spine Motion Restriction |
| Splinting - Manual |
| Splinting - Pelvic Wrap / PASG (Only used for Splinting) |
| Splinting - Rigid |
| Splinting - Soft |
| Splinting - Traction |
| Splinting - Vacuum |
| Emergency Moves for Endangered Patient |
| Rapid Extrication of Patient |
| |
| May Assist Patient with Patient Prescription |
| Inhaler |
| Nitroglycerin |
| |
| Medication Administration Routes |
| Aerosolized |
| Auto-Injector or Nasal Spray |
| Buccal (Cheek or Gum) |
| Intramuscular (IM) |
| <u>Intranasal (IN)</u> |
| <u>Nebulizer</u> |
| Oral (PO) |
| Sublingual (SL) |
| |
| Medication List |
| Active Charcoal (EZ-Char, Actidose, Liqui-Char) |
| <u>Albuterol (Proventil, Ventolin)</u> |
| Asprin (ASA) |
| Epinephrine 0.15mg Auto Injector (Epi-Pen Jr) |
| Epinephrine 0.3mg Auto Injector (Epi-Pen) |
| Epinephrine 1:1,000 Draw & Inject (from single dose vial for Anaphylaxis) |
| <u>Glucagon Draw & Inject</u> |
| <u>Glucagon Nasal Powder (Baqsimi)</u> |
| <u>Glucagon Auto Injector (GlucaGen or Gvoke)</u> |
| <u>Levalbuterol (Xopenex)</u> |
| |
| MARK I Kit (or alternative): Use of unit dose commercially pre-filled containers or auto injectors for the administration of life saving medications intended for self, peer, or patient rescue after exposure to nerve agents(s) |
| Naloxone Hydrochloride (Narcan) Auto Injector or Nasal Spray <u>Intranasal</u> Route |
| Oral Glucose (Insta-Glucose) |
| Oxygen |

EMS Scope of Practice

All changes to any of the scope of practice or skills must be approved by the SDBMOE.

EMT-I/85 Scope of Practice

Airway / Ventilation / Oxygenation

Airway - Mouth-to-Mouth

Airway - Mouth-to-Barrier

Airway - Mouth-to-Mask

Airway - Mouth-to-Nose

Airway - Mouth-to-Stoma

Airway - Nasopharyngeal

Airway - Oropharyngeal

Airway - Supraglottic Airway Device

Airway Obstruction - Manual

Head-Tilt / Chin-Lift

Jaw-Thrust

Jaw-Thrust - Modified

Bag Valve Mask (BVM)

CPAP

Capnography - End Tidal CO2 Monitoring

Chest Seal

Cricoid Pressure (Sellick)

Manual Airway Maneuvers

Oxygen Therapy - Tracheal Tube

Oxygen Therapy - Nebulizer

Oxygen Therapy - Nasal Cannula

Oxygen Therapy - Non-Rebreather Mask

Oxygen Therapy - Simple Face Mask & Partial NRB

Oxygen Therapy - Venturi Mask

Oxygen Therapy - Humidified

Pulse Oximetry

Suctioning - Upper Airway (soft & rigid)

Ventilators - Automated Transport Ventilator

Assessment Skills / Miscellaneous

Perform Patient Assessments

Obtain Vital Signs Manually or Electronically

Pulse Oximetry

Obtain Temperature

Obtain & Measure Blood Glucose

Assisted Delivery (Childbirth)

Eye Irrigation (Non Invasive)

Patient Physical Restraint Application

Venous Blood Sampling (Obtaining)

Cardiovascular / Circulation

12, 15, or 18 Lead EkG transmission (Mission LifeLine)

Cardiopulmonary Resuscitation (CPR)

Use of mechanical CPR Assist Devices

Defibrillation - AED

Hemorrhage Control Products

Hemorrhage Control - Direct Pressure

Hemorrhage Control - Pressure Point

Hemorrhage Control - Tourniquet

Trauma Care

Spinal immobilization - Cervical Collar

Spinal Immobilization - Long Board

Spinal Immobilization - Manual Stabilization

Spinal Immobilization - Seated Patient (KED, etc.)

Spine Motion Restriction

Splinting - Manual

Splinting - Pelvic Wrap / PASG (Only used for Splinting)

Splinting - Rigid

Splinting - Soft

Splinting - Traction

Splinting - Vacuum

Emergency Moves for Endangered Patient

Rapid Extrication of Patient

May Assist Patient with Patient Prescription

Inhaler

Nitroglycerin

Medication Administration Routes

Aerosolized

Auto-Injector

Buccal

Intramuscular (IM)

Intranasal (IN)

Intravenous (IV)

Nebulizer

Oral (PO)

Sublingual (SL)

Initiation / Maintenance / Fluids

Non-Medicated IV Fluids

Crystalloid IV Solution

Hypertonic Dextrose IV Solution

IV Pump (85 and A: approved IV solutions only)

Peripheral

Saline Lock

Medication List

Activated Charcoal (EZ-Char, Actidose, Liqui-Char)

Albuterol (Proventil, Ventolin)

Aspirin (ASA)

Dextrose (Glucose, D50, D25, D10)

Epinephrine 0.15mg Auto Injector (Epi-Pen Jr)

Epinephrine 0.3mg Auto Injector (Epi-Pen)

Epinephrine 1:1,000 Draw & Inject (from single dose vial for Anaphylaxis)

Glucagon Draw & InjectGlucagon Nasal Powder (Baqsimi)Glucagon Auto Injector (GlucaGen or GVOKE)Levalbuterol (Xopenex)

MARK I Kit (or alternative): Use of unit dose commercially pre-filled containers or auto injectors for the administration of life saving medications intended for self, peer, or patient rescue after exposure to nerve agents(s)

Naloxone Hydrochloride (Narcan) Auto Injector or ~~Nasal Spray~~ Intranasal Route

Oral Glucose

Oxygen

IV Solutions

Lactated Ringers (LR)

5% Dextrose in Water (D5W)

0.9% Sodium Chloride (Normal Saline)

EMS Scope of Practice

All changes to any of the scope of practice or skills must be approved by the SDBMOE.

EMT-A Scope of Practice

Airway / Ventilation / Oxygenation

Airway - Mouth-to-Mouth

Airway - Mouth-to-Barrier

Airway - Mouth-to-Mask

Airway - Mouth-to-Nose

Airway - Mouth-to-Stoma

Airway - Nasopharyngeal

Airway - Oropharyngeal

Airway - Supraglottic Airway Device

Airway Obstruction - Manual

Head-Tilt / Chin-Lift

Jaw-Thrust

Jaw-Thrust - Modified

Bag Valve Mask (BVM)

CPAP

Capnography - End Tidal CO2 Monitoring

Chest Seal

Cricoid Pressure (Sellick)

Manual Airway Maneuvers

Oxygen Therapy - Tracheal Tube

Oxygen Therapy - Nebulizer

Oxygen Therapy - Nasal Cannula

Oxygen Therapy - Non-Rebreather Mask

Oxygen Therapy - Simple Face Mask & Partial NRB

Oxygen Therapy - Venturi Mask

Oxygen Therapy - Humidified

Pulse Oximetry

Suctioning - Upper Airway (soft & rigid)

Suctioning - Tracheobronchial

Ventilators - Automated Transport Ventilator

Assessment Skills / Miscellaneous

Perform Patient Assessments

Obtain Vital Signs Manually or Electronically

Pulse Oximetry

Obtain Temperature

Obtain & Measure Blood Glucose

Assisted Delivery (Childbirth)

Eye Irrigation (Non Invasive)

Patient Physical Restraint Application

Venous Blood Sampling (Obtaining)

Cardiovascular / Circulation

12, 15, or 18 Lead EkG transmission (Mission LifeLine)

Cardiopulmonary Resuscitation (CPR)

Use of mechanical CPR Assist Devices

Defibrillation - AED

Hemorrhage Control Products

Hemorrhage Control - Direct Pressure

Hemorrhage Control - Pressure Point

Hemorrhage Control - Tourniquet

Trauma Care

Spinal immobilization - Cervical Collar

Spinal Immobilization - Long Board

Spinal Immobilization - Manual Stabilization

Spinal Immobilization - Seated Patient (KED, etc.)

Spine Motion Restriction

Splinting - Manual

Splinting - Pelvic Wrap / PASG (Only used for Splinting)

Splinting - Rigid

Splinting - Soft

Splinting - Traction

Splinting - Vacuum

Emergency Moves for Endangered Patient

Rapid Extrication of Patient

Medication Administration Routes

Aerosolized

Auto-Injector ~~or Nasal Spray~~

Buccal

Intramuscular (IM)

Intranasal (IN)

Intraosseous (IO)

Intravenous (IV)

Intravenous - Push/Bolus

Inhaled - Self-Administered (Nitrous Oxide)

Nebulizer

Oral (PO)

Subcutaneous (SQ)

Sublingual (SL)

| Initiation / Maintenance / Fluids |
|---|
| Non-Medicated IV Fluids |
| Crystalloid IV Solution |
| Hypertonic Dextrose IV Solution |
| Intraosseous |
| Intranasal (IN) |
| IV Pump (85 and A: approved IV solutions only) |
| Peripheral |
| Saline Lock |
| |
| Medication List |
| Acetaminophen (Tylenol) |
| Activated Charcoal (EZ-Char, Actidose, Liqui-Char) |
| Albuterol (Proventil, Ventolin) |
| Aspirin (ASA) |
| Dextrose (Glucose, D50, D25, D10) |
| Diphenhydramine (Benadryl) |
| Epinephrine 0.15mg Auto Injector (Epi-Pen Jr) |
| Epinephrine 0.3mg Auto Injector (Epi-Pen) |
| Epinephrine (Adrenalin) 1:1,000 |
| Epinephrine Racemic (Micronefrin) |
| Glucagon Draw & Inject |
| Glucagon Nasal Powder (Baqsimi) |
| Glucagon Auto Injector (GlucaGen or Gvoke) |
| Ibuprofen (Motrin) |
| Ipratropium (Atrovent) |
| Levalbuterol (Xopenex) |
| MARK I Kit (or alternative): Use of unit dose commercially pre-filled containers or auto injectors for the administration of life saving medications intended for self, peer, or patient rescue after exposure to nerve agents(s) |
| Metaproterenol Sulfate (Alupent) |
| Naloxone Hydrochloride (Narcan) Auto Injector or Nasal Spray <u>Intranasal</u> Route |
| Nitroglycerin (Nitrostat, Tridil) |
| Nitropaste (Nitro-Bid Ointment) |
| Nitrous Oxide 50:50 (Nitronox) |
| Ondansetron Hydrochloride (Zofran) |
| Oral Glucose (Insta-Glucose) |
| Oxygen |
| Thiamine (Betaxin) |
| |
| IV Solutions |
| Lactated Ringers (LR) |
| 5% Dextrose in Water (D5W) |
| 0.9% Sodium Chloride (Normal Saline) |
| 0.45% Sodium Chloride (1/2 Normal Saline) |
| 5% Dextrose in 0.9% Sodium Chloride (D5NS) |
| 5% Dextrose in Lactated Ringers (D5LR) |

EMS Scope of Practice

All changes to any of the scope of practice or skills must be approved by the SDBMOE.

