

Effective 5/3/2023

Part 1
Utah Emergency Medical Services System

Superseded 7/1/2024

26B-4-101 Definitions.

As used in this part:

- (1)
 - (a) "911 ambulance or paramedic services" means:
 - (i) either:
 - (A) 911 ambulance service;
 - (B) 911 paramedic service; or
 - (C) both 911 ambulance and paramedic service; and
 - (ii) a response to a 911 call received by a designated dispatch center that receives 911 or E911 calls.
 - (b) "911 ambulance or paramedic services" does not mean a seven or 10 digit telephone call received directly by an ambulance provider licensed under this part.
- (2) "Ambulance" means a ground, air, or water vehicle that:
 - (a) transports patients and is used to provide emergency medical services; and
 - (b) is required to obtain a permit under Section 26B-4-118 to operate in the state.
- (3) "Ambulance provider" means an emergency medical service provider that:
 - (a) transports and provides emergency medical care to patients; and
 - (b) is required to obtain a license under Sections 26B-4-150 through 26B-4-170.
- (4)
 - (a) "Behavioral emergency services" means delivering a behavioral health intervention to a patient in an emergency context within a scope and in accordance with guidelines established by the department.
 - (b) "Behavioral emergency services" does not include engaging in the:
 - (i) practice of mental health therapy as defined in Section 58-60-102;
 - (ii) practice of psychology as defined in Section 58-61-102;
 - (iii) practice of clinical social work as defined in Section 58-60-202;
 - (iv) practice of certified social work as defined in Section 58-60-202;
 - (v) practice of marriage and family therapy as defined in Section 58-60-302;
 - (vi) practice of clinical mental health counseling as defined in Section 58-60-402; or
 - (vii) practice as a substance use disorder counselor as defined in Section 58-60-502.
- (5) "Committee" means the State Emergency Medical Services Committee created by Section 26B-1-204.
- (6) "Community paramedicine" means medical care:
 - (a) provided by emergency medical service personnel; and
 - (b) provided to a patient who is not:
 - (i) in need of ambulance transportation; or
 - (ii) located in a health care facility as defined in Section 26B-2-201.
- (7) "Direct medical observation" means in-person observation of a patient by a physician, registered nurse, physician's assistant, or individual licensed under Section 26B-4-116.
- (8) "Emergency medical condition" means:

- (a) a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
 - (i) placing the individual's health in serious jeopardy;
 - (ii) serious impairment to bodily functions; or
 - (iii) serious dysfunction of any bodily organ or part; or
 - (b) a medical condition that in the opinion of a physician or the physician's designee requires direct medical observation during transport or may require the intervention of an individual licensed under Section 26B-4-116 during transport.
- (9)
- (a) "Emergency medical service personnel" means an individual who provides emergency medical services or behavioral emergency services to a patient and is required to be licensed or certified under Section 26B-4-116.
 - (b) "Emergency medical service personnel" includes a paramedic, medical director of a licensed emergency medical service provider, emergency medical service instructor, behavioral emergency services technician, other categories established by the committee, and a certified emergency medical dispatcher.
- (10) "Emergency medical service providers" means:
- (a) licensed ambulance providers and paramedic providers;
 - (b) a facility or provider that is required to be designated under Subsection 26B-4-117(1)(a); and
 - (c) emergency medical service personnel.
- (11) "Emergency medical services" means:
- (a) medical services;
 - (b) transportation services;
 - (c) behavioral emergency services; or
 - (d) any combination of the services described in Subsections (11)(a) through (c).
- (12) "Emergency medical service vehicle" means a land, air, or water vehicle that is:
- (a) maintained and used for the transportation of emergency medical personnel, equipment, and supplies to the scene of a medical emergency; and
 - (b) required to be permitted under Section 26B-4-118.
- (13) "Governing body":
- (a) means the same as that term is defined in Section 11-42-102; and
 - (b) for purposes of a "special service district" under Section 11-42-102, means a special service district that has been delegated the authority to select a provider under this part by the special service district's legislative body or administrative control board.
- (14) "Interested party" means:
- (a) a licensed or designated emergency medical services provider that provides emergency medical services within or in an area that abuts an exclusive geographic service area that is the subject of an application submitted pursuant to Sections 26B-4-150 through 26B-4-170;
 - (b) any municipality, county, or fire district that lies within or abuts a geographic service area that is the subject of an application submitted pursuant to Sections 26B-4-150 through 26B-4-170; or
 - (c) the department when acting in the interest of the public.
- (15) "Level of service" means the level at which an ambulance provider type of service is licensed as:
- (a) emergency medical technician;
 - (b) advanced emergency medical technician; or
 - (c) paramedic.

- (16) "Medical control" means a person who provides medical supervision to an emergency medical service provider.
- (17) "Non-911 service" means transport of a patient that is not 911 transport under Subsection (1).
- (18) "Nonemergency secured behavioral health transport" means an entity that:
 - (a) provides nonemergency secure transportation services for an individual who:
 - (i) is not required to be transported by an ambulance under Section 26B-4-119; and
 - (ii) requires behavioral health observation during transport between any of the following facilities:
 - (A) a licensed acute care hospital;
 - (B) an emergency patient receiving facility;
 - (C) a licensed mental health facility; and
 - (D) the office of a licensed health care provider; and
 - (b) is required to be designated under Section 26B-4-117.
- (19) "Paramedic provider" means an entity that:
 - (a) employs emergency medical service personnel; and
 - (b) is required to obtain a license under Sections 26B-4-150 through 26B-4-170.
- (20) "Patient" means an individual who, as the result of illness, injury, or a behavioral emergency condition, meets any of the criteria in Section 26B-4-119.
- (21) "Political subdivision" means:
 - (a) a city, town, or metro township;
 - (b) a county;
 - (c) a special service district created under Title 17D, Chapter 1, Special Service District Act, for the purpose of providing fire protection services under Subsection 17D-1-201(9);
 - (d) a special district created under Title 17B, Limited Purpose Local Government Entities - Special Districts, for the purpose of providing fire protection, paramedic, and emergency services;
 - (e) areas coming together as described in Subsection 26B-4-156(2)(b)(ii); or
 - (f) an interlocal entity under Title 11, Chapter 13, Interlocal Cooperation Act.
- (22) "Trauma" means an injury requiring immediate medical or surgical intervention.
- (23) "Trauma system" means a single, statewide system that:
 - (a) organizes and coordinates the delivery of trauma care within defined geographic areas from the time of injury through transport and rehabilitative care; and
 - (b) is inclusive of all prehospital providers, hospitals, and rehabilitative facilities in delivering care for trauma patients, regardless of severity.
- (24) "Triage" means the sorting of patients in terms of disposition, destination, or priority. For prehospital trauma victims, triage requires a determination of injury severity to assess the appropriate level of care according to established patient care protocols.
- (25) "Triage, treatment, transportation, and transfer guidelines" means written procedures that:
 - (a) direct the care of patients; and
 - (b) are adopted by the medical staff of an emergency patient receiving facility, trauma center, or an emergency medical service provider.
- (26) "Type of service" means the category at which an ambulance provider is licensed as:
 - (a) ground ambulance transport;
 - (b) ground ambulance interfacility transport; or
 - (c) both ground ambulance transport and ground ambulance interfacility transport.

Amended by Chapter 307, 2023 General Session

Effective 7/1/2024

26B-4-101 Definitions.

Reserved.

Amended by Chapter 307, 2023 General Session

Amended by Chapter 307, 2023 General Session, (Coordination Clause)

Superseded 7/1/2024

26B-4-102 Department powers.

The department shall:

- (1) coordinate the emergency medical services within the state;
- (2) administer this part and the rules established pursuant to it;
- (3) establish a voluntary task force representing a diversity of emergency medical service providers to advise the department and the committee on rules;
- (4) establish an emergency medical service personnel peer review board to advise the department concerning discipline of emergency medical service personnel under this part;
- (5) adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:
 - (a) license ambulance providers and paramedic providers;
 - (b) permit ambulances, emergency medical response vehicles, and nonemergency secured behavioral health transport vehicles, including approving an emergency vehicle operator's course in accordance with Section 26B-4-118;
 - (c) establish:
 - (i) the qualifications for membership of the peer review board created by this section;
 - (ii) a process for placing restrictions on a license while an investigation is pending;
 - (iii) the process for the investigation and recommendation by the peer review board; and
 - (iv) the process for determining the status of a license while a peer review board investigation is pending;
 - (d) establish application, submission, and procedural requirements for licenses, designations, and permits; and
 - (e) establish and implement the programs, plans, and responsibilities as specified in other sections of this part;
- (6) develop and implement, in cooperation with state, federal, and local agencies empowered to oversee disaster response activities, plans to provide emergency medical services during times of disaster or emergency;
- (7) establish a pediatric quality improvement resource program; and
- (8) develop and implement a statewide program to provide support and counseling for personnel who have been exposed to one or more stressful incidents in the course of providing emergency services which shall include:
 - (a) ongoing training for agencies providing emergency services and counseling program volunteers;
 - (b) critical incident stress debriefing for personnel at no cost to the emergency provider; and
 - (c) advising the department on training requirements for licensure as a behavioral emergency services technician.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-103 Waiver of rules and education and licensing requirements.