EMT-I/99 Scope of Practice

Airway / Ventilation / Oxygenation

Airway - Mouth-to-Mouth

Airway - Mouth-to-Barrier

Airway - Mouth-to-Mask

Airway - Mouth-to-Nose

Airway - Mouth-to-Stoma

Airway - Nasopharyngeal

Airway - Oropharyngeal

Airway - Supraglottic Airway Device

Airway Obstruction - Forceps & Laryngoscope

Airway Obstruction - Manual

Head-Tilt / Chin-Lift

Jaw-Thrust

Jaw-Thrust - Modified

Bag Valve Mask (BVM)

CPAP

Capnography - End Tidal CO2 Monitoring

Chest Decompression - Needle

Chest Seal

Cricoid Pressure (Sellick)

Gastric Decompression - For non-visualized Airway with

Gastric Access

Gastric Decompression - NG/OG Tube

Intubation - Endotracheal

Intubation - Medication Assisted (non-paralytic)

Intubation - Nasotracheal

Manual Airway Maneuvers

Oxygen Therapy - Tracheal Tube

Oxygen Therapy - Nebulizer

Oxygen Therapy - Nasal Cannula

Oxygen Therapy - Non-Rebreather Mask

Oxygen Therapy - Simple Face Mask & Partial NRB

Oxygen Therapy - Venturi Mask

Oxygen Therapy - Humidified

Pulse Oximetry

Suctioning - Upper Airway (soft & rigid)

Suctioning - Tracheobronchial

Ventilators - Automated Transport Ventilator

| Assessment Skills / Miscellaneous |
|--|
| Perform Patient Assessments |
| Obtain Vital Signs Manually or Electronically |
| Pulse Oximetry |
| Obtain Temperature |
| Obtain & Measure Blood Glucose |
| Assisted Delivery (Childbirth) |
| Eye Irrigation (Non Invasive) |
| Patient Physical Restraint Application |
| Venous Blood Sampling (Obtaining) |
| |
| Cardiovascular / Circulation |
| 3, 4, 12, 15 or 18 Lead EkG Monitoring / Interpretation |
| 12, 15, or 18 Lead EkG transmission (Mission LifeLine) |
| Blood & Blood Product Monitoring |
| Cardiopulmonary Resuscitation (CPR) |
| Use of mechanical CPR Assist Devices |
| Cardioversion - Electrical |
| Defibrillation - AED |
| Defibrillation - Manual |
| Valsalva Maneuver |
| Transcutaneous Cardiac Pacing |
| Hemorrhage Control Products |
| Hemorrhage Control - Direct Pressure |
| Hemorrhage Control - Pressure Point |
| Hemorrhage Control - Tourniquet |
| |
| Trauma Care |
| Spinal immobilization - Cervical Collar |
| Spinal Immobilization - Long Board |
| Spinal Immobilization - Manual Stabilization |
| Spinal Immobilization - Seated Patient (KED, etc.) |
| Spine Motion Restriction |
| Splinting - Manual |
| Splinting - Pelvic Wrap / PASG (Only used for Splinting) |
| Splinting - Rigid |
| Splinting - Soft |
| Splinting - Traction |
| Splinting - Vacuum |
| Emergency Moves for Endangered Patient |
| Rapid Extrication of Patient |
| |

| Medication Administration Routes |
|--|
| Aerosolized |
| Auto-Injector |
| Buccal |
| Endotracheal Tube (ET) |
| Intramuscular (IM) |
| Intranasal (IN) |
| Intraosseous (IO) |
| Intravenous (IV) |
| Intravenous - Piggyback |
| Intravenous - Push/Bolus |
| Inhaled - Self-Administered (Nitrous Oxide) |
| Nebulizer |
| Oral (PO) |
| Rectal |
| Subcutaneous (SQ) |
| Sublingual (SL) |
| Transdermal |
| |
| Initiation / Maintenance / Fluids |
| Medicated IV Fluids: May continue medicated IV infusions/drips for non-ALS medications |
| Non-Medicated IV Fluids |
| Crystalloid IV Solution |
| Hypertonic Dextrose IV Solution |
| IV Pump (85 and A: approved IV solutions only) |
| Intraosseous |
| Peripheral |
| Saline Lock |
| |
| Medication List |
| Acetaminophen (Tylenol) |
| Activated Charcoal (EZ-Char, Actidose, Liqui-Char) |
| Adenosine (Adenocard) |
| Albuterol (Proventil, Ventolin) |
| Amiodarone (Cordarone, Pacerone) |
| Aspirin (ASA) |
| Atropine Sulfate |
| Dextrose (Glucose, D50, D25, D10) |
| Diazepam (Valium) |
| Digoxin (Lanoxin) |
| Diltiazem (Cardizem) |
| Diphenhydramine (Benadryl) |
| Dopamine Hydrochloride (Intropin) |
| Epinephrine 0.15mg Auto Injector (Epi-Pen Jr) |
| Epinephrine 0.3mg Auto Injector (Epi-Pen) |
| Epinephrine (Adrenalin) 1:1,000 |
| Epinephrine (Adrenalin) 1:10,000 |
| Epinephrine Racemic (Micronefrin) |
| Furosemide (Lasix) |

| |
|---|
| Glucagon Draw & Inject |
| Glucagon Nasal Powder (Baqsimi) |
| Glucagon Auto Injector (GlucaGen or Gvoke) |
| Ibuprofen (Motrin) |
| Ipratropium (Atrovent) |
| Labetalol (Normodyne, Trandate) |
| Levalbuterol (Xopenex) |
| Lidocaine Hydrochloride (Xylocaine) |
| Magnesium Sulfate |
| MARK I Kit (or alternative): Use of unit dose commercially pre-filled containers or auto injectors for the administration of life saving medications intended for self, peer, or patient rescue after exposure to nerve agents(s) |
| Metaproterenol Sulfate (Alupent) |
| Morphine Sulfate (Roxanol, MS Contin) |
| Naloxone Hydrochloride (Narcan) |
| Naloxone Hydrochloride (Narcan) Auto Injector or Nasal Spray <u>Intranasal Route</u> |
| Nicardipine (Cardene) |
| Nitroglycerin (Nitrostat, Tridil) |
| Nitropaste (Nitro-Bid Ointment) |
| Nitroprusside (Nitropress) |
| Nitrous Oxide 50:50 (Nitronox) |
| Ondansetron Hydrochloride (Zofran) |
| Oral Glucose (Insta-Glucose) |
| Oxygen |
| Reglan (Metoclopramide) |
| Sodium Bicarbonate |
| Terbutaline Sulfate (Brethine) |
| Thiamine (Betaxin) |
| TXA (Tranexamic Acid) |
| Vasopressin (Pitressin) |
| Verapamil Hydrochloride (Isoptin, Calan) |
| |
| IV Solutions |
| Lactated Ringers (LR) |
| 5% Dextrose in Water (D5W) |
| 0.9% Sodium Chloride (Normal Saline) |
| 0.45% Sodium Chloride (1/2 Normal Saline) |
| 5% Dextrose in 0.9% Sodium Chloride (D5NS) |
| 5% Dextrose in Lactated Ringers (D5LR) |

EMS Scope of Practice

All changes to any of the scope of practice or skills must be approved by the SDBMOE.

Paramedic Scope of Practice

Airway / Ventilation / Oxygenation

Airway - Mouth-to-Mouth

Airway - Mouth-to-Barrier

Airway - Mouth-to-Mask

Airway - Mouth-to-Nose

Airway - Mouth-to-Stoma

Airway - Nasopharyngeal

Airway - Oropharyngeal

Airway - Supraglottic Airway Device

Airway Obstruction - Forceps & Laryngoscope

Airway Obstruction - Manual

Head-Tilt / Chin-Lift

Jaw-Thrust

Jaw-Thrust - Modified

Bag Valve Mask (BVM)

BiPAP

CPAP

Capnography - End Tidal CO2 Monitoring

Chest Decompression - Needle

Chest Seal

Cricoid Pressure (Sellick)

Cricothyrotomy - Surgical/Needle

Gastric Decompression - For non-visualized Airway with gastric access

Gastric Decompression - NG/OG Tube

Intubation - Endotracheal

Intubation - Medication Assisted (non-paralytic)

Intubation - Medication Assisted (Paralytic, RSI) includes the following medications: Etomidate (Amidate), Pancuronium, Bromide (Pavulon), Rocuronium Bromide (Zemuron), Succinylcholine Chloride (Anectine), and Vecuronium Bromide (Norcuron).

Intubation - Nasotracheal

Manual Airway Maneuvers

Oxygen Therapy - Tracheal Tube

Oxygen Therapy - Nebulizer

Oxygen Therapy - Nasal Cannula

Oxygen Therapy - Non-Rebreather Mask

Oxygen Therapy - Simple Face Mask & Partial NRB

Oxygen Therapy - Venturi Mask

Oxygen Therapy - Humidified

Pulse Oximetry

Suctioning - Upper Airway (soft & rigid)

Suctioning - Tracheobronchial

Ventilators - Automated Transport Ventilator

Ventilators - Variable Setting

| Assessment Skills / Miscellaneous |
|--|
| Perform Patient Assessments |
| Obtain Vital Signs Manually or Electronically |
| Pulse Oximetry |
| Obtain Temperature |
| Obtain & Measure Blood Glucose |
| Assisted Delivery (Childbirth) |
| Chest Tube Monitoring |
| Eye Irrigation (Non-Invasive) |
| Patient Physical Restraint Application |
| Venous Blood Sampling (Obtaining) |
| |
| Cardiovascular / Circulation |
| 3, 4, 12, 15 or 18 Lead EkG Monitoring / Interpretation |
| 12, 15, or 18 Lead EkG transmission (Mission LifeLine) |
| Blood & Blood Product Monitoring |
| Cardiocerebral Resuscitation (CCR) |
| Cardiopulmonary Resuscitation (CPR) |
| Use of mechanical CPR Assist Devices |
| Cardioversion - Electrical |
| Defibrillation - AED |
| Defibrillation - Manual |
| Valsalva Maneuver |
| Transcutaneous Cardiac Pacing |
| Hemorrhage Control Products |
| Hemorrhage Control - Direct Pressure |
| Hemorrhage Control - Pressure Point |
| Hemorrhage Control - Tourniquet |
| |
| Trauma Care |
| Spinal immobilization - Cervical Collar |
| Spinal Immobilization - Long Board |
| Spinal Immobilization - Manual Stabilization |
| Spinal Immobilization - Seated Patient (KED, etc.) |
| Spine Motion Restriction |
| Splinting - Manual |
| Splinting - Pelvic Wrap / PASG (Only used for Splinting) |
| Splinting - Rigid |
| Splinting - Soft |
| Splinting - Traction |
| Splinting - Vacuum |
| Emergency Moves for Endangered Patient |
| Rapid Extrication of Patient |
| |

| Medication Administration Routes |
|---|
| Aerosolized |
| Auto-Injector |
| Buccal |
| Endotracheal Tube (ET) |
| Intramuscular (IM) |
| Intranasal (IN) |
| Intraosseous (IO) |
| Intravenous (IV) |
| Intravenous - Piggyback |
| Intravenous - Push/Bolus |
| Inhaled - Self-Administered (Nitrous Oxide) |
| Nasogastric |
| Nebulizer |
| Oral (PO) |
| Rectal |
| Subcutaneous (SQ) |
| Sublingual (SL) |
| Transdermal |
| |
| Initiation / Maintenance / Fluids |
| Central Line - Monitoring Only |
| Medicated IV Fluids: May continue medicated IV infusion/drips for non-ALS medications |
| Non-Medicated IV Fluids |
| Crystalloid IV Solution |
| Hypertonic Dextrose IV Solution |
| Maintain an Infusion of Blood or Blood Product |
| IV Pump (85 and A: approved IV solutions only) |
| Intraosseous |
| Umbilical - Initiation & Use |
| Peripheral |
| PICC Line - Use and Maintenance |
| Saline Lock |
| |
| Medication List |
| Acetaminophen (Tylenol) |
| Activated Charcoal (EZ-Char, Actidose, Liqui-Char) |
| Adenosine (Adenocard) |
| Albuterol (Proventil, Ventolin) |
| Amiodarone (Cordarone, Pacerone) |
| Amyl Nitrite |
| Aspirin (ASA) |
| Atenolol (Tenormin) |
| Atropine Sulfate |
| Benzocaine Spray |
| Bumetanide (Bumex) |
| Calcium Chloride |
| Calcium Gluconate |
| Clopidogrel (Plavix) |
| Dexamethasone Sodium Phosphate (Decadron) |
| Dextrose (Glucose, D50, D25, D10) |
| Diazepam (Valium) |
| Digoxin (Lanoxin) |