- (1) Upon application, the department, or the committee with the concurrence of the department, may waive the requirements of a rule the department, or the committee with the concurrence of the department, has adopted if:
 - (a) the person applying for the waiver satisfactorily demonstrates that:
 - (i) the waiver is necessary for a pilot project to be undertaken by the applicant;
 - (ii) in the particular situation, the requirement serves no beneficial public purpose; or
 - (iii) circumstances warrant that waiver of the requirement outweighs the public benefit to be gained by adherence to the rule; and
 - (b) for a waiver granted under Subsection (1)(a)(ii) or (iii):
 - (i) the committee or department extends the waiver to similarly situated persons upon application; or
 - (ii) the department, or the committee with the concurrence of the department, amends the rule to be consistent with the waiver.
- (2) A waiver of education or licensing requirements may be granted to a veteran, as defined in Section 68-3-12.5, if the veteran:
 - (a) provides to the committee or department documentation showing military education and training in the field in which licensure is sought; and
 - (b) successfully passes any examination required.
- (3) No waiver may be granted under this section that is inconsistent with the provisions of this part.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-104 Public awareness efforts.

The department may:

- (1) develop programs to inform the public of the emergency medical service system; and
- (2) develop and disseminate emergency medical training programs for the public, which emphasize the prevention and treatment of injuries and illnesses.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-105 Emergency medical communications.

Consistent with federal law, the department is the lead agency for coordinating the statewide emergency medical service communication systems under which emergency medical personnel, dispatch centers, and treatment facilities provide medical control and coordination between emergency medical service providers.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-106 Data collection.

- (1) The committee shall specify the information that shall be collected for the emergency medical services data system established pursuant to Subsection (2).
- (2)
 - (a) The department shall establish an emergency medical services data system, which shall provide for the collection of information, as defined by the committee, relating to the treatment and care of patients who use or have used the emergency medical services system.

- (b) The committee shall coordinate with the Health Data Authority created in Chapter 8, Part 5, Utah Health Data Authority, to create a report of data collected by the Health Data Committee under Section 26B-8-504 regarding:
 - (i) appropriate analytical methods;
 - (ii) the total amount of air ambulance flight charges in the state for a one-year period; and
 - (iii) of the total number of flights in a one-year period under Subsection (2)(b)(ii):
 - (A) the number of flights for which a patient had no personal responsibility for paying part of the flight charges;
 - (B) the number of flights for which a patient had personal responsibility to pay all or part of the flight charges;
 - (C) the range of flight charges for which patients had personal responsibility under Subsection (2)(b)(iii)(B), including the median amount for paid patient personal responsibility; and
 - (D) the name of any air ambulance provider that received a median paid amount for patient responsibility in excess of the median amount for all paid patient personal responsibility during the reporting year.
- (c) The department may share, with the Department of Public Safety, information from the emergency medical services data system that:
 - (i) relates to traffic incidents;
 - (ii) is for the improvement of traffic safety;
 - (iii) may not be used for the prosecution of criminal matters; and
 - (iv) may not include any personally identifiable information.
- (3)
 - (a) On or before October 1, the department shall make the information in Subsection (2)(b) public and send the information in Subsection (2)(b) to public safety dispatchers and first responders in the state.
 - (b) Before making the information in Subsection (2)(b) public, the committee shall provide the air ambulance providers named in the report with the opportunity to respond to the accuracy of the information in the report under Section 26B-8-506.
- (4) Persons providing emergency medical services:
 - (a) shall provide information to the department for the emergency medical services data system established pursuant to Subsection (2)(a);
 - (b) are not required to provide information to the department under Subsection (2)(b); and
 - (c) may provide information to the department under Subsection (2)(b) or (3)(b).

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-107 Emergency Medical Services Grant Program.

- (1) Funds appropriated to the department for the Emergency Medical Services Grant Program shall be used for improvement of delivery of emergency medical services and administrative costs as described in Subsection (2)(a).
- (2) From the total amount of funds appropriated to the department under Subsection (1), the department shall use:
 - (a) an amount equal to 50% of the funds:
 - (i) to provide staff support; and
 - (ii) for other expenses incurred in:
 - (A) administration of grant funds; and
 - (B) other department administrative costs under this part; and

- (b) an amount equal to 50% of the funds to provide emergency medical services grants in accordance with Subsection (3).
- (3)
 - (a) A recipient of a grant under this section shall actively provide emergency medical services within the state.
 - (b)
 - (i) From the total amount of funds used to provide grants under Subsection (3), the department shall distribute an amount equal to 21% as per capita block grants for use specifically related to the provision of emergency medical services to nonprofit prehospital emergency medical services providers that are either licensed or designated and to emergency medical services that are the primary emergency medical services for a service area.
 - (ii) The department shall determine the grant amounts by prorating available funds on a per capita basis by county as described in department rule.
 - (c) Subject to Subsections (3)(d) through (f), the committee shall use the remaining grant funds to award competitive grants to licensed emergency medical services providers that provide emergency medical services within counties of the third through sixth class, in accordance with rules made by the committee.
 - (d) A grant awarded under Subsection (3)(c) shall be used:
 - (i) for the purchase of equipment, subject to Subsection (3)(e); or
 - (ii) for the recruitment, training, or retention of licensed emergency medical services providers.
 - (e) A recipient of a grant under Subsection (3)(c) may not use more than \$100,000 in grant proceeds for the purchase of vehicles.
 - (f) A grant awarded for the purpose described in Subsection (3)(d)(ii) is ongoing for a period of up to three years.
 - (g)
 - (i) If, after providing grants under Subsections (3)(c) through (f), any grant funds are unallocated at the end of the fiscal year, the committee shall distribute the unallocated grant funds as per capita block grants as described in Subsection (3)(b).
 - (ii) Any grant funds distributed as per capita grants under Subsection (3)(g)(i) are in addition to the amount described in Subsection (3)(b).

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-108 Fees for training equipment rental, testing, and quality assurance reviews.

- (1) The department may charge fees, established in accordance with Section 26B-1-209:
 - (a) for the use of department-owned training equipment;
 - (b) to administer tests and conduct quality assurance reviews; and
 - (c) to process an application for a designation, permit, or license.
- (2)
 - (a) Fees collected under Subsections (1)(a) and (b) shall be separate dedicated credits.
 - (b) Fees under Subsection (1)(a) may be used to purchase training equipment.
 - (c) Fees under Subsection (1)(b) may be used to administer tests and conduct quality assurance reviews.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-109 Regional Emergency Medical Services Liaisons -- Qualifications -- Duties.

- (1) As used in this section:
 - (a) "Liaison" means a regional emergency medical services liaison hired under this section.
 - (b) "Rural county" means a county of the third, fourth, fifth, or sixth class.
- (2) The department shall hire five individuals to serve as regional emergency medical services liaisons to:
 - (a) serve the needs of rural counties in providing emergency medical services in accordance with this part;
 - (b) act as a liaison between the department and individuals or entities responsible for emergency medical services in rural counties, including:
 - (i) emergency medical services providers;
 - (ii) local officials; and
 - (iii) local health departments or agencies;
 - (c) provide support and training to emergency medical services providers in rural counties;
 - (d) assist rural counties in utilizing state and federal grant programs for financing emergency medical services; and
 - (e) serve as emergency medical service personnel to assist licensed providers with ambulance staffing needs within rural counties.
- (3) Each liaison hired under Subsection (2):
 - (a) shall reside in a rural county; and
 - (b) shall be licensed as:
 - (i) an advanced emergency medical technician as defined in Section 26B-4-137; or
 - (ii) a paramedic as defined in Section 26B-4-137.
- (4) The department shall provide each liaison with a vehicle and other equipment in accordance with rules established by the department.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-110 Community paramedicine program.