| |
|---|
| Diltiazem (Cardizem) |
| Diphenhydramine (Benadryl) |
| Dobutamine Hydrochloride (Dobutrex) |
| Dolasetron (Anzemet) |
| Dopamine Hydrochloride (Intropin) |
| Epinephrine 0.15mg Auto Injector (Epi-Pen Jr) |
| Epinephrine 0.3mg Auto Injector (Epi-Pen) |
| Epinephrine (Adrenalin) 1:1,000 |
| Epinephrine (Adrenalin) 1:10,000 |
| Epinephrine Racemic (Micronefrin) |
| Eptifibatide (Integrilin) |
| Fentanyl Citrate (Sublimaze) |
| Flumazenil (Romazicon) |
| Fosphenytoin (Cerebyx) |
| Furosemide (Lasix) |
| Glucagon Draw & Inject |
| Glucagon Dry Nasal Spray (Baqsimi) |
| Glucagon Auto Injector (GlucaGen or Gvoke) |
| Haloperidol Lactate (Haldol) |
| Hydrocortisone Sodium Succinate (Solu-Cortef) |
| Hydroxocobalamin (Cyanokit) |
| Hydroxyzine (Atarax, Vistaril) |
| Ibuprofen (Motrin) |
| Ipratropium (Atrovent) |
| Isoetharine (Bronchosol, Bronkometer) |
| Ketamine (Ketalar) |
| Ketorolac Tromethamine (Toradol) |
| Labetalol (Normodyne, Trandate) |
| Levalbuterol (Xopenex) |
| Lidocaine Hydrochloride (Xylocaine) |
| Lorazepam (Ativan) |
| Magnesium Sulfate |
| Mannitol (Osmitol) |
| MARK I Kit (or alternative): Use of unit dose commercially pre-filled containers or auto injectors for the administration of life saving medications intended for self, peer, or patient rescue after exposure to nerve agents(s) |
| Meperidine Hydrochloride (Demerol) |
| Metaproterenol Sulfate (Alupent) |
| Methylprednisone Sodium Succinate (Solu-Medrol) |
| Metoprolol Tartrate (Lopressor) |
| Midazolam Hydrochloride (Versed) |
| Morphine Sulfate (Roxanol, MS Contin) |
| Nalbuphine Hydrochloride (Nubain) |
| Naloxone Hydrochloride (Narcan) |
| Naloxone Hydrochloride (Narcan) Auto Injector or Nasal Spray Intranasal Route |
| Nicardipine (Cardene) |
| Nifedipine (Procardia, Adalat) |
| Nitroglycerin (Nitrostat, Tridil) |
| Nitropaste (Nitro-Bid Ointment) |
| Nitroprusside (Nitropress) |
| Nitrous Oxide 50:50 (Nitronox) |
| Norepinephrine Bitartrate (Levophed) |

| |
|--|
| Ondansetron Hydrochloride (Zofran) |
| Oral Glucose (Insta-Glucose) |
| Oxygen |
| Oxytocin (Pitocin) |
| Phenobarbital (Luminal) |
| Phenytoin (Dilantin) |
| Pralidoxime (2-PAM, Protopam) |
| Procainamide Hydrochloride (Pronestyl) |
| Promethazine Hydrochloride (Phenergan) |
| Propranolol Hydrochloride (Inderal) |
| Reglan (Metoclopramide) |
| Sodium Bicarbonate |
| Sodium Nitrate |
| Sodium Thiosulfate |
| Terbutaline Sulfate (Brethine) |
| Thiamine (Betaxin) |
| TXA (Tranexamic Acid) |
| Vasopressin (Pitressin) |
| Verapamil Hydrochloride (Isoptin, Calan) |
| |
| IV Solutions |
| Hetastarch (Hespan) |
| Lactated Ringers (LR) |
| 5% Dextrose in Water (D5W) |
| 0.9% Sodium Chloride (Normal Saline) |
| 0.45% Sodium Chloride (1/2 Normal Saline) |
| 5% Dextrose in 0.9% Sodium Chloride (D5NS) |
| 5% Dextrose in Lactated Ringers (D5LR) |

* See the Rulings page on our website for the Immunization Declaratory Ruling

EMS Scope of Practice

All changes to any of the scope of practice or skills must be approved by the

Scope of Practice -All Levels

| Airway / Ventilation / Oxygenation | Levels | | | | | |
|--|--------|---|----|---|----|---|
| Airway - Mouth-to-Mouth | R | E | 85 | A | 99 | P |
| Airway - Mouth-to-Barrier | R | E | 85 | A | 99 | P |
| Airway - Mouth-to-Mask | R | E | 85 | A | 99 | P |
| Airway - Mouth-to-Nose | R | E | 85 | A | 99 | P |
| Airway - Mouth-to-Stoma | R | E | 85 | A | 99 | P |
| Airway - Nasopharyngeal | R | E | 85 | A | 99 | P |
| Airway - Oropharyngeal | R | E | 85 | A | 99 | P |
| Airway - Supraglottic Airway Device | | E | 85 | A | 99 | P |
| Airway Obstruction - Forceps & Laryngoscope | | | | | 99 | P |
| Airway Obstruction - Manual | R | E | 85 | A | 99 | P |
| Head-Tilt / Chin-Lift | R | E | 85 | A | 99 | P |
| Jaw-Thrust | R | E | 85 | A | 99 | P |
| Jaw-Thrust - Modified | R | E | 85 | A | 99 | P |
| Bag Valve Mask (BVM) | R | E | 85 | A | 99 | P |
| BiPAP | | | | | | P |
| CPAP | | E | 85 | A | 99 | P |
| Capnography - End Tidal CO2 Monitoring | | E | 86 | A | 99 | P |
| Chest Decompression - Needle | | | | | 99 | P |
| Chest Seal | R | E | 85 | A | 99 | P |
| Cricoid Pressure (Sellick) | | E | 85 | A | 99 | P |
| Cricothyrotomy - Surgical/Needle | | | | | | P |
| Gastric Decompression - For non-visualized Airway with Gastric Access | | | | | 99 | P |
| Gastric Decompression - NG/OG Tube | | | | | 99 | P |
| Intubation - Endotracheal | | | | | 99 | P |
| Intubation - Medication Assisted (non-paralytic) | | | | | 99 | P |
| Intubation - Medication Assisted (Paralytic, RSI) includes the following medications: Etomidate (Amidate), Pancuronium, Bromide (Pavulon), Rocuronium Bromide (Zemuron), Succinylcholine Chloride (Anectine), and Vecuronium Bromide (Norcuron). | | | | | | P |
| Intubation - Nasotracheal | | | | | 99 | P |
| Manual Airway Maneuvers | R | E | 85 | A | 99 | P |
| Oxygen Therapy - Tracheal Tube | R | E | 85 | A | 99 | P |
| Oxygen Therapy - Nebulizer | | E | 85 | A | 99 | P |
| Oxygen Therapy - Nasal Cannula | R | E | 85 | A | 99 | P |
| Oxygen Therapy - Non-Rebreather Mask | R | E | 85 | A | 99 | P |
| Oxygen Therapy - Simple Face Mask & Partial NRB | R | E | 85 | A | 99 | P |
| Oxygen Therapy - Venturi Mask | | E | 85 | A | 99 | P |
| Oxygen Therapy - Humidified | | E | 85 | A | 99 | P |
| Pulse Oximetry | R | E | 85 | A | 99 | P |
| Suctioning - Upper Airway (soft & rigid) | R | E | 85 | A | 99 | P |
| Suctioning - Tracheobronchial | | | | A | 99 | P |
| Ventilators - Automated Transport Ventilator | | E | 85 | A | 99 | P |
| Ventilators - Variable Setting | | | | | | P |
| | | | | | | |

| Assessment Skills / Miscellaneous | | | | | | Levels | |
|--|---|---|----|---|----|--------|--|
| Perform Patient Assessments | R | E | 85 | A | 99 | P | |
| Obtain Vital Signs Manually or Electronically | R | E | 85 | A | 99 | P | |
| Pulse Oximetry | | E | 85 | A | 99 | P | |
| Obtain Temperature | R | E | 85 | A | 99 | P | |
| Obtain & Measure Blood Glucose | | E | 85 | A | 99 | P | |
| Assisted Delivery (Childbirth) | R | E | 85 | A | 99 | P | |
| Chest Tube Monitoring | | | | | | P | |
| Eye Irrigation (Non Invasive) | R | E | 85 | A | 99 | P | |
| Patient Physical Restraint Application | | E | 85 | A | 99 | P | |
| Venous Blood Sampling (Obtaining) | | | 85 | A | 99 | P | |
| | | | | | | | |
| Cardiovascular / Circulation | | | | | | Levels | |
| 3, 4, 12, 15 or 18 Lead EkG Monitoring / Interpretation | | | | | 99 | P | |
| 12, 15, or 18 Lead EkG transmission (Mission LifeLine) | | E | 85 | A | 99 | P | |
| Blood & Blood Product Monitoring | | | | | 99 | P | |
| Cardiocerebral Resuscitation (CCR) | | | | | | P | |
| Cardiopulmonary Resuscitation (CPR) | R | E | 85 | A | 99 | P | |
| Use of mechanical CPR Assist Devices | R | E | 85 | A | 99 | P | |
| Cardioversion - Electrical | | | | | 99 | P | |
| Defibrillation - AED | R | E | 85 | A | 99 | P | |
| Defibrillation - Manual | | | | | 99 | P | |
| Valsalva Maneuver | | | | | 99 | P | |
| Transcutaneous Cardiac Pacing | | | | | 99 | P | |
| Hemorrhage Control Products | | E | 84 | A | 98 | P | |
| Hemorrhage Control - Direct Pressure | R | E | 85 | A | 99 | P | |
| Hemorrhage Control - Pressure Point | R | E | 85 | A | 99 | P | |
| Hemorrhage Control - Tourniquet | R | E | 85 | A | 99 | P | |
| | | | | | | | |
| Trauma Care | | | | | | Levels | |
| Spinal immobilization - Cervical Collar | R | E | 85 | A | 99 | P | |
| Spinal Immobilization - Long Board | R | E | 85 | A | 99 | P | |
| Spinal Immobilization - Manual Stabilization | R | E | 85 | A | 99 | P | |
| Spinal Immobilization - Seated Patient (KED, etc.) | R | E | 85 | A | 99 | P | |
| Spine Motion Restriction | | E | 85 | A | 99 | P | |
| Splinting - Manual | R | E | 85 | A | 99 | P | |
| Splinting - Pelvic Wrap / PASG (only used for splinting) | | E | 85 | A | 99 | P | |
| Splinting - Rigid | R | E | 85 | A | 99 | P | |
| Splinting - Soft | R | E | 85 | A | 99 | P | |
| Splinting - Traction | | E | 85 | A | 99 | P | |
| Splinting - Vacuum | R | E | 85 | A | 99 | P | |
| Emergency Moves for Endangered Patient | R | E | 85 | A | 99 | P | |
| Rapid Extrication of Patient | R | E | 85 | A | 99 | P | |
| | | | | | | | |
| May Assist Patient with Patient Prescription | | | | | | Levels | |
| Inhaler | | E | 85 | A | 99 | P | |
| Nitroglycerin | | E | 85 | A | 99 | P | |
| Oral Glucose | R | E | 85 | A | 99 | P | |
| | | | | | | | |

| Medication Administration Routes | | | | | | Levels | |
|--|---|---|----|---|----|--------|--|
| Aerosolized | | E | 85 | A | 99 | P | |
| Auto-Injector or Nasal Spray | R | E | 85 | A | 99 | P | |
| Buccal | R | E | 85 | A | 99 | P | |
| Endotracheal Tube (ET) | | | | | 99 | P | |
| Intramuscular (IM) | | E | 85 | A | 99 | P | |
| Intranasal (IN) | R | E | 85 | A | 99 | P | |
| Intraosseous (IO) | | | | A | 99 | P | |
| Intravenous (IV) | | | 85 | A | 99 | P | |
| Intravenous - Piggyback | | | | | 99 | P | |
| Intravenous - Push/Bolus | | | | A | 99 | P | |
| Inhaled - Self-Administered (Nitrous Oxide) | | | | A | 99 | P | |
| Nasogastric | | | | | | P | |
| Nebulizer | | E | 85 | A | 99 | P | |
| Oral (PO) | R | E | 85 | A | 99 | P | |
| Rectal | | | | | 99 | P | |
| Subcutaneous (SQ) | | | | A | 99 | P | |
| Sublingual (SL) | | E | 85 | A | 99 | P | |
| Transdermal | | | | | 99 | P | |
| | | | | | | | |
| Initiation / Maintenance / Fluids | | | | | | Levels | |
| Central Line - Monitoring Only | | | | | | P | |
| Medicated IV Fluids: may continue medicated IV infusions/drips for non-ALS medications | | | | | 99 | P | |
| Non-Medicated IV Fluids | | | 85 | A | 99 | P | |
| Crystalloid IV Solution | | | 85 | A | 99 | P | |
| Hypertonic Dextrose IV Solution | | | 85 | A | 99 | P | |
| Maintain an Infusion of Blood or Blood Product | | | | | | P | |
| IV Pump (85 and A: approved IV solutions only) | | | 85 | A | 99 | P | |
| Intraosseous | | | | A | 99 | P | |
| Umbilical - Initiation & Use | | | | | | P | |
| Peripheral | | | 85 | A | 99 | P | |
| PICC Line - Use and Maintenance | | | | | | P | |
| Saline Lock | | | 85 | A | 99 | P | |
| | | | | | | | |
| Medication List | | | | | | Levels | |
| Acetaminophen (Tylenol) | | | | A | 99 | P | |
| Activated Charcoal (EZ-Char, Actidose, Liqui-Char) | | E | 85 | A | 99 | P | |
| Adenosine (Adenocard) | | | | | 99 | P | |
| Albuterol (Proventil, Ventolin) | | E | 85 | A | 99 | P | |
| Amiodarone (Cordarone, Pacerone) | | | | | 99 | P | |
| Amyl Nitrite | | | | | | P | |
| Aspirin (ASA) | | E | 85 | A | 99 | P | |
| Atenolol (Tenormin) | | | | | | P | |
| Atropine Sulfate | | | | | 99 | P | |
| Benzocaine Spray | | | | | | P | |
| Bumetanide (Bumex) | | | | | | P | |
| Calcium Chloride | | | | | | P | |
| Calcium Gluconate | | | | | | P | |
| Clopidogrel (Plavix) | | | | | | P | |
| Dexamethasone Sodium Phosphate (Decadron) | | | | | | P | |
| Dextrose (Glucose, D50, D25, D10) | | | 85 | A | 99 | P | |

| | | | | | | |
|---|---|----|-----|---|----|---|
| Diazepam (Valium) | | | | | 99 | P |
| Digoxin (Lanoxin) | | | | | 99 | P |
| Diltiazem (Cardizem) | | | | | 99 | P |
| Diphenhydramine (Benadryl) | | | | A | 99 | P |
| Dobutamine Hydrochloride (Dobutrex) | | | | | | P |
| Dolasetron (Anzemet) | | | | | | P |
| Dopamine Hydrochloride (Intropin) | | | | | 99 | P |
| Epinephrine 0.15mg Auto Injector (Epi-Pen Jr) | R | E | 85 | A | 99 | P |
| Epinephrine 0.3mg Auto Injector (Epi-Pen) | R | E | 85 | A | 99 | P |
| Epinephrine (Adrenalin) 1:1,000 | | E | 85 | A | 99 | P |
| Epinephrine (Adrenalin) 1:10,000 | | | | | 99 | P |
| Epinephrine Racemic (Micronefrin) | | | | A | 99 | P |
| Eptifibatide (Integrilin) | | | | | | P |
| Fentanyl Citrate (Sublimaze) | | | | | | P |
| Flumazenil (Romazicon) | | | | | | P |
| Fosphenytoin (Cerebyx) | | | | | | P |
| Furosemide (Lasix) | | | | | 99 | P |
| Glucagon Draw & Inject | | E | 85 | A | 99 | P |
| Glucagon Nasal Powder (Baqsimi) | | E | 85 | A | 99 | P |
| Glucagon Auto Injector (GlucaGen or Gvoke) | | E | 85 | A | 99 | P |
| Haloperidol Lactate (Haldol) | | | | | | P |
| Hydrocortisone Sodium Succinate (Solu-Cortef) | | | | | | P |
| Hydroxocobalamin (Cyanokit) | | | | | | P |
| Hydroxyzine (Atarax, Vistaril) | | | | | | P |
| Ibuprofen (Motrin) | | | | A | 99 | P |
| Ipratropium (Atrovent) | | | | A | 99 | P |
| Isoetharine (Bronchosal, Bronkometer) | | | | | | P |
| Ketamine (Ketalar) | | | | | | P |
| Ketorolac Tromethamine (Toradol) | | | | | | P |
| Labetalol (Normodyne, Trandate) | | | | | 99 | P |
| Levalbuterol (Xopenex) | | E | 85 | A | 99 | P |
| Lidocaine Hydrochloride (Xylocaine) | | | | | 99 | P |
| Lorazepam (Ativan) | | | | | | P |
| Magnesium Sulfate | | | | | 99 | P |
| Mannitol (Osmitrol) | | | | | | P |
| MARK I Kit (or alternative): Use of unit dose commercially pre-filled containers or auto injectors for the administration of life saving medications intended for self, peer, or patient rescue after exposure to nerve agents(s) | R | E | 85 | A | 99 | P |
| Meperidine Hydrochloride (Demerol) | | | | | | P |
| Metaproterenol Sulfate (Alupent) | | | | A | 99 | P |
| Methylprednisone Sodium Succinate (Solu-Medrol) | | | | | | P |
| Metoprolol Tartrate (Lopressor) | | | | | | P |
| Midazolam Hydrochloride (Versed) | | | | | | P |
| Morphine Sulfate (Roxanol, MS Contin) | | | | | 99 | P |
| Nalbuphine Hydrochloride (Nubain) | | | | | | P |
| Naloxone Hydrochloride (Narcan) | | | | A | 99 | P |
| Naloxone Hydrochloride (Narcan) Auto Injector or Nasal Spray Intranasal Route | R | E | 85 | A | 99 | P |
| Nicardipine (Cardene) | | | | | 99 | P |
| Nifedipine (Procardia, Adalat) | | | | | | P |
| Nitroglycerin (Nitrostat, Tridil)* May assist patient with own medication | | E* | 85* | A | 99 | P |

| | | | | | | |
|--|---|---|----|---------------|----|---|
| Nitropaste (Nitro-Bid Ointment) | | | | A | 99 | P |
| Nitroprusside (Nitropress) | | | | | 99 | P |
| Nitrous Oxide 50:50 (Nitronox) | | | | A | 99 | P |
| Norepinephrine Bitartrate (Levophed) | | | | | | P |
| Ondansetron Hydrochloride (Zofran) | | | | A | 99 | P |
| Oral Glucose (Insta-Glucose) | R | E | 85 | A | 99 | P |
| Oxygen | R | E | 85 | A | 99 | P |
| Oxytocin (Pitocin) | | | | | | P |
| Phenobarbital (Luminal) | | | | | | P |
| Phenytoin (Dilantin) | | | | | | P |
| Pralidoxime (2-PAM, Protopam) | | | | | | P |
| Procainamide Hydrochloride (Pronestyl) | | | | | | P |
| Promethazine Hydrochloride (Phenergan) | | | | | | P |
| Propranolol Hydrochloride (Inderal) | | | | | | P |
| Reglan (Metoclopramide) | | | | | 99 | P |
| Sodium Bicarbonate | | | | | 99 | P |
| Sodium Nitrate | | | | | | P |
| Sodium Thiosulfate | | | | | | P |
| Terbutaline Sulfate (Brethine) | | | | | 99 | P |
| Thiamine (Betaxin) | | | | A | 99 | P |
| TXA (Tranexamic Acid) | | | | | 99 | P |
| Vasopressin (Pitressin) | | | | | 99 | P |
| Verapamil Hydrochloride (Isoptin, Calan) | | | | | 99 | P |
| | | | | | | |
| IV Solutions | | | | Levels | | |
| Hetastarch (Hespan) | | | | | | P |
| Lactated Ringers (LR) | | | 85 | A | 99 | P |
| 5% Dextrose in Water (D5W) | | | 85 | A | 99 | P |
| 0.9% Sodium Chloride (Normal Saline) | | | 85 | A | 99 | P |
| 0.45% Sodium Chloride (1/2 Normal Saline) | | | | A | 99 | P |
| 5% Dextrose in 0.9% Sodium Chloride (D5NS) | | | | A | 99 | P |
| 5% Dextrose in Lactated Ringers (D5LR) | | | | A | 99 | P |

* See the Rulings page on our website for the Immunization Declaratory Ruling

EMR Additions

Medication Administration Routes

Auto-Injector or Nasal Spray

Intranasal

Medication List

Naloxone Hydrochloride (Narcan) Auto Injector or Nasal Spray Intranasal Route

EMT-B Additions

Medication Administration Routes

Auto-Injector or Nasal Spray

Intranasal (IN)

Nebulizer

Medication List

Albuterol (Proventil, Ventolin)

Glucagon Draw & Inject

Glucagon Nasal Powder (Baqsimi)

Glucagon Auto Injector (GlucaGen or Gvoke)

Levalbuterol (Xopenex)

Naloxone Hydrochloride (Narcan) Auto Injector or Nasal Spray Intranasal Route

EMT I/85 Additions

Assessment Skills / Miscellaneous

Venous Blood Sampling (Obtaining)

Medication Administration Routes

Intranasal (IN)

Intravenous (IV)

Nebulizer

Initiation / Maintenance / Fluids

Non-Medicated IV Fluids

Crystalloid IV Solution

Hypertonic Dextrose IV Solution

IV Pump (Approved IV medications only)

Peripheral

Saline Lock

Medication List

Albuterol (Proventil, Ventolin)

Dextrose (Glucose, D50, D25, D10)

Glucagon Draw & Inject

Glucagon Nasal Powder (Baqsimi)

Glucagon Auto Injector (GlucaGen or Gvoke)

Levalbuterol (Xopenex)

IV Solutions

Lactated Ringers (LR)

5% Dextrose in Water (D5W)

0.9% Sodium Chloride (Normal Saline)

AEMT Additions

Medication Administration Routes

Intraosseous (IO)

Intravenous - Push/Bolus

Inhaled - Self-Administered (Nitrous Oxide)

Nebulizer

Subcutaneous (SQ)

Medication List

Acetaminophen (Tylenol)

Albuterol (Proventil, Ventolin)

Dextrose (Glucose, D50, D25, D10)

Diphenhydramine (Benadryl)

Epinephrine Racemic (Micronefrin)

Glucagon Draw & Inject

Glucagon Nasal Powder (Baqsimi)

Glucagon Auto Injector (GlucaGen or GVoke)

Ibuprofen (Motrin)

Ipratropium (Atrovent)