- (1) A ground ambulance provider or a designated quick response provider, as designated in accordance with Section 26B-4-117, may develop and implement a community paramedicine program.
- (2)
 - (a) Before providing services, a community paramedicine program shall:
 - (i) implement training requirements as determined by the committee; and
 - (ii) submit a written community paramedicine operational plan to the department that meets requirements established by the committee.
 - (b) A community paramedicine program shall report data, as determined by the committee, related to community paramedicine to the department.
- (3) A service provided as part of a community paramedicine program may not be billed to an individual or a health benefit plan as defined in Section 31A-1-301 unless:
 - (a) the service is provided in partnership with a health care facility as defined in Section 26B-2-201; and
 - (b) the partnering health care facility is the person that bills the individual or health benefit plan.
- (4) Nothing in this section affects any billing authorized under Section 26B-4-152.
- (5) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the committee shall make rules to implement this section.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-111 Establishment of statewide trauma system.

The department shall establish and actively supervise a statewide trauma system to:

- (1) promote optimal care for trauma patients;
- (2) alleviate unnecessary death and disability from trauma and emergency illness;
- (3) inform health care providers about trauma system capabilities;
- (4) encourage the efficient and effective continuum of patient care, including prevention, prehospital care, hospital care, and rehabilitative care; and
- (5) minimize the overall cost of trauma care.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-112 Statewide trauma system -- Department duties.

In connection with the statewide trauma system established in Section 26B-4-111, the department shall:

- (1) establish a statewide trauma system plan that:
 - (a) identifies statewide trauma care needs, objectives, and priorities;
 - (b) identifies the equipment, facilities, personnel training, and other things necessary to create and maintain a statewide trauma system; and
 - (c) organizes and coordinates trauma care within defined geographic areas;
- (2) support the statewide trauma system by:
 - (a) facilitating the coordination of prehospital, acute care, and rehabilitation services and providers through state regulation and oversight;
 - (b) facilitating the ongoing evaluation and refinement of the statewide trauma system;
 - (c) providing educational programs;
 - (d) encouraging cooperation between community organizations, health care facilities, public health officials, emergency medical service providers, and rehabilitation facilities for the development of a statewide trauma system;
 - (e) implementing a quality assurance program using information from the statewide trauma registry established pursuant to Section 26B-4-113;
 - (f) establishing trauma center designation requirements in accordance with Section 26B-4-114; and
 - (g) developing standards so that:
 - (i) trauma centers are categorized according to their capability to provide care;
 - (ii) trauma victims are triaged at the initial point of patient contact; and
 - (iii) trauma patients are sent to appropriate health care facilities.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-113 Statewide trauma system -- Registry and quality assurance program.

- (1) The department shall:
 - (a) establish and fund a statewide trauma registry to collect and analyze information on the incidence, severity, causes, and outcomes of trauma;

- (b) establish, by rule, the data elements, the medical care providers that shall report, and the time frame and format for reporting;
 - (c) use the data collected to:
 - (i) improve the availability and delivery of prehospital and hospital trauma care;
 - (ii) assess trauma care delivery, patient care outcomes, and compliance with the requirements of this part and applicable department rules; and
 - (iii) regularly produce and disseminate reports to data providers, state government, and the public; and
 - (d) support data collection and abstraction by providing:
 - (i) a data collection system and technical assistance to each hospital that submits data; and
 - (ii) funding or, at the discretion of the department, personnel for collection and abstraction for each hospital not designated as a trauma center under the standards established pursuant to Section 26B-4-114.
- (2)
- (a) Each hospital shall submit trauma data in accordance with rules established under Subsection (1).
 - (b) A hospital designated as a trauma center shall submit data as part of the ongoing quality assurance program established in Section 26B-4-112.
- (3) The department shall assess:
- (a) the effectiveness of the data collected pursuant to Subsection (1); and
 - (b) the impact of the statewide trauma system on the provision of trauma care.
- (4) Data collected under this section shall be subject to Chapter 8, Part 4, Health Statistics.
- (5) No person may be held civilly liable for having provided data to the department in accordance with this section.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-114 Statewide trauma system -- Trauma center designations and guidelines.

- (1) The department, after seeking the advice of the trauma system advisory committee, shall establish by rule:
 - (a) trauma center designation requirements; and
 - (b) model state guidelines for triage, treatment, transportation, and transfer of trauma patients to the most appropriate health care facility.
- (2) The department shall designate as a trauma center each hospital that:
 - (a) voluntarily requests a trauma center designation; and
 - (b) meets the applicable requirements established pursuant to Subsection (1).

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-115 Certificates, Designations, Permits, and Licenses -- General requirement.

- (1) Except as provided in Section 26B-4-104 or 26B-4-122:
 - (a) an individual may not provide emergency medical services without a license or certification issued under Section 26B-4-116;
 - (b) a facility or provider may not hold itself out as a designated emergency medical service provider or nonemergency secured behavioral health transport provider without a designation issued under Section 26B-4-117;

- (c) a vehicle may not operate as an ambulance, emergency response vehicle, or nonemergency secured behavioral health transport vehicle without a permit issued under Section 26B-4-118; and
 - (d) an entity may not respond as an ambulance or paramedic provider without the appropriate license issued under Sections 26B-4-150 through 26B-4-170 for ambulance and paramedic providers.
- (2) Section 26B-4-127 applies to violations of this section.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-116 Licensure of emergency medical service personnel.

- (1) To promote the availability of comprehensive emergency medical services throughout the state, the committee shall establish:
- (a) initial and ongoing licensure and training requirements for emergency medical service personnel in the following categories:
 - (i) paramedic;
 - (ii) advanced emergency medical services technician;
 - (iii) emergency medical services technician;
 - (iv) behavioral emergency services technician; and
 - (v) advanced behavioral emergency services technician;
 - (b) a method to monitor the certification status and continuing medical education hours for emergency medical dispatchers; and
 - (c) guidelines for giving credit for out-of-state training and experience.
- (2) The department shall, based on the requirements established in Subsection (1):
- (a) develop, conduct, and authorize training and testing for emergency medical service personnel;
 - (b) issue a license and license renewals to emergency medical service personnel other than emergency medical dispatchers; and
 - (c) verify the certification of emergency medical dispatchers.
- (3) The department shall coordinate with local mental health authorities described in Section 17-43-301 to develop and authorize initial and ongoing licensure and training requirements for licensure as a:
- (a) behavioral emergency services technician; and
 - (b) advanced behavioral emergency services technician.
- (4) As provided in Section 26B-4-127, an individual issued a license or certified under this section may only provide emergency medical services to the extent allowed by the license or certification.
- (5) An individual may not be issued or retain a license under this section unless the individual obtains and retains background clearance under Section 26B-4-124.
- (6) An individual may not be issued or retain a certification under this section unless the individual obtains and retains background clearance in accordance with Section 26B-4-125.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-117 Designation of emergency medical service providers and nonemergency secured behavioral health transport providers.

- (1) To ensure quality emergency medical services, the committee shall establish designation requirements for:
 - (a) emergency medical service providers in the following categories:
 - (i) quick response provider;
 - (ii) resource hospital for emergency medical providers;
 - (iii) emergency medical service dispatch center;
 - (iv) emergency patient receiving facilities; and
 - (v) other types of emergency medical service providers as the committee considers necessary; and
 - (b) nonemergency secured behavioral health transport providers.
- (2) The department shall, based on the requirements in Subsection (1), issue designations to emergency medical service providers and nonemergency secured behavioral health transport providers listed in Subsection (1).
- (3) As provided in Section 26B-4-127, an entity issued a designation under Subsection (2) may only function and hold itself out in accordance with its designation.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-118 Permits for emergency medical service vehicles and nonemergency secured behavioral health transport vehicles.

- (1)
 - (a) To ensure that emergency medical service vehicles and nonemergency secured behavioral health transport vehicles are adequately staffed, safe, maintained, properly equipped, and safely operated, the committee shall establish permit requirements at levels it considers appropriate in the following categories:
 - (i) ambulance;
 - (ii) emergency medical response vehicle; and
 - (iii) nonemergency secured behavioral health transport vehicle.
 - (b) The permit requirements under Subsections (1)(a)(i) and (ii) shall include a requirement that beginning on or after January 31, 2014, every operator of an ambulance or emergency medical response vehicle annually provide proof of the successful completion of an emergency vehicle operator's course approved by the department for all ambulances and emergency medical response vehicle operators.
- (2) The department shall, based on the requirements established in Subsection (1), issue permits to emergency medical service vehicles and nonemergency secured behavioral health transport vehicles.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-119 Ambulance license required for emergency medical transport.