Levalbuterol (Xopenex)

Nitrous Oxide 50:50 (Nitronox)

Ondansetron Hydrochloride (Zofran)

Thiamine (Betaxin)

IV Solutions

0.45% Sodium Chloride (1/2 Normal Saline)

5% Dextrose in 0.9% Sodium Chloride (D5NS)

5% Dextrose in Lactated Ringers (D5LR)

EMT I/99 Additions**Airway / Ventilation / Oxygenation**

Airway Obstruction - Forceps & Laryngoscope

CPAP

Capnography - End Tidal CO2 Monitoring

Chest Decompression - Needle

Gastric Decompression - For non-visualized Airway with

Gastric Access

Gastric Decompression - NG/OG Tube

Intubation - Endotracheal

Intubation - Medication Assisted (non-paralytic)

Intubation - Nasotracheal

Cardiovascular / Circulation

3, 4, 12, 15 or 18 Lead EkG Monitoring / Interpretation

Blood & Blood Product Monitoring

Cardioversion - Electrical

Defibrillation - Manual

Valsalva Maneuver

Transcutaneous Cardiac Pacing

Medication Administration Routes

Endotracheal Tube (ET)

Intravenous - Piggyback

Rectal

Transdermal

Initiation / Maintenance / Fluids

Medicated IV Fluids: may continue medicated IV infusions/drips for non-ALS medications

Medication List

Adenosine (Adenocard)

Amiodarone (Cordarone, Pacerone)

Atropine Sulfate

Diazepam (Valium)

Digoxin (Lanoxin)

Diltiazem (Cardizem)

Dopamine Hydrochloride (Intropin)

Epinephrine (Adrenalin) 1:10,000

Furosemide (Lasix)

Glucagon Draw & InjectGlucagon Nasal Powder (Baqsimi)Glucagon Auto Injector (GlucaGen or Gvoke)

Labetalol (Normodyne, Trandate)

Levalbuterol (Xopenex)

Lidocaine Hydrochloride (Xylocaine)

Magnesium Sulfate

Morphine Sulfate (Roxanol, MS Contin)

| |
|--|
| Nicardipine (Cardene) |
| Nitroprusside (Nitropress) |
| Reglan (Metoclopramide) |
| Sodium Bicarbonate |
| Terbutaline Sulfate (Brethine) |
| TXA (Tranexamic Acid) |
| Vasopressin (Pitressin) |
| Verapamil Hydrochloride (Isoptin, Calan) |

| Paramedic Additions |
|--|
| Airway / Ventilation / Oxygenation |
| Cricothyrotomy - Surgical/Needle |
| Intubation - Medication Assisted (Paralytic, RSI) includes the following medications: Etomidate (Amidate), Pancuronium, Bromide (Pavulon), Rocuronium Bromide (Zemuron), Succinylcholine Chloride (Anectine), and Vecuronium Bromide (Norcuron). |
| Ventilators - Variable Setting |
| |
| Assessment Skills / Miscellaneous |
| Chest Tube Monitoring |
| Cardiocerebral Resuscitation (CCR) |
| |
| |
| Medication Administration Routes |
| Nasogastric |
| |
| Initiation / Maintenance / Fluids |
| Central Line - Monitoring Only |
| Maintain an Infusion of Blood or Blood Product |
| Umbilical - Initiation & Use |
| PICC Line - Use and Maintenance |
| |
| Medication List |
| Amyl Nitrite |
| Atenolol (Tenormin) |
| Benzocaine Spray |
| Bumetanide (Bumex) |
| Calcium Gluconate |
| Clopidogrel (Plavix) |
| Dexamethasone Sodium Phosphate (Decadron) |
| Dobutamine Hydrochloride (Dobutrex) |
| Dolasetron (Anzemet) |
| Eptifibatide (Integrilin) |
| Fentanyl Citrate (Sublimaze) |
| Flumazenil (Romazicon) |
| Fosphenytoin (Cerebyx) |
| Glucagon Draw & Inject |
| Glucagon Nasal Powder (Baqsimi) |
| Glucagon Auto Injector (GlucaGen or Gvoke) |
| Haloperidol Lactate (Haldol) |
| Hydrocortisone Sodium Succinate (Solu-Cortef) |
| Hydroxocobalamin (Cyanokit) |
| Hydroxyzine (Atarax, Vistaril) |
| Isoetharine (Bronchosol, Bronkometer) |
| Ketamine (Ketalar) |
| Ketorolac Tromethamine (Toradol) |
| Levalbuterol (Xopenex) |
| Lorazepam (Ativan) |

| |
|---|
| Mannitol (Osmitol) |
| Meperidine Hydrochloride (Demerol) |
| Methylprednisone Sodium Succinate (Solu-Medrol) |
| Metoprolol Tartrate (Lopressor) |
| Midazolam Hydrochloride (Versed) |
| Nalbuphine Hydrochloride (Nubain) |
| Nifedipine (Procardia, Adalat) |
| Norepinephrine Bitartrate (Levophed) |
| Oxytocin (Pitocin) |
| Phenobarbital (Luminal) |
| Phenytoin (Dilantin) |
| Pralidoxime (2-PAM, Protopam) |
| Procainamide Hydrochloride (Pronestyl) |
| Promethazine Hydrochloride (Phenergan) |
| Propranolol Hydrochloride (Inderal) |
| Sodium Nitrate |
| Sodium Thiosulfate |
| TXA (Tranexamic Acid) |
| |
| IV Solutions |
| Hetastarch (Hespan) |

FORM 1

Personal service on Melissa Magstadt, Secretary of Health of:

1. the Board of Medical and Osteopathic Examiners' proposed rules Chapters 20:61:01 and 20:61:04; and
2. All materials incorporated by reference

is admitted at Pierre, South Dakota, this 29 day of April, 2025.

Received by: _____


Melissa Magstadt, Secretary of Health

FORM 2

AUTHORIZATION TO PROCEED

In accordance with SDCL 1-26-4(2), I, Melissa Magstadt, Secretary of Health authorize the Board of Medical and Osteopathic Examiners to proceed with the promulgation of proposed rules Chapters 20:61:01 and 20:61:04.

Dated this 29 day of April, 2025.



Melissa Magstadt, Secretary of Health

FORM 3

Personal service on the Legislative Research Council of:

1. Board of Medical and Osteopathic Examiner's proposed rules §§ 20:61:01 and 20:61:04;
2. Admission of personal service by the officer authorizing the rulemaking;
3. Authorization to Proceed;
4. Notice of Public Hearing;
5. Fiscal note;
6. Small Business Impact Statement;
7. All materials incorporated by reference; and
8. Where applicable, the housing cost impact statement

is admitted at Pierre, South Dakota, this 5th day of May, 2025.

Received by: Kelly Thayer
Legislative Research Council

Agency contact person: Whitney Burrows

605-367-7781 Name

whitney.burrows@state.sd.us

E-Mail Address

FORM 4

Personal service on the Bureau of Finance and Management of:

1. Board of Medical and Osteopathic Examiner's proposed rules §§ 20:61:01 and 20:61:04;
2. Notice of Public Hearing;
3. Fiscal note;
4. Small Business Impact Statement; and
5. Where applicable, the housing cost impact statement

is hereby admitted at Pierre, South Dakota, this 5th day of May, 2025.

Received by: Megan Press
Bureau of Finance and Management



DEPARTMENT OF EXECUTIVE MANAGEMENT BUREAU OF FINANCE AND MANAGEMENT

500 East Capitol Avenue Suite 217 | Pierre, South Dakota 57501 | 605.773.3411

MEMORANDUM

TO: Department of Health

FROM: Bureau of Finance and Management

RE: Fiscal Note

DATE: May 13, 2025

The Bureau of Finance and Management has reviewed the proposed rules from the Department of Health and concurs with the department's assumptions and fiscal impact calculations.

YS:mn

Attachment: BFM Fiscal Note

cc: John McCullough, Director
South Dakota Legislative Research Council

Associated School Boards of South Dakota (with Fiscal Note package)

South Dakota Association of County Commissioners (with Fiscal Note package)

South Dakota Municipal League (with Fiscal Note package)

FORM 5, BFM 50.10

ADMINISTRATIVE PROCEDURES ACT FISCAL NOTE Prepared by Submitting Agency

| | CODE | NAME | PROPOSED RULES (by §, unless entire ch., art.) |
|----------|------|--|--|
| DEPT. | 09 | Health | Chapters 20:61:01 and 20:61:04 |
| DIVISION | 20 | Boards | |
| PROGRAM | 500 | Board of Medical and Osteopathic Examiners | |

Hearing Date: June 12th, 2025

IMPACT ON GOVERNMENT SUMMARY: (Changes to any existing process, schedule, or activity of any state or local gov't entity resulting from the proposed rule change.)

No impact on government due to the proposed rule change.

FISCAL IMPACT STATEMENT: (Estimate the overall fiscal impact—in terms of increases or decreases because of, or to carry out, the proposed changes. Take into consideration staffing and resource changes (i.e. dollars, employees, equipment, supplies). Include a brief explanation if there is a minimal, incalculable, or no fiscal impact.)

Pursuant to 1-26-4.2, these rules have minimal impact to all entities. No additional staff or resources are needed. Revenue anticipated to see a modest decrease due to the reinstatement fee decreasing from \$100 to \$50.

FISCAL IMPACT BASIS: (Provide the assumptions, any computations, and any statistics that went into this Fiscal Note; and describe the accuracy of the estimated impacts on this form.)

Exact revenue decrease is uncertain due to the new two-year renewal cycle.

COST INCREASES (DECREASES)

| State Agencies: | First-Year Impact | Continuous-Yearly Impact |
|-----------------------|-------------------|--------------------------|
| | \$0 | \$0 |
| | | |
| TOTAL | \$0 | \$0 |
| Local Gov't Agencies: | | |
| | \$0 | \$0 |
| | | |
| TOTAL | \$0 | \$0 |

REVENUE INCREASES (DECREASES)

| Revenue Increases (Decreases) State & Local Gov't Agencies: | | |
|--|---------|---------|
| Board of Medical and Osteopathic Examiners | (\$250) | (\$250) |
| | | |
| TOTAL | (\$250) | (\$250) |

APPROVED

John Tavelly

Signature of Constitutional Officer, Commissioner, Department Secretary,
or Board or Commission Chairman of Agency Administering the Rules

DATE

5/12/2025

FORM 6

Board of Medical and Osteopathic Examiners Notice of Public Hearing to Adopt Rules

A public hearing will be held at 101 N. Main Ave., in the First Dakota National Bank building in room 306, Sioux Falls, South Dakota on June 12, 2024 at 9:00 a.m. (CT)/ 8:00 a.m. (MT) to consider the adoption and amendment of proposed Administrative Rules of South Dakota numbered

§§ 20:61:01 and 20:61:04.

The effect of the rules will be updates to the Emergency Medical Services personnel scope, enacting a community paramedic endorsement, and updating language regarding ambulance drivers and supervision requirements.

The reason for adopting the proposed rules is prompted by enacted legislation updates to the Emergency Medical Services practice act.

Persons interested in presenting amendments, data, opinions, and arguments for or against the proposed rules may appear in-person at the hearing, or mail or e-mail them to Board of Medical and Osteopathic Examiners, 101 N. Main Ave. Suite 301, Sioux Falls, SD 57104 or SDBMOE@state.sd.us. The deadline to submit any such written comments for consideration must reach the Board by June 6, 2025.

After the written comment period, the Board of Medical and Osteopathic Examiners will consider all written and oral comments it receives on the proposed rules. The Board of Medical and Osteopathic Examiners may modify or amend a proposed rule at that time to include or exclude matters that are described in this notice.

For Persons with Disabilities: This hearing will be located at a physically accessible place. Please contact the Board of Medical and Osteopathic Examiners at least 48 hours before the public hearing if you have special needs for which special arrangements can be made by calling (605) 367-7781.

Copies of the proposed rules may be obtained without charge from:

Board of Medical and Osteopathic Examiners and/or
www.rules.sd.gov and/or www.sdbmoe.gov
101 N. Main Ave. Ste. 301
Sioux Falls, SD 57104
SDBMOE@state.sd.us
(605)367-7781

Published at the approximate cost of \$_____.

FORM 9

AFFIDAVIT OF MAILING NOTICE

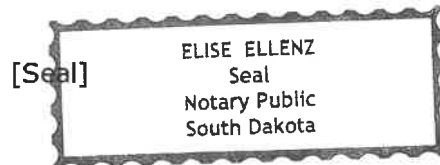
I, Whitney Burrows, under oath, do swear, that on May 5, 2025, I mailed a copy of the notice attached to this affidavit to the list of persons attached to this affidavit.

I further swear that the attached list is a true and correct list of all persons who have requested advance notice of rulemaking proceedings by the Board of Medical and Osteopathic Examiners.

Whitney Burrows
[Agency/Contact Name]

Subscribed and sworn to before me this 5th day of May, 2025.

Elise Ellen
Notary Public - South Dakota



My Commission expires Sept. 15th, 2029.

My Commission Expires
September 15, 2029

1. Andy Binder
2. Jeff Luther
3. Matt McQuisten
4. Chris Hermes
5. Dave Mitchell
6. Marty Link
7. Lance Iversen
8. Kim Patrick
9. Linda Young
10. Paula McInerney
11. Barb Smith
12. Tim Engel
13. Amanda Bacon
14. Ann Roemen
15. Tim Rave
16. Alan Perry
17. Brian Hambeck

FORM 14

SMALL BUSINESS IMPACT STATEMENT

1. Our agency has determined that the rule(s) we are proposing have the following impact on small businesses (i.e., a business with 25 or fewer full-time employees):
 - ☐ Direct impact (Complete remainder of form, starting on question 2.)
 - ☐ Indirect impact (Explain impact specific to small businesses and how impact is indirect in the space below, then skip to the date and signature at the end of the form.)
 - ☒ No impact (Explain how there is no impact specific to small businesses in the space below, then skip to the date and signature at the end of the form.)

Explain:

These rule updates come as a result of legislative changes. They enact a community paramedic endorsement, update language relating to ambulance drivers and update the scope of practice for all levels of Emergency Medical Services.

2. A general narrative and overview of the effect of the rule(s) on small business written in plain, easy to read language (do not repeat the general effect of the proposed rule(s), instead specify the proposal's effects on small business in particular):

3. What is the basis for the enactment of the rules(s)?
 - ☐ Required to meet changes in federal law
 - ☐ Required to meet changes in state law
 - ☐ Required solely due to changes in date (i.e., must be changed annually)
 - ☐ Other:

4. Provide a brief discussion of the necessity of the rule(s):

5. Describe the small businesses or types of small businesses that would be subject to the rule(s)?

6. Estimate of the number of small businesses that would be subject to the rule(s):
 - ☐ 1-99 ☐ 100-499 ☐ 500-999 ☐ 1,000-4,999 ☐ More than 5,000
 - ☐ Unknown - please explain:

7. Are small businesses required to file or maintain any reports or records under the rule(s)?

☐ Yes ☐ No

a. If "yes," how many annual reports must a small business submit to the state?

b. If "yes," how much ongoing recordkeeping within the business is necessary?

c. If "yes," what type of professional skills would be necessary to prepare the reports or records?

- ☐ The average owner of a small business should be able to complete the reports or records with no assistance.
- ☐ It is likely that a bookkeeper for a small business should be able to complete the reports or records.
- ☐ It is likely that a small business person would need the assistance of a CPA to complete the reports or records.
- ☐ It is likely that a small business person would need the assistance of an attorney to complete the reports or records.
- ☐ Other
- ☐ Unknown - please explain:

8. Are there any less intrusive or less costly methods to achieve the purpose of the rule(s) (i.e., fewer reports, less recordkeeping, lower penalties)?

- ☐ No - please explain:
- ☐ Yes - please explain:

April 3, 2025

[Date]



[Authorized Signatory]

Board of Medical and Osteopathic Examiners

[Agency Name]

This Small Business Impact Statement must be signed by the head of the agency or the presiding officer of the board or commission empowered to adopt rules.

A general explanation must be provided for each proposed rule or rule amendment. For multiple proposed rules with a single purpose and impact, only one explanation is required.

Agencies must use readily available information and existing resources to prepare this Small Business Impact Statement.

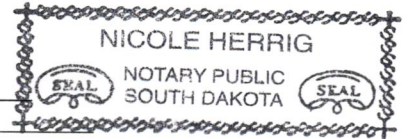


**AFFIDAVIT
OF PUBLICATION**

I hereby certify that the public notice detailed below was published on the run date(s) indicated in the publication identified below, a legal newspaper as defined by SDCL 17-2-2.1, in the city of Aberdeen, county of Brown, South Dakota.

Signed: [Signature]
Print Name: Sandy DeBeer, Advertising Placement Coordinator

Notary Public: [Signature]
My commission expires: MAY 4, 2027



**Advertiser Name: SD Board of Medical & Osteopathic
Examiners**

Order #: 25052SS9

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| Run Date | Ad Size | Caption / Position / Special Instructions | Section and Page information |
|--------------|-------------|---|------------------------------|
| Sat 05/10/25 | 0.00 X 0.00 | Caption: Public Hearing to Adopt Rules: Emergency Medical Services | |

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Bank building in room 306, Sioux Falls, South Dakota on June 12, 2024 at 9:00 a.m. (CT) 8:00 a.m. (MT). The public hearing will also be accessible via Microsoft Teams (Meeting ID: 213 526 357 567 3 and Passcode: 048An7K7) to consider the adoption and amendment of proposed Administrative Rules of South Dakota numbered 25052510.

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arrangements can be made by calling (605) 367-7781. Copies of the proposed rules may be obtained without charge from: Board of Medical and Osteopathic Examiners and/or www.sdbmoe.gov; 101 N. Main Ave. Ste. 301, Sioux Falls, SD 57104; SDBMOE@state.sd.us; (605) 367-7781. Published May 10, 2025, at the total approximate cost of \$31.00 and may be viewed free of charge at www.sdbpublicnotices.com LAB02022256

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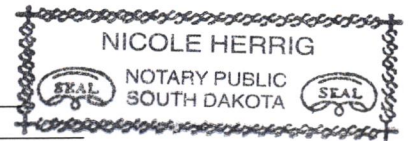


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I hereby certify that the public notice detailed below was published on the run date(s) indicated in the publication identified below, a legal newspaper as defined by SDCL 17-2-2.1, in the city of Sioux Falls, county of Minnehaha, South Dakota.

Signed: [Signature]
Print Name: Sandy DeBeer, Advertising Placement Coordinator

Notary Public: [Signature]
My commission expires: May 4, 2027



**Advertiser Name: SD Board of Medical & Osteopathic
Examiners**

Order #: 25052SS9

The Dakota Scout (Sioux Falls, SD)

| Run Date | Ad Size | Caption / Position / Special Instructions | Section and Page information |
|--------------|-------------|---|------------------------------|
| Fri 05/09/25 | 0.00 X 0.00 | Caption: Public Hearing to Adopt Rules: Emergency Medical Services | |

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special arrangements can be made by calling (605) 367-7781. Copies of the proposed rules may be obtained without charge from:

Board of Medical and Osteopathic Examiners and/or
www.rules.sd.gov and/or
www.sdbmoegov 101 N. Main Ave. Ste. 301
Sioux Falls, SD 57104 SDB-MOE@state.sd.us (605)367-7781

Published once on May 9, 2025, at the approximate cost of \$25.92, and may be viewed free of charge at www.sdpublishing.com or TheDakotaScout.com.

PUBLIC NOTICE

FORM 6

Board of Medical and Osteopathic Examiners
Notice of Public Hearing to Adopt Rules

A public hearing will be held at 101 N. Main Ave., in the First Dakota National Bank building in room 306, Sioux Falls, South Dakota on June 12, 2024 at 9:00 a.m. (CT)/ 8:00 a.m. (MT). The public hearing will also be accessible via Microsoft Teams (Meeting ID: 213 526 357 567 3 and Passcode: o48An7k7) to consider the adoption and amendment of proposed Administrative Rules of South Dakota numbered

§§ 20:61:01 and 20:61:04. The effect of the rules will be updates to the Emergency Medical Services personnel scope, enacting a community paramedic endorsement, and updating language regarding ambulance drivers and supervision requirements.

The reason for adopting the proposed rules is prompted by enacted legislation updates to the Emergency Medical Services practice act.

Persons interested in presenting amendments, data, opinions, and arguments for or against the proposed rules may appear in-person at the hearing, or mail or e-mail them to Board of Medical and Osteopathic Examiners, 101 N. Main Ave. Suite 301, Sioux Falls, SD 57104 or SDBMOE@state.sd.us. The deadline to submit any such written comments for consideration must reach the Board by June 6, 2025.

After the written comment period, the Board of Medical and Osteopathic Examiners will consider all written and oral comments it receives on the proposed rules. The Board of Medical and Osteopathic Examiners may modify or amend a proposed rule at that time to include or exclude matters that are described in this notice.

For Persons with Disabilities: This hearing will be located at a physically accessible place. Please contact the Board of Medical and Osteopathic Examiners at least 48 hours before the public hearing if you have special needs for which special arrangements can be made by calling (605) 367-7781. Copies of the proposed rules may be obtained without charge from:

Board of Medical and Osteopathic Examiners and/or
www.rules.sd.gov and/or
www.sdbmoegov 101 N. Main Ave. Ste. 301
Sioux Falls, SD 57104 SDB-MOE@state.sd.us (605)367-7781

Published once on May 9, 2025, at the approximate cost of \$26.86, and may be viewed free of charge at www.sdpublishing.com or TheDakotaScout.com.

PUBLIC NOTICE

FORM 6

Plumbing Commission
Notice of Public Hearing to Adopt Rules
A public hearing will be held

via Microsoft Teams on May 29, 2025, at 10:00 a.m. Central Time, to consider the adoption and amendment of proposed Administrative Rules of South Dakota numbered

20:53:02:19; 20:53:03:01;
20:53:03:05; 20:53:03:09;
20:53:04:04; 20:53:04:05;
20:53:04:09; 20:53:05:02;
20:53:05:05; 20:53:05:08;
20:53:06:02; 20:53:06:05;
20:53:06:08; 20:53:07:03;
20:53:07:06; 20:53:07:09;
20:53:08:03; 20:53:08:06;
20:53:08:09; 20:53:10:02;
20:53:10:03; 20:53:12:01;
20:53:12:02; 20:53:12:03; and
20:53:12:04.

The effect of the rules will be an increase in fees for plumbing installation certificates, inspections, and licenses as well as set fee amounts for application processing, administrative, and license verification fees.

The reason for adopting the proposed rules is to generate increased revenue for the commission to maintain long term operations.

Persons interested in presenting amendments, data, opinions, and arguments for or against the proposed rules may appear via Microsoft Teams at the hearing, or mail or e-mail them to South Dakota Plumbing Commission, 217 W. Missouri Ave, Pierre, SD 57501 and SDPlumbing@state.sd.us. The deadline to submit any such written comments for consideration is seventy-two hours before the date of the public hearing and no later than May 26, 2025 at 10:00 a.m. Central Time.

After the written comment period, the Plumbing Commission will consider all written and oral comments it receives on the proposed rules. The Plumbing Commission may modify or amend a proposed rule at that time to include or exclude matters that are described in this notice.