Except as provided in Section 26B-4-122, only an ambulance operating under a permit issued under Section 26B-4-118 may transport an individual who:

- (1) is in an emergency medical condition;
- (2) is medically or mentally unstable, requiring direct medical observation during transport;
- (3) is physically incapacitated because of illness or injury and in need of immediate transport by emergency medical service personnel;

- (4) is likely to require medical attention during transport;
- (5) is being maintained on any type of emergency medical electronic monitoring;
- (6) is receiving or has recently received medications that could cause a sudden change in medical condition that might require emergency medical services;
- (7) requires IV administration or maintenance, oxygen that is not patient-operated, or other emergency medical services during transport;
- (8) needs to be immobilized during transport to a hospital, an emergency patient receiving facility, or mental health facility due to a mental or physical condition, unless the individual is in the custody of a peace officer and the primary purpose of the restraint is to prevent escape;
- (9) needs to be immobilized due to a fracture, possible fracture, or other medical condition; or
- (10) otherwise requires or has the potential to require a level of medical care that the committee establishes as requiring direct medical observation.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-120 Medical control.

- (1) The committee shall establish requirements for the coordination of emergency medical services rendered by emergency medical service providers, including the coordination between prehospital providers, hospitals, emergency patient receiving facilities, and other appropriate destinations.
- (2) The committee shall establish requirements for the medical supervision of emergency medical service providers to assure adequate physician oversight of emergency medical services and quality improvement.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-121 Patient destination.

- (1) If an individual being transported by a ground or air ambulance is in a critical or unstable medical condition, the ground or air ambulance shall transport the patient to the trauma center or closest emergency patient receiving facility appropriate to adequately treat the patient.
- (2) If the patient's condition is not critical or unstable as determined by medical control, the ground or air ambulance may transport the patient to the:
 - (a) hospital, emergency patient receiving facility, licensed mental health facility, or other medical provider chosen by the patient and approved by medical control as appropriate for the patient's condition and needs; or
 - (b) nearest hospital, emergency patient receiving facility, licensed mental health facility, or other medical provider approved by medical control as appropriate for the patient's condition and needs if the patient expresses no preference.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-122 Exemptions.

- (1) The following persons may provide emergency medical services to a patient without being licensed under this part:
 - (a) out-of-state emergency medical service personnel and providers in time of disaster;

- (b) an individual who gratuitously acts as a Good Samaritan;
 - (c) a family member;
 - (d) a private business if emergency medical services are provided only to employees at the place of business and during transport;
 - (e) an agency of the United States government if compliance with this part would be inconsistent with federal law; and
 - (f) police, fire, and other public service personnel if:
 - (i) emergency medical services are rendered in the normal course of the person's duties; and
 - (ii) medical control, after being apprised of the circumstances, directs immediate transport.
- (2) An ambulance or emergency response vehicle may operate without a permit issued under Section 26B-4-118 in time of disaster.
- (3) Nothing in this part or Title 58, Occupations and Professions, may be construed as requiring a license for an individual to administer cardiopulmonary resuscitation or to use a fully automated external defibrillator under Section 26B-4-302.
- (4) Nothing in this part may be construed as requiring a license, permit, or designation for an acute care hospital, medical clinic, physician's office, or other fixed medical facility that:
- (a) is staffed by a physician, physician's assistant, nurse practitioner, or registered nurse; and
 - (b) treats an individual who has presented himself or was transported to the hospital, clinic, office, or facility.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-123 Out-of-state vehicles.

- (1) An ambulance or emergency response vehicle from another state may not pick up a patient in Utah to transport that patient to another location in Utah or to another state without a permit issued under Section 26B-2-318 and, in the case of an ambulance, a license issued under this part for ambulance and paramedic providers.
- (2) Notwithstanding Subsection (1), an ambulance or emergency response vehicle from another state may, without a permit or license:
- (a) transport a patient into Utah; and
 - (b) provide assistance in time of disaster.
- (3) The department may enter into agreements with ambulance and paramedic providers and their respective licensing agencies from other states to assure the expeditious delivery of emergency medical services beyond what may be reasonably provided by licensed ambulance and paramedic providers, including the transportation of patients between states.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-124 Background clearance for emergency medical service personnel.

- (1) Subject to Section 26B-4-125, the department shall determine whether to grant background clearance for an individual seeking licensure or certification under Section 26B-4-116 from whom the department receives:
- (a) the individual's social security number, fingerprints, and other personal identification information specified by the department under Subsection (4); and
 - (b) any fees established by the department under Subsection (10).

- (2) The department shall determine whether to deny or revoke background clearance for individuals for whom the department has previously granted background clearance.
- (3) The department shall determine whether to grant, deny, or revoke background clearance for an individual based on an initial and ongoing evaluation of information the department obtains under Subsections (5) and (11), which, at a minimum, shall include an initial criminal background check of state, regional, and national databases using the individual's fingerprints.
- (4) The department shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that specify:
 - (a) the criteria the department will use under Subsection (3) to determine whether to grant, deny, or revoke background clearance; and
 - (b) the other personal identification information an individual seeking licensure or certification under Section 26B-4-116 must submit under Subsection (1).
- (5) To determine whether to grant, deny, or revoke background clearance, the department may access and evaluate any of the following:
 - (a) Department of Public Safety arrest, conviction, and disposition records described in Title 53, Chapter 10, Criminal Investigations and Technical Services Act, including information in state, regional, and national records files;
 - (b) adjudications by a juvenile court of committing an act that if committed by an adult would be a felony or misdemeanor, if:
 - (i) the applicant is under 28 years old; or
 - (ii) the applicant:
 - (A) is over 28 years old; and
 - (B) has been convicted of, has pleaded no contest to, or is currently subject to a plea in abeyance or diversion agreement for a felony or misdemeanor;
 - (c) juvenile court arrest, adjudication, and disposition records, other than those under Subsection (5)(b), as allowed under Section 78A-6-209;
 - (d) child abuse or neglect findings described in Section 80-3-404;
 - (e) the department's Licensing Information System described in Section 80-2-1002;
 - (f) the department's database of reports of vulnerable adult abuse, neglect, or exploitation, described in Section 26B-6-210;
 - (g) Division of Professional Licensing records of licensing and certification under Title 58, Occupations and Professions;
 - (h) records in other federal criminal background databases available to the state; and
 - (i) any other records of arrests, warrants for arrest, convictions, pleas in abeyance, pending diversion agreements, or dispositions.
- (6) Except for the Department of Public Safety, an agency may not charge the department for information accessed under Subsection (5).
- (7) When evaluating information under Subsection (3), the department shall classify a crime committed in another state according to the closest matching crime under Utah law, regardless of how the crime is classified in the state where the crime was committed.
- (8) The department shall adopt measures to protect the security of information the department accesses under Subsection (5), which shall include limiting access by department employees to those responsible for acquiring, evaluating, or otherwise processing the information.
- (9) The department may disclose personal identification information the department receives under Subsection (1) to the department to verify that the subject of the information is not identified as a perpetrator or offender in the information sources described in Subsections (5)(d) through (f).
- (10) The department may charge fees, in accordance with Section 63J-1-504, to pay for:

- (a) the cost of obtaining, storing, and evaluating information needed under Subsection (3), both initially and on an ongoing basis, to determine whether to grant, deny, or revoke background clearance; and
 - (b) other department costs related to granting, denying, or revoking background clearance.
- (11) The Criminal Investigations and Technical Services Division within the Department of Public Safety shall:
- (a) retain, separate from other division records, personal information under Subsection (1), including any fingerprints sent to it by the department; and
 - (b) notify the department upon receiving notice that an individual for whom personal information has been retained is the subject of:
 - (i) a warrant for arrest;
 - (ii) an arrest;
 - (iii) a conviction, including a plea in abeyance; or
 - (iv) a pending diversion agreement.
- (12) The department shall use the Direct Access Clearance System database created under Section 26B-2-241 to manage information about the background clearance status of each individual for whom the department is required to make a determination under Subsection (1).
- (13) Clearance granted for an individual licensed or certified under Section 26B-4-123 is valid until two years after the day on which the individual is no longer licensed or certified in Utah as emergency medical service personnel.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-125 Background check requirements for emergency medical dispatchers.

An emergency medical dispatcher seeking certification under Section 26B-4-116 shall undergo the background clearance process described in Section 26B-4-124 unless the emergency medical dispatcher can demonstrate that the emergency medical dispatcher has received and currently holds an approved Department of Public Safety background clearance.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-126 Discrimination prohibited.

- (1) No person licensed or designated pursuant to this part may discriminate in the provision of emergency medical services on the basis of race, sex, color, creed, or prior inquiry as to ability to pay.
- (2) This part does not authorize or require medical assistance or transportation over the objection of an individual on religious grounds.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-127 Illegal activity.

- (1) Except as provided in Section 26B-4-104 or 26B-4-122, a person may not:
 - (a) practice or engage in the practice, represent that the person is practicing or engaging in the practice, or attempt to practice or engage in the practice of any activity that requires a

license, certification, or designation under this part unless that person is licensed, certified, or designated under this part; or

- (b) offer an emergency medical service that requires a license, certification, or designation under this part unless the person is licensed, certified, or designated under this part.
- (2) A person may not advertise or represent that the person holds a license, certification, or designation required under this part, unless that person holds the license, certification, or designation under this part.
- (3) A person may not employ or permit any employee to perform any service for which a license or certification is required by this part, unless the person performing the service possesses the required license or certification under this part.
- (4) A person may not wear, display, sell, reproduce, or otherwise use any Utah Emergency Medical Services insignia without authorization from the department.
- (5) A person may not reproduce or otherwise use materials developed by the department for licensure or certification testing or examination without authorization from the department.
- (6) A person may not willfully summon an ambulance or emergency response vehicle or report that one is needed when the person knows that the ambulance or emergency response vehicle is not needed.
- (7) A person who violates this section is subject to Section 26B-1-224.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-128 Prohibition on the use of "911".

- (1) As used in this section:
 - (a) "Emergency services" means services provided by a person in response to an emergency.
 - (b) "Emergency services" includes:
 - (i) fire protection services;
 - (ii) paramedic services;
 - (iii) law enforcement services;
 - (iv) 911 ambulance or paramedic services; and
 - (v) any other emergency services.
- (2) A person may not use "911" or other similar sequence of numbers in the person's name with the purpose to deceive the public that the person operates or represents emergency services, unless the person is authorized to provide emergency services.
- (3) A violation of Subsection (2) is:
 - (a) a class C misdemeanor; and
 - (b) subject to a fine of up to \$500 per violation.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-129 Discipline of emergency medical services personnel.

- (1) The department may refuse to issue a license or renewal, or revoke, suspend, restrict, or place on probation an individual's license if:
 - (a) the individual does not meet the qualifications for licensure under Section 26B-4-116;
 - (b) the individual has engaged in conduct, as defined by committee rule, that:
 - (i) is unprofessional;
 - (ii) is adverse to the public health, safety, morals, or welfare; or

- (iii) would adversely affect public trust in the emergency medical service system;
 - (c) the individual has violated Section 26B-4-127 or other provision of this part;
 - (d) the individual has violated Section 58-1-509;
 - (e) a court of competent jurisdiction has determined the individual to be mentally incompetent for any reason; or
 - (f) the individual is unable to provide emergency medical services with reasonable skill and safety because of illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or as a result of any other mental or physical condition, when the individual's condition demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers, or the public health, safety, or welfare that cannot be reasonably mitigated.
- (2)
- (a) An action to revoke, suspend, restrict, or place a license on probation shall be done in:
 - (i) consultation with the peer review board created in Section 26B-4-102; and
 - (ii) accordance with Title 63G, Chapter 4, Administrative Procedures Act.
 - (b) Notwithstanding Subsection (2)(a), the department may issue a cease and desist order under Section 26B-4-133 to immediately suspend an individual's license pending an administrative proceeding to be held within 30 days if there is evidence to show that the individual poses a clear, immediate, and unjustifiable threat or potential threat to the public health, safety, or welfare.
- (3) An individual whose license has been suspended, revoked, or restricted may apply for reinstatement of the license at reasonable intervals and upon compliance with any conditions imposed upon the license by statute, committee rule, or the terms of the suspension, revocation, or restriction.
- (4) In addition to taking disciplinary action under Subsection (1), the department may impose sanctions in accordance with Section 26B-1-224.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-130 Discipline of designated and licensed providers.

- (1) The department may refuse to issue a license or designation or a renewal, or revoke, suspend, restrict, or place on probation, an emergency medical service provider's license or designation if the provider has:
- (a) failed to abide by terms of the license or designation;
 - (b) violated statute or rule;
 - (c) failed to provide services at the level or in the exclusive geographic service area required by the license or designation;
 - (d) failed to submit a renewal application in a timely fashion as required by department rule;
 - (e) failed to follow operational standards established by the committee; or
 - (f) committed an act in the performance of a professional duty that endangered the public or constituted gross negligence.
- (2)
- (a) An action to revoke, suspend, restrict, or place a license or designation on probation shall be done in accordance with Title 63G, Chapter 4, Administrative Procedures Act.
 - (b) Notwithstanding Subsection (2)(a), the department may issue a cease and desist order under Section 26B-4-133 to immediately suspend a license or designation pending an administrative proceeding to be held within 30 days if there is evidence to show that the provider or facility

poses a clear, immediate, and unjustifiable threat or potential threat to the public health, safety, or welfare.

- (3) In addition to taking disciplinary action under Subsection (1), the department may impose sanctions in accordance with Section 26B-1-224.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-131 Service interruption or cessation -- Receivership -- Default coverage -- Notice.

- (1) Acting in the public interest, the department may petition the district court where an ambulance or paramedic provider operates or the district court with jurisdiction in Salt Lake County to appoint the department or an independent receiver to continue the operations of a provider upon any one of the following conditions:
- (a) the provider ceases or intends to cease operations;
 - (b) the provider becomes insolvent;
 - (c) the department has initiated proceedings to revoke the provider's license and has determined that the lives, health, safety, or welfare of the population served within the provider's exclusive geographic service area are endangered because of the provider's action or inaction pending a full hearing on the license revocation; or
 - (d) the department has revoked the provider's license and has been unable to adequately arrange for another provider to take over the provider's exclusive geographic service area.
- (2) If a licensed or designated provider ceases operations or is otherwise unable to provide services, the department may arrange for another licensed provider to provide services on a temporary basis until a license is issued.
- (3) A licensed provider shall give the department 30 days' notice of its intent to cease operations.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-132 Investigations for enforcement of part.

- (1) The department may, for the purpose of ascertaining compliance with the provisions of this part, enter and inspect on a routine basis the business premises and equipment of a person:
- (a) with a designation, permit, or license; or
 - (b) who holds himself out to the general public as providing a service for which a designation, permit, or license is required under Section 26B-4-115.
- (2) Before conducting an inspection under Subsection (1), the department shall, after identifying the person in charge:
- (a) give proper identification;
 - (b) describe the nature and purpose of the inspection; and
 - (c) if necessary, explain the authority of the department to conduct the inspection.
- (3) In conducting an inspection under Subsection (1), the department may, after meeting the requirements of Subsection (2):
- (a) inspect records, equipment, and vehicles; and
 - (b) interview personnel.
- (4) An inspection conducted under Subsection (1) shall be during regular operational hours.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-133 Cease and desist orders.

The department may issue a cease and desist order to any person who:

- (1) may be disciplined under Section 26B-4-129 or 26B-4-130; or
- (2) otherwise violates this part or any rules adopted under this part.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-134 Persons and activities exempt from civil liability.