For Persons with Disabilities: This hearing will be located at a physically accessible place (electronically accessible as the hearing is being held via video conference). Please contact Plumbing Commission at least 48 hours before the public hearing if you have special needs for which special arrangements can be made by calling 605-733-3429.

The Microsoft Teams meeting login information is as follows:

Login:
URL (for web browser):
Meeting ID: 227 438 062 36
Passcode: 8ux2FQ6z
Call in (audio only):
Phone number: 1-605-679-7263

Phone conference ID: 829 362 829#

Copies of the proposed rules may be obtained without charge from:

Plumbing Commission and/or
rules.sd.gov
217 W. Missouri Ave
Pierre, SD 57501
SDPlumbing@state.sd.us
605-733-3429

Published once on May 9, 2025, at the approximate cost of \$32.24, and may be viewed free of charge at www.sdpublishing.com or TheDakotaScout.com.

LINCOLN COUNTY

NOTICE OF HEARING UPON APPLICATION FOR SPECIAL ONE-DAY ALCOHOLIC BEVERAGE LICENSE

NOTICE IS HEREBY GIVEN that a hearing will be held in the Lincoln County Commission Meeting Room, 104 N. Main Street, Canton, South Dakota 57013 on the 27th day of May 2025, between 8:30 A.M. and adjournment of said meeting, to consider the application for the following Special One-Day

On-Sale Liquor Retail License: APPLICANT: David Dersch, License# RI-5509, P.O. 269, Humboldt, SD 57035

EVENT LOCATION: Prosper Country Warehouse and Event Hall, 46620 278th St., Lennox, SD 57039.

EVENT DATES: June 14, June 21, July 19, 2025.

At which time and place, any interested person may appear to state their objections to the granting of the same.

Dated at Canton, South Dakota, this 25th day of April 2025.

Sheri Lund
Lincoln County Auditor
Published once on May 9, 2025, at the approximate cost of \$12.64, and may be viewed free of charge at www.sdpublishing.com or TheDakotaScout.com.

LINCOLN COUNTY

APRIL 15, 2025 COUNTY BOARD OF EQUALIZATION THE LINCOLN COUNTY BOARD OF COMMISSIONERS

convened as a County Board of Equalization at 9:00 a.m. on April 15, 2025, with Commissioners Joel Arends, Tiffani Landeen, Betty Otten, Doug Putnam and Jim Schmidt present. Sheri Lund, Auditor, served as Clerk of the Board.

Tiffani Landeen, Chair, called the meeting to order. MOTION by Arends and seconded by Otten to convene as the County Board of Equalization. Arends: "Aye" Otten: "Aye" Putnam: "Aye" Schmidt: "Aye" Landeen: "Aye". Motion carried.

OPPORTUNITY FOR PUBLIC COMMENT:

No one chose to give comment to the Board at this time. Karla Goossen, Director of Equalization, was present to present appeals and requested actions to the Board.

MOTION by Schmidt and seconded by Arends to approve the 04.08.2025 Board of Equalization Meeting minutes. Arends: "Aye" Otten: "Aye" Putnam: "Aye" Schmidt: "Aye" Landeen: "Aye". Motion carried.

MOTION by Schmidt and seconded by Arends continuing exemptions SDCL 10-4-21 Periodic review of tax-exempt property: SDCL 10-4-81, 0% exempt, Parcels 270.17.01.CODD, 270.20.06.006, 260.30.07.006. Arends: "Aye" Otten: "Aye" Putnam: "Aye" Schmidt: "Aye" Landeen: "Aye". Motion carried.

MOTION by Schmidt and seconded by Arends to direct the Director of Equalization to correct clerical errors of the assessment roll for the year 2025 pursuant to SDCL 10-11-26 (1). Arends: "Aye" Otten: "Aye" Putnam: "Aye" Schmidt: "Aye" Landeen: "Aye". Motion carried.

Objection to Real Property Assessment was presented for parcel number 100.49.66.H052 submitted by Adamson, Rayne for a property located in the Springdale Township. Appellant was present. MOTION by Otten and seconded by Schmidt that the NA-C-S be set at \$85,000 and the NA-C1-S be set at \$652,143 for a total valuation of \$737,143. Arends: "Nay" Otten: "Aye" Putnam: "Aye" Schmidt: "Aye" Landeen: "Abstain". Motion failed.

Objection to Real Property Assessment was presented for parcel number 270.82.03.021 submitted by Bren, Madison & Trey for a property located in the City of Harrisburg. Appellant was present. MOTION by Otten and seconded by Arends that the NA-D-S be set at \$72,372 and the NA-D1-S be set at \$510,165 for a total valuation of \$582,537. Arends: "Aye" Otten: "Aye" Putnam: "Aye" Schmidt: "Aye" Landeen: "Aye".

Motion carried.

Objection to Real Property Assessment was presented for parcel number 250.18.03.006 submitted by Meyer, Braeden and Alexis for a property located in the City of Lennox. Appellant was present. MOTION by Arends and seconded by Putnam that the NA-D-S be set at \$44,625 and the NA-D1-S be set at \$196,000 for a total valuation of \$240,625. Arends: "Aye" Otten: "Nay" Putnam: "Aye" Schmidt: "Aye" Landeen: "Aye". Motion carried.

Objection to Real Property Assessment was presented for parcel number 099.50.17.B200 submitted by Stengrim, Thomas Len and Stacie for a property located in the LaValley Township. Appellant was present. MOTION by Arends and seconded by Putnam that the NA-C-S be set at \$20,000, the NA-C1-S be set at \$494,435 and the NA-C1 be set at \$47,915 for a total valuation of \$562,350. Arends: "Aye" Otten: "Nay" Putnam: "Aye" Schmidt: "Nay" Landeen: "Nay". Motion failed.

Objection to Real Property Assessment was presented for parcel number 099.50.17.B200 submitted by Stengrim, Thomas Len and Stacie for a property located in the LaValley Township. Appellant was present. MOTION by Otten and seconded by Schmidt that the NA-C-S be set at \$150,000, the NA-C1-S be set at \$494,435 and the NA-C1 be set at \$47,915 for a total valuation of \$692,350. Arends: "Nay" Otten: "Aye" Putnam: "Nay" Schmidt: "Aye" Landeen: "Aye". Motion carried.

Commissioner Schmidt left the meeting at 9:55 a.m. Objection to Real Property Assessment was presented for parcel number 099.50.05.1021 submitted by Stanga, Hunter Trust, for a property located in the LaValley Township. Appellant was present. MOTION by Otten that the NA-C-S be set at \$150,000, the NA-C1-S be set at \$512,804 and the NA-C1 be set at \$56,008 for a total valuation of \$718,812. Motion failed from lack of a second.

Objection to Real Property Assessment was presented for parcel number 281.59.01.007A submitted by Boyd, Michael and Jillayne for a property located in the City of Sioux Falls. Appellant was present. MOTION by Arends and seconded by Otten that the NA-D-S be set at \$44,129 and the NA-D1-S be set at \$235,871 for a total valuation of \$280,000. Arends: "Aye" Otten: "Aye" Putnam: "Aye" Schmidt: "Abstain" Landeen: "Aye". Motion carried.

Commissioner Schmidt returned to the meeting at 10:14 a.m.

Objection to Real Property Assessment was presented for parcel number 270.76.01.003 submitted by Quien Rentals, LLC for a property located in the City of Harrisburg. Appellant was present. MOTION by Arends and seconded by Otten that the NA-DC be set at \$255,950 and the NA-DC2 be set at \$625,000 for a total valuation of \$880,950. Arends: "Aye" Otten: "Aye" Putnam: "Aye" Schmidt: "Aye" Landeen: "Aye". Motion carried.

Objection to Real Property Assessment was presented for parcel number 099.50.05.1021 submitted by Stanga, Hunter Trust, for a property located in the LaValley Township. Appellant was present. MOTION by Otten that the NA-C-S be set at \$175,000, the NA-C1-S be set at \$512,804 and the NA-C1 be set at \$56,008 for a total valuation of \$743,812. Motion failed from lack of a second.

Objection to Real Property Assessment was presented for parcel number 099.50.05.1021 submitted by Stanga, Hunter Trust, for a property located in the LaValley Township. Appellant was present. MOTION by Otten that the NA-C-S be set at \$175,000, the NA-C1-S be set at \$512,804 and the NA-C1 be set at \$56,008 for a total valuation of \$743,812. Motion failed from lack of a second.

Objection to Real Property Assessment was presented for parcel number 099.50.05.1021 submitted by Stanga, Hunter Trust, for a property located in the LaValley Township. Appellant was present. MOTION by Schmidt that the NA-C-S be set at \$171,350, the NA-C1-S be set at \$456,402 and the NA-C1 be set at \$56,008 for a total valuation of \$683,760. Motion failed from lack of a second.

Objection to Real Property Assessment was presented for parcel number 099.50.05.1021 submitted by Stanga, Hunter Trust, for a property located in the LaValley Township. Appellant was present. MOTION by Schmidt that the NA-C-S be set at \$150,000, the NA-C1-S be set at \$434,000 and the NA-C1 be set at \$56,000 for a total valuation of \$640,000. Motion failed from lack of a second.

Objection to Real Property Assessment was presented for parcel number 099.50.05.1021 submitted by Stanga, Hunter Trust, for a property located in the LaValley Township. Appellant was present. MOTION by Schmidt and seconded by Otten that the NA-C-S be set at \$137,590, the NA-C1-S be set at \$456,402 and the NA-C1 be set at \$56,008 for a total valuation of \$650,000. Arends: "Abstain" Otten: "Aye" Putnam: "Nay" Schmidt: "Aye" Landeen: "Aye". Motion carried.

Objection to Real Property Assessment was presented for parcel number 100.49.67.A100 submitted by Hansen, Garner for a property located in the Springdale Township. Appellant was present. MOTION by Arends and seconded by Putnam that the NA-C-S be set at \$100,000, the NA-C1-S be set at \$185,000 and the NA-CC2 be set at \$46,810 for a total valuation of \$331,810. Arends: "Aye" Otten: "Nay" Putnam: "Aye" Schmidt: "Nay" Landeen: "Nay". Motion failed.

Objection to Real Property Assessment was presented for parcel number 100.49.67.A100 submitted by Hansen, Garner for a property located in the Springdale Township. Appellant was present. MOTION by Arends and seconded by Putnam that the NA-C-S be set at \$170,000, the NA-C1-S be set at \$174,838 and the NA-CC2 be set at \$46,810 for a total valuation of \$391,648. Arends: "Aye" Otten: "Nay" Putnam: "Aye" Schmidt: "Nay" Landeen: "Nay". Motion failed.

Objection to Real Property Assessment was presented for parcel number 100.49.67.A100 submitted by Hansen, Garner for a property located in the Springdale Township. Appellant was present. MOTION by Otten that the NA-C-S be set at \$245,400, the NA-C1-S be set at \$174,838 and the NA-CC2 be set at \$46,810 for a total valuation of \$467,048. Motion failed from lack of a second.

Objection to Real Property Assessment was presented for parcel number 100.49.67.A100 submitted by Hansen, Garner for a property located in the Springdale Township. Appellant was present. MOTION by Arends and seconded by Schmidt that the NA-C-S be set at \$207,700, the NA-C1-S be set at \$185,000 and the NA-CC2 be set at \$46,810 for a total valuation of \$439,510. Arends: "Aye" Otten: "Aye" Putnam: "Aye" Schmidt: "Aye" Landeen: "Aye". Motion carried.

Objection to Real Property Assessment was presented for parcel number 240.64.07.001 submitted by LSCG Holdings, LLC for a property located in



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OF PUBLICATION**

I hereby certify that the public notice detailed below was published on the run date(s) indicated in the publication identified below, a legal newspaper as defined by SDCL 17-2-2.1, in the city of Rapid City, county of Pennington, South Dakota.