- (1)
 - (a) Except as provided in Subsection (1)(b), a licensed physician, physician's assistant, or licensed registered nurse who, gratuitously and in good faith, gives oral or written instructions to any of the following is not liable for any civil damages as a result of issuing the instructions:
 - (i) an individual licensed or certified under Section 26B-4-116;
 - (ii) an individual who uses a fully automated external defibrillator, as defined in Section 26B-4-301; or
 - (iii) an individual who administers CPR, as defined in Section 26B-4-301.
 - (b) The liability protection described in Subsection (1)(a) does not apply if the instructions given were the result of gross negligence or willful misconduct.
- (2) An individual licensed or certified under Section 26B-4-116, during either training or after licensure or certification, a licensed physician, a physician assistant, or a registered nurse who, gratuitously and in good faith, provides emergency medical instructions or renders emergency medical care authorized by this part is not liable for any civil damages as a result of any act or omission in providing the emergency medical instructions or medical care, unless the act or omission is the result of gross negligence or willful misconduct.
- (3) An individual licensed or certified under Section 26B-4-116 is not subject to civil liability for failure to obtain consent in rendering emergency medical services authorized by this part to any individual who is unable to give his consent, regardless of the individual's age, where there is no other person present legally authorized to consent to emergency medical care, provided that the licensed individual acted in good faith.
- (4) A principal, agent, contractor, employee, or representative of an agency, organization, institution, corporation, or entity of state or local government that sponsors, authorizes, supports, finances, or supervises any functions of an individual licensed or certified under Section 26B-4-116 is not liable for any civil damages for any act or omission in connection with the sponsorship, authorization, support, finance, or supervision of the licensed or certified individual where the act or omission occurs in connection with the licensed or certified individual's training or occurs outside a hospital where the life of a patient is in immediate danger, unless the act or omission is inconsistent with the training of the licensed or certified individual, and unless the act or omission is the result of gross negligence or willful misconduct.
- (5) A physician or physician assistant who gratuitously and in good faith arranges for, requests, recommends, or initiates the transfer of a patient from a hospital to a critical care unit in another hospital is not liable for any civil damages as a result of such transfer where:
 - (a) sound medical judgment indicates that the patient's medical condition is beyond the care capability of the transferring hospital or the medical community in which that hospital is located; and
 - (b) the physician or physician assistant has secured an agreement from the receiving facility to accept and render necessary treatment to the patient.

- (6) An individual who is a registered member of the National Ski Patrol System (NSPS) or a member of a ski patrol who has completed a course in winter emergency care offered by the NSPS combined with CPR for medical technicians offered by the American Red Cross or American Heart Association, or an equivalent course of instruction, and who in good faith renders emergency care in the course of ski patrol duties is not liable for civil damages as a result of any act or omission in rendering the emergency care, unless the act or omission is the result of gross negligence or willful misconduct.
- (7) An emergency medical service provider who, in good faith, transports an individual against his will but at the direction of a law enforcement officer pursuant to Section 26B-5-331 is not liable for civil damages for transporting the individual.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-135 Notification of air ambulance policies and charges.

- (1) For any patient who is in need of air medical transport provider services, an emergency medical service provider shall:
 - (a) provide the patient or the patient's representative with the information described in Subsection 26B-1-405(7)(a) before contacting an air medical transport provider; and
 - (b) if multiple air medical transport providers are capable of providing the patient with services, provide the patient or the patient's representative an opportunity to choose the air medical transport provider.
- (2) Subsection (1) does not apply if the patient:
 - (a) is unconscious and the patient's representative is not physically present with the patient; or
 - (b) is unable, due to a medical condition, to make an informed decision about the choice of an air medical transport provider, and the patient's representative is not physically present with the patient.

Amended by Chapter 307, 2023 General Session, (Coordination Clause)

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-136 Volunteer Emergency Medical Service Personnel Health Insurance Program -- Creation -- Administration -- Eligibility -- Benefits -- Rulemaking -- Advisory board.

- (1) As used in this section:
 - (a) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.
 - (b) "Local government entity" means a political subdivision that:
 - (i) is licensed as a ground ambulance provider under Sections 26B-4-150 through 26B-4-170; and
 - (ii) as of January 1, 2022, does not offer health insurance benefits to volunteer emergency medical service personnel.
 - (c) "PEHP" means the Public Employees' Benefit and Insurance Program created in Section 49-20-103.
 - (d) "Political subdivision" means a county, a municipality, a limited purpose government entity described in Title 17B, Limited Purpose Local Government Entities - Special Districts, or Title 17D, Limited Purpose Local Government Entities - Other Entities, or an entity created by an interlocal agreement under Title 11, Chapter 13, Interlocal Cooperation Act.

- (e) "Qualifying association" means an association that represents two or more political subdivisions in the state.
- (2) The Volunteer Emergency Medical Service Personnel Health Insurance Program shall promote recruitment and retention of volunteer emergency medical service personnel by making health insurance available to volunteer emergency medical service personnel.
- (3) The department shall contract with a qualifying association to create, implement, and administer the Volunteer Emergency Medical Service Personnel Health Insurance Program described in this section.
- (4) Participation in the program is limited to emergency medical service personnel who:
 - (a) are licensed under Section 26B-4-116 and are able to perform all necessary functions associated with the license;
 - (b) provide emergency medical services under the direction of a local governmental entity:
 - (i) by responding to 20% of calls for emergency medical services in a rolling twelve-month period;
 - (ii) within a county of the third, fourth, fifth, or sixth class; and
 - (iii) as a volunteer under the Fair Labor Standards Act, in accordance with 29 C.F.R. Sec. 553.106;
 - (c) are not eligible for a health benefit plan through an employer or a spouse's employer;
 - (d) are not eligible for medical coverage under a government sponsored healthcare program; and
 - (e) reside in the state.
- (5)
 - (a) A participant in the program is eligible to participate in PEHP in accordance with Subsection (5)(b) and Subsection 49-20-201(3).
 - (b) Benefits available to program participants under PEHP are limited to health insurance that:
 - (i) covers the program participant and the program participant's eligible dependents on a July 1 plan year;
 - (ii) accepts enrollment during an open enrollment period or for a special enrollment event, including the initial eligibility of a program participant;
 - (iii) if the program participant is no longer eligible for benefits, terminates on the last day of the last month for which the individual is a participant in the Volunteer Emergency Medical Service Personnel Health Insurance Program; and
 - (iv) is not subject to continuation rights under state or federal law.
- (6)
 - (a) The department may make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to define additional criteria regarding benefit design and eligibility for the program.
 - (b) The department shall convene an advisory board:
 - (i) to advise the department on making rules under Subsection (6)(a); and
 - (ii) that includes representation from at least the following entities:
 - (A) the qualifying association that receives the contract under Subsection (3); and
 - (B) PEHP.
- (7) For purposes of this section, the qualifying association that receives the contract under Subsection (3) shall be considered the public agency for whom the program participant is volunteering under 29 C.F.R. Sec. 553.101.

Amended by Chapter 16, 2023 General Session

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-137 EMS Personnel Licensure Interstate Compact.

EMS PERSONNEL LICENSURE INTERSTATE COMPACT

SECTION 1. PURPOSE

In order to protect the public through verification of competency and ensure accountability for patient care related activities all states license emergency medical services (EMS) personnel, such as emergency medical technicians (EMTs), advanced EMTs and paramedics. This Compact is intended to facilitate the day to day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority and authorize state EMS offices to afford immediate legal recognition to EMS personnel licensed in a member state. This Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of EMS personnel and that such state regulation shared among the member states will best protect public health and safety. This Compact is designed to achieve the following purposes and objectives:

1. Increase public access to EMS personnel;
2. Enhance the states' ability to protect the public's health and safety, especially patient safety;
3. Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation;
4. Support licensing of military members who are separating from an active duty tour and their spouses;
5. Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action and significant investigatory information;
6. Promote compliance with the laws governing EMS personnel practice in each member state; and
7. Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.

SECTION 2. DEFINITIONS

In this compact:

A. "Advanced Emergency Medical Technician (AEMT)" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

B. "Adverse Action" means: any administrative, civil, equitable or criminal action permitted by a state's laws which may be imposed against licensed EMS personnel by a state EMS authority or state court, including, but not limited to, actions against an individual's license such as revocation, suspension, probation, consent agreement, monitoring or other limitation or encumbrance on the individual's practice, letters of reprimand or admonition, fines, criminal convictions and state court judgments enforcing adverse actions by the state EMS authority.

C. "Alternative program" means: a voluntary, non-disciplinary substance use recovery program approved by a state EMS authority.

D. "Certification" means: the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated, and legally defensible examination.

E. "Commission" means: the national administrative body of which all states that have enacted the compact are members.

F. "Emergency Medical Technician (EMT)" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

G. "Home State" means: a member state where an individual is licensed to practice emergency medical services.

H. "License" means: the authorization by a state for an individual to practice as an EMT, AEMT, paramedic, or a level in between EMT and paramedic.

I. "Medical Director" means: a physician licensed in a member state who is accountable for the care delivered by EMS personnel.

J. "Member State" means: a state that has enacted this compact.

K. "Privilege to Practice" means: an individual's authority to deliver emergency medical services in remote states as authorized under this compact.

L. "Paramedic" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

M. "Remote State" means: a member state in which an individual is not licensed.

N. "Restricted" means: the outcome of an adverse action that limits a license or the privilege to practice.

O. "Rule" means: a written statement by the interstate Commission promulgated pursuant to Section 12 of this compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

P. "Scope of Practice" means: defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute, or court decision, it tends to represent the limits of services an individual may perform.

Q. "Significant Investigatory Information" means:

1. investigative information that a state EMS authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proved true, would result in the imposition of an adverse action on a license or privilege to practice; or

2. investigative information that indicates that the individual represents an immediate threat to public health and safety regardless of whether the individual has been notified and had an opportunity to respond.

R. "State" means: means any state, commonwealth, district, or territory of the United States.

S. "State EMS Authority" means: the board, office, or other agency with the legislative mandate to license EMS personnel.

SECTION 3. HOME STATE LICENSURE

A. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact.

B. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this compact.

C. A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:

1. Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;
2. Has a mechanism in place for receiving and investigating complaints about individuals;
3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;

4. No later than five years after activation of the Compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability determination in accordance with 5 C.F.R. Sec. 731.202 and submit documentation of such as promulgated in the rules of the Commission; and

5. Complies with the rules of the Commission.

SECTION 4. COMPACT PRIVILEGE TO PRACTICE

A. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Section 3.

B. To exercise the privilege to practice under the terms and provisions of this compact, an individual must:

1. Be at least 18 years of age;

2. Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state recognized and licensed level with a scope of practice and authority between EMT and paramedic; and

3. Practice under the supervision of a medical director.

C. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the commission.

D. Except as provided in Section 4 subsection C, an individual practicing in a remote state will be subject to the remote state's authority and laws. A remote state may, in accordance with due process and that state's laws, restrict, suspend, or revoke an individual's privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote state takes action it shall promptly notify the home state and the Commission.

E. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

F. If an individual's privilege to practice in any remote state is restricted, suspended, or revoked the individual shall not be eligible to practice in any remote state until the individual's privilege to practice is restored.

SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

An individual may practice in a remote state under a privilege to practice only in the performance of the individual's EMS duties as assigned by an appropriate authority, as defined in the rules of the Commission, and under the following circumstances:

1. The individual originates a patient transport in a home state and transports the patient to a remote state;

2. The individual originates in the home state and enters a remote state to pick up a patient and provide care and transport of the patient to the home state;

3. The individual enters a remote state to provide patient care and/or transport within that remote state;

4. The individual enters a remote state to pick up a patient and provide care and transport to a third member state;

5. Other conditions as determined by rules promulgated by the commission.

SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT

Upon a member state's governor's declaration of a state of emergency or disaster that activates the Emergency Management Assistance Compact (EMAC), all relevant terms and

provisions of EMAC shall apply and to the extent any terms or provisions of this Compact conflicts with EMAC, the terms of EMAC shall prevail with respect to any individual practicing in the remote state in response to such declaration.

SECTION 7. VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY MILITARY, AND THEIR SPOUSES

A. Member states shall consider a veteran, active military service member, and member of the National Guard and Reserves separating from an active duty tour, and a spouse thereof, who holds a current valid and unrestricted NREMT certification at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.

B. Member states shall expedite the processing of licensure applications submitted by veterans, active military service members, and members of the National Guard and Reserves separating from an active duty tour, and their spouses.

C. All individuals functioning with a privilege to practice under this Section remain subject to the Adverse Actions provisions of Section VIII.

SECTION 8. ADVERSE ACTIONS

A. A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.

B. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

1. All home state adverse action orders shall include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and remote state's EMS authority.

2. An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and remote state's EMS authority.

C. A member state shall report adverse actions and any occurrences that the individual's compact privileges are restricted, suspended, or revoked to the Commission in accordance with the rules of the Commission.

D. A remote state may take adverse action on an individual's privilege to practice within that state.

E. Any member state may take adverse action against an individual's privilege to practice in that state based on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.

F. A home state's EMS authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.

G. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the member state's laws. Member states must require individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

SECTION 9. ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY

A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this compact to:

1. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a member state's EMS authority for the attendance and testimony of witnesses, and/or the production of evidence from another member state, shall be enforced in the remote state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state EMS authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and

2. Issue cease and desist orders to restrict, suspend, or revoke an individual's privilege to practice in the state.

SECTION 10. ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

A. The Compact states hereby create and establish a joint public agency known as the Interstate Commission for EMS Personnel Practice.

1. The Commission is a body politic and an instrumentality of the Compact states.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings

1. Each member state shall have and be limited to one (1) delegate. The responsible official of the state EMS authority or his designee shall be the delegate to this Compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office, or other agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the Governor of the state will determine which entity will be responsible for assigning the delegate.

2. Each delegate shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section XII.

5. The Commission may convene in a closed, non-public meeting if the Commission must discuss:

a. Non-compliance of a member state with its obligations under the Compact;

b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation;

d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;

e. Accusing any person of a crime or formally censuring any person;

- f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
- g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- h. Disclosure of investigatory records compiled for law enforcement purposes;
- i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or
- j. Matters specifically exempted from disclosure by federal or member state statute.

6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

C. The Commission shall, by a majority vote of the delegates, prescribe bylaws and/or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:

- 1. Establishing the fiscal year of the Commission;
- 2. Providing reasonable standards and procedures:
 - a. for the establishment and meetings of other committees; and
 - b. governing any general or specific delegation of any authority or function of the Commission;
- 3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings, and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed;
- 4. Establishing the titles, duties and authority, and reasonable procedures for the election of the officers of the Commission;
- 5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any member state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;
- 6. Promulgating a code of ethics to address permissible and prohibited activities of Commission members and employees;
- 7. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;
- 8. The Commission shall publish its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any.
- 9. The Commission shall maintain its financial records in accordance with the bylaws.
- 10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.

D. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;
2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure to sue or be sued under applicable law shall not be affected;
3. To purchase and maintain insurance and bonds;
4. To borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;
5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
8. To sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;
9. To establish a budget and make expenditures;
10. To borrow money;
11. To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
12. To provide and receive information from, and to cooperate with, law enforcement agencies;
13. To adopt and use an official seal; and
14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of EMS personnel licensure and practice.

E. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.
2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
3. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.
4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

F. Qualified Immunity, Defense, and Indemnification

1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

2. The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

SECTION 11. COORDINATED DATABASE

A. The Commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action, and significant investigatory information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database on all individuals to whom this compact is applicable as required by the rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Significant investigatory information;
4. Adverse actions against an individual's license;
5. An indicator that an individual's privilege to practice is restricted, suspended or revoked;
6. Non-confidential information related to alternative program participation;
7. Any denial of application for licensure, and the reason(s) for such denial; and
8. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

C. The coordinated database administrator shall promptly notify all member states of any adverse action taken against, or significant investigative information on, any individual in a member state.

D. Member states contributing information to the coordinated database may designate information that may not be shared with the public without the express permission of the contributing state.

E. Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

SECTION 12. RULEMAKING

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any member state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission; and
2. On the website of each member state EMS authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least twenty-five (25) persons;
2. A governmental subdivision or agency; or
3. An association having at least twenty-five (25) members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript.

This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.

4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;
2. Prevent a loss of Commission or member state funds;
3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

SECTION 13. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Oversight

1. The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.

2. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the Commission.

3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the Commission shall:

a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

4. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

C. Dispute Resolution

1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the compact that arise among member states and between member and non-member states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

D. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

SECTION 14. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

A. The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be

limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

B. Any state that joins the compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the compact becomes law in that state.

C. Any member state may withdraw from this compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's EMS authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this compact shall be construed to invalidate or prevent any EMS personnel licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this compact.

E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

SECTION 15. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining member states. Nothing in this compact supersedes state law or rules related to licensure of EMS agencies.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-150 State regulation of emergency medical services market -- License term.

- (1) To ensure emergency medical service quality and minimize unnecessary duplication, the department shall regulate the emergency medical services market by creating and operating a statewide system that:
 - (a) consists of exclusive geographic service areas as provided in Section 26B-4-151; and
 - (b) establishes maximum rates as provided in Section 26B-4-152.
- (2) A license issued or renewed under Sections 26B-4-150 through 26B-4-170 is valid for four years.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-151 Exclusive geographic service areas.

- (1) Each ground ambulance provider license issued under Sections 26B-4-150 through 26B-4-170 shall be for an exclusive geographic service area as described in the license. Only the licensed ground ambulance provider may respond to an ambulance request that originates within the provider's exclusive geographic service area, except as provided in Subsection (5) and Section 26B-4-170.