Signed: [Signature]
Print Name: Sandy DeBeer, Advertising Placement Coordinator

Notary Public: [Signature]
My commission expires: MAY 4, 2027



**Advertiser Name: SD Board of Medical & Osteopathic
Examiners**

Order #: 25052SS9

Rapid City Journal (Rapid City, SD)

| Run Date | Ad Size | Caption / Position / Special Instructions | Section and Page information |
|--------------|-------------|---|------------------------------|
| Sat 05/10/25 | 0.00 X 0.00 | Caption: Public Hearing to Adopt Rules: Emergency Medical Services | |

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Video Game Hall of Fame inducts 4 honorees

ASSOCIATED PRESS

ROCHESTER, N.Y. — The World Video Game Hall of Fame has inducted four new honorees, paying tribute to games that challenged players and changed the industry.

Making up the Class of 2025 are: Defender, the 1981 arcade game that raised the bar on difficulty; Tamagotchi, the digital pets that bridged toys and video games; GoldenEye 007, whose four-person mode influenced multiplayer games that followed; and Quake, which debuted in 1996 with a 3D engine that became the new standard for the industry.

The winners emerged Thursday from a field of 12 finalists that included Age of Empires, Angry Birds, Call of Duty 4: Modern Warfare, Frogger, Golden Tee, Harvest Moon, Mattel Football and NBA 2K.

The Hall of Fame each year recognizes arcade, console, computer, handheld, and mobile games that had staying power and influenced the video game industry or pop culture.

Id Software's 1996 Quake was recognized for its lasting influence, with a game code that "is a literal legacy" and continues to be used in some games after nearly 30 years, electronic games curator Lindsey Kurnan said.

Quake co-creator John Romero, on hand to see his game enshrined, said he and the other developers worked on the game for an exceptionally long time, a year and a half, playing it constantly.

"We're just really happy with the impact that Quake made on the world," he said. The best-selling Defender, released by Williams Electronics, proved that players would embrace complex and challenging games in the arcade, the experts said. It combined intense gameplay and a complicated control scheme with a horizontally scrolling shooter.

"Defender's punishing gameplay raised the level of competition in arcades, and it was among the first games to truly separate dedicated players from more casual ones," Jeremy Saucier, assistant vice president for interpretation and electronic games, said.

The 1996 launch of Tamagotchi is credited with sparking the popularity of pet simulation video games. The handheld egg-shaped electronic game allowed owners to care for a virtual pet from birth through death, feeding, playing with and cleaning up after it by pressing buttons. Collections manager Kristi Hertz said Tamagotchi offered something different than the popular video game electronics of the time.

"It provided players with feelings of connection, caring, and customization, a respite from competition and fighting games," she said. Neopets, Nintendogs and other social media and app-based versions of pet simulation games would follow.

GoldenEye 007 was based on the 1995 James Bond spy film "GoldenEye" and was the third best-selling game for the Nintendo 64, behind Super Mario 64 and Mario Kart 64. The result of a 1997 partnership between Nintendo and Rare, the first-person shooter game was known for its four-person, multiplayer mode, which Hall of Fame experts said influenced many multiplayer games that followed.

LEGAL NOTICES

Army National Guard Public Notice

THE SOUTH DAKOTA ARMY NATIONAL GUARD INVITES THE PUBLIC TO LEARN ABOUT AND PROVIDE INPUT ON ENVIRONMENTAL INVESTIGATION AND CLEANUP ACTIVITIES AT RAPID CITY ARMY AVIATION SUPPORT FACILITY, SOUTH DAKOTA.

4750 GUARD RD, RAPID CITY, SOUTH DAKOTA, 57703
The South Dakota Army National Guard is conducting an environmental investigation for car and polychlorinated biphenyls (PCBs) at the Rapid City Army Aviation Support Facility (AASF) in Rapid City, South Dakota. An Administrative Record (AR) has been initiated in support of this investigation. The Administrative Record is a file maintained by the Army National Guard (ARNG) which will include selected technical reports, fact sheets, general information, and other relevant documents used to make decisions throughout the response action. To ensure information about the AASF work at Rapid City AASF is available to interested citizens, the ARNG will maintain these records at the following location:

National Guard Bureau: 111 S. George Mason Drive, Arlington, Virginia 22204.
Rapid City Public Library: 610 Quincy St., Rapid City, South Dakota 57701. (605) 394-6139. Further information will be available at the Public Library.

The ARNG is also soliciting public input in establishing a Restoration Advisory Board (RAB) for AASF remedial investigation activities at Rapid City AASF. What is a RAB? A RAB is a community group which meets to discuss and receive information on environmental restoration (cleanup of contamination) projects at a military facility.

What does a RAB do? A RAB enables local community members interested in environmental cleanup to receive from and exchange information with the facility and regulatory agencies managing environmental cleanup projects at Rapid City AASF. At meetings, RAB members and the public can receive updates and ask questions on the status of the environmental cleanup program at Rapid City AASF. Though RABs are not a decision-making group, RABs do give local community members the opportunity to have their voices heard and to provide valuable community input to the facility and regulatory agencies.

Are you interested in participating in a RAB for Rapid City AASF? If you are interested in learning more about Rapid City AASF, or if you are interested in participating in a RAB, please contact the ARNG at Rapid City AASF. After you are a RAB member or by attending meetings at Rapid City AASF, you will be able to provide input to the ARNG. For further information on the Administrative Record or to participate in the RAB, contact:

South Dakota Army National Guard
Public Affairs Officer (PAO) for AASF
2823 W. Main St., Rapid City, SD 57702
scot.s.inquiries@armymil.mil

(Published May 10, 2025 for a total approximate cost of \$66.25 and may be viewed for free at www.southdakotajournal.com)
Legal No. COL-SD-2458

Notice of Request for Proposals (RFP) for External Audit Services
Dakota Economic Development Corporation (DEDC) is soliciting proposals from qualified accounting firms to perform external audit services.

Full RFP available by emailing info@cedecinc.com.

Proposals must be submitted by June 9, 2025.

DEDC reserves the right to reject any or all proposals.

(Published May 6, 10, 13, 20, 27, 2025 for a total approximate cost of \$40.75 and may be viewed for free at www.southdakotajournal.com)
Legal No. COL-SD-2447

25052559 FORM 6
Board of Medical and Osteopathic Examiners
Notice of Public Hearing to Adopt Rules

A public hearing will be held at 101 N. Main Ave. in the First National Bank Building in room 306, Sioux Falls, South Dakota, on Thursday, May 14, 2025, at 8:00 a.m. (CTV 8:00 a.m. (MT)). The public hearing will also be accessible via Microsoft Teams.

The hearing will be held at 101 N. Main Ave. in the First National Bank Building in room 306, Sioux Falls, South Dakota, on Thursday, May 14, 2025, at 8:00 a.m. (CTV 8:00 a.m. (MT)). The public hearing will also be accessible via Microsoft Teams.

The hearing will be held at 101 N. Main Ave. in the First National Bank Building in room 306, Sioux Falls, South Dakota, on Thursday, May 14, 2025, at 8:00 a.m. (CTV 8:00 a.m. (MT)). The public hearing will also be accessible via Microsoft Teams.

The hearing will be held at 101 N. Main Ave. in the First National Bank Building in room 306, Sioux Falls, South Dakota, on Thursday, May 14, 2025, at 8:00 a.m. (CTV 8:00 a.m. (MT)). The public hearing will also be accessible via Microsoft Teams.

The hearing will be held at 101 N. Main Ave. in the First National Bank Building in room 306, Sioux Falls, South Dakota, on Thursday, May 14, 2025, at 8:00 a.m. (CTV 8:00 a.m. (MT)). The public hearing will also be accessible via Microsoft Teams.

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LEGAL NOTICES

STATE OF SOUTH DAKOTA IN CIRCUIT COURT

SEVENTH JUDICIAL CIRCUIT COURT FILE NO. A24-0240
The People of the State of South Dakota in the Interest of, E.O.

CLAYTON
MARIAM CHANNY
ALEX GROSS
JAMES CLAYTON
Respondents

TO JESSIE DRAGGOS AND PAUL CLAYTON:
YOU ARE HEREBY NOTIFIED that a verified Amended Petition has been filed in the above-named Court in which it is represented that the Court is ABANDONED AND NEGLECTED.

YOU ARE HEREBY NOTIFIED that the Court is ABANDONED AND NEGLECTED. YOU ARE HEREBY NOTIFIED that the Court is ABANDONED AND NEGLECTED.

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LEGAL NOTICES

Estate of Cork John

STATE OF SOUTH DAKOTA IN CIRCUIT COURT
SEVENTH JUDICIAL CIRCUIT COURT FILE NO. A24-0240
The People of the State of South Dakota in the Interest of, E.O.

CLAYTON
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LEGAL NOTICES

NOTICE OF HEARING FOR ADULT NAME CHANGE

STATE OF SOUTH DAKOTA IN CIRCUIT COURT
SEVENTH JUDICIAL CIRCUIT COURT FILE NO. A24-0240
The People of the

SOUTH DAKOTA STATE MEDICAL ASSOCIATION

Values. Ethics. Advocacy.

2600 W. 49th Street, Suite 100
Sioux Falls, SD 57105-6569
605-336-1965
Fax 605-274-3274
www.sdsma.org

June 4, 2025

Jennifer Tegethoff, MD, President
South Dakota Board of Medical & Osteopathic Examiners
101 N Main Ave, Ste 301
Sioux Falls, SD 57104-6411

RE: EMS Personnel Administrative Rules

Dear Dr. Tegethoff:

Thank you for the opportunity to provide formal comments on the draft proposed rules for Emergency Medical Services (EMS) Personnel.

Upon review of the draft proposal, we respectfully ask for staff's consideration of the following proposed modification to the draft rules.

- strike the last sentence of proposed 20:61:04:04.

As a primary matter, it seems there may be a typographical error in the numbering of the rules. For purposes of this letter, this letter assumes page 10 of the rules packet is intended to be 20:61:04:02 and page 11 is intended to be 20:61:04:03.

As written, proposed rule 20:61:04:04 contradicts SDCL 34-11-2 and the rule proposed in 20:61:04:03 because both SDCL 34-11-2 and the rule proposed in 20:61:04:03 require that a community paramedic only provide services "in conjunction with the medical director of the ambulance service." A "medical director" must be a physician pursuant to SDCL 34-11-2. Presumably, the legislature set this requirement because physicians are best suited to ensure proper supervision of community paramedics with an eye toward public health and safety.

However, the last sentence of the rule proposed in 20:61:04:04, contrary to both SDCL 36-4B-18.3 and the rule proposed in 20:61:04:03, seems to authorize a community paramedic to provide services for an ambulance system operating under a hardship exemption without a medical director. Read by itself, the last sentence in proposed rule 20:61:04:04 allows a NP or PA to supervise community paramedics if the hardship exception applies, but SDCL 34-11-2 doesn't allow that and neither does the rule proposed in 20:61:04:03.

In summary, to protect the health and safety of the public, state law requires a community paramedic to "practice in conjunction with the medical director of the ambulance service," which by statute needs to be a physician. The last sentence proposed in 20:61:04:04 conflicts with that legal requirement and risks public health. Accordingly, the SDSMA respectfully requests that the board strike the last sentence of proposed 20:61:04:04, as doing such resolves the statutory and internal rule conflict, and better serves the interests of public health.

Thank you for your consideration of our recommended changes to your proposed rules.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith A. Hansen", with a long horizontal stroke extending to the right.

Keith A. Hansen, MD, President
South Dakota State Medical Association

CC: Barbara Smith, CEO, SDSMA
Justin Bell, JD, SDSMA Legal Counsel
Margaret Hansen, Executive Director, SDBMOE