- (2) Each paramedic provider license issued under Sections 26B-4-150 through 26B-4-170 shall be for an exclusive geographic service area as described in the license. Only the licensed paramedic provider may respond to a paramedic request that originates within the exclusive geographic service area, except as provided in Subsection (6) and Section 26B-4-170.
- (3) Nothing in this section may be construed as either requiring or prohibiting that the formation of boundaries in a given location be the same for a licensed paramedic provider and a licensed ambulance provider.
- (4)
 - (a) A licensed ground ambulance or paramedic provider may, as necessary, enter into a mutual aid agreement to allow another licensed provider to give assistance in times of unusual demand, as that term is defined by the committee in rule.
 - (b) A mutual aid agreement shall include a formal written plan detailing the type of assistance and the circumstances under which it would be given.
 - (c) The parties to a mutual aid agreement shall submit a copy of the agreement to the department.
 - (d) Notwithstanding this Subsection (4), a licensed provider may not subcontract with another entity to provide services in the licensed provider's exclusive geographic service area.
- (5) Notwithstanding Subsection (1), a licensed ground ambulance provider may respond to an ambulance request that originates from the exclusive geographic area of another provider:
 - (a) pursuant to a mutual aid agreement;
 - (b) to render assistance on a case-by-case basis to that provider; and
 - (c) as necessary to meet needs in time of disaster or other major emergency.
- (6) Notwithstanding Subsection (2), a licensed paramedic provider may respond to a paramedic request that originates from the exclusive geographic area of another provider:
 - (a) pursuant to a mutual aid agreement;
 - (b) to render assistance on a case-by-case basis to that provider; and
 - (c) as necessary to meet needs in time of disaster or other major emergency.
- (7) The department may, upon the renewal of a license, align the boundaries of an exclusive geographic area with the boundaries of a political subdivision:
 - (a) if the alignment is practical and in the public interest;
 - (b) if each licensed provider that would be affected by the alignment agrees to the alignment; and
 - (c) taking into consideration the requirements of:
 - (i) Section 11-48-103; and
 - (ii) Section 26B-4-162.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-152 Establishment of maximum rates.

- (1) The department shall, after receiving recommendations under Subsection (2), establish maximum rates for ground ambulance providers and paramedic providers that are just and reasonable.
- (2) The committee may make recommendations to the department on the maximum rates that should be set under Subsection (1).
- (3)
 - (a) The department shall prohibit ground ambulance providers and paramedic providers from charging fees for transporting a patient when the provider does not transport the patient.

- (b) The provisions of Subsection (3)(a) do not apply to ambulance providers or paramedic providers in a geographic service area which contains a town as defined in Subsection 10-2-301(2)(f).

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-153 Ground ambulance and paramedic licenses -- Application and department review.

- (1) Except as provided in Section 26B-4-167, an applicant for a ground ambulance or paramedic license shall apply to the department for a license only by:
 - (a) submitting a completed application;
 - (b) providing information in the format required by the department; and
 - (c) paying the required fees, including the cost of the hearing officer.
- (2) The department shall make rules establishing minimum qualifications and requirements for:
 - (a) personnel;
 - (b) capital reserves;
 - (c) equipment;
 - (d) a business plan;
 - (e) operational procedures;
 - (f) medical direction agreements;
 - (g) management and control; and
 - (h) other matters that may be relevant to an applicant's ability to provide ground ambulance or paramedic service.
- (3) An application for a license to provide ground ambulance service or paramedic service shall be for all ground ambulance services or paramedic services arising within the geographic service area, except that an applicant may apply for a license for less than all ground ambulance services or all paramedic services arising within an exclusive geographic area if it can demonstrate how the remainder of that area will be served.
- (4)
 - (a) A ground ambulance service licensee may apply to the department for a license to provide a higher level of service as defined by department rule if the application includes:
 - (i) a copy of the new treatment protocols for the higher level of service approved by the off-line medical director;
 - (ii) an assessment of field performance by the applicant's off-line director; and
 - (iii) an updated plan of operation demonstrating the ability of the applicant to provide the higher level of service.
 - (b) If the department determines that the applicant has demonstrated the ability to provide the higher level of service in accordance with Subsection (4)(a), the department shall issue a revised license reflecting the higher level of service and the requirements of Section 26B-4-162 do not apply.
 - (c) A revised license issued under Subsection (4)(b):
 - (i) may only affect the level of service that the licensee may provide; and
 - (ii) may not affect any other terms, conditions, or limitations of the original license.
- (5) Upon receiving a completed application and the required fees, the department shall review the application and determine whether the application meets the minimum qualifications and requirements for licensure.

- (6) The department may deny an application if it finds that it contains any materially false or misleading information, is incomplete, or if the application demonstrates that the applicant fails to meet the minimum qualifications and requirements for licensure under Subsection (2).
- (7) If the department denies an application, it shall notify the applicant in writing setting forth the grounds for the denial. A denial may be appealed under Title 63G, Chapter 4, Administrative Procedures Act.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-154 Ground ambulance and paramedic licenses -- Agency notice of approval.

- (1) Beginning January 1, 2004, if the department determines that the application meets the minimum requirements for licensure under Section 26B-4-153, the department shall issue a notice of the approved application to the applicant.
- (2) A current license holder responding to a request for proposal under Section 26B-4-156 is considered an approved applicant for purposes of Section 26B-4-156 if the current license holder, prior to responding to the request for proposal, submits the following to the department:
 - (a) the information described in Subsections 26B-4-153(4)(a)(i) through (iii); and
 - (b)
 - (i) if the license holder is a private entity, a financial statement, a pro forma budget and necessary letters of credit demonstrating a financial ability to expand service to a new service area; or
 - (ii) if the license holder is a governmental entity, a letter from the governmental entity's governing body demonstrating the governing body's willingness to financially support the application.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-155 Selection of provider by political subdivision.

- (1)
 - (a) Only an applicant approved under Section 26B-4-154 may respond to a request for a proposal issued in accordance with Section 26B-4-156 or Section 26B-4-158 by a political subdivision.
 - (b) A response to a request for proposal is subject to the maximum rates established by the department under Section 26B-4-152.
 - (c) A political subdivision may award a contract to an applicant in response to a request for proposal:
 - (i) in accordance with Section 26B-4-156; and
 - (ii) subject to Subsections (2) and (3).
- (2)
 - (a) The department shall issue a license to an applicant selected by a political subdivision under Subsection (1) unless the department finds that issuing a license to that applicant would jeopardize the health, safety, and welfare of the citizens of the geographic service area.
 - (b) A license issued under this Subsection (2):
 - (i) is for the exclusive geographic service area approved by the department in accordance with Subsection 26B-4-156(2);
 - (ii) is valid for four years;

- (iii) is not subject to a request for license from another applicant under the provisions of Sections 26B-4-160 through 26B-4-163 during the four-year term, unless the applicant's license is revoked under Section 26B-4-130;
 - (iv) is subject to revocation or revision under Subsection (3)(d); and
 - (v) is subject to supervision by the department under Sections 26B-4-129 and 26B-4-130.
- (3) Notwithstanding Subsection (2)(b), a political subdivision may terminate a contract described in Subsection (1)(c), with or without cause, if:
- (a) the contract:
 - (i) is entered into on or after May 5, 2021; and
 - (ii) allows an applicant to provide 911 ambulance services;
 - (b) the political subdivision provides written notice to the applicant described in Subsection (3)(a)(ii) and the department:
 - (i) at least 18 months before the day on which the contract is terminated; or
 - (ii) within a period of time shorter than 18 months before the day on which the contract is terminated, if otherwise agreed to by the applicant and the department;
 - (c) the political subdivision selects another applicant to provide 911 ambulance services for the political subdivision in accordance with Section 26B-4-156;
 - (d) the department:
 - (i) revokes the license of the applicant described in Subsection (3)(a)(ii), or issues a new or revised license for the applicant described in Subsection (3)(a)(ii):
 - (A) in order to remove the area that is subject to the contract from the applicant's exclusive geographic service area; and
 - (B) to take effect the day on which the contract is terminated; and
 - (ii) issues a new or revised license for the applicant described in Subsection (3)(c):
 - (A) in order to allow the applicant to provide 911 ambulance services for the area described in Subsection (3)(d)(i)(A); and
 - (B) to take effect the day on which the contract is terminated; and
 - (e) the termination does not create an orphaned area.
- (4) Except as provided in Subsection 26B-4-157(4)(a), the provisions of Sections 26B-4-160 through 26B-4-163 do not apply to a license issued under this section.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-156 Selection of provider -- Request for competitive sealed proposal -- Public convenience and necessity.

- (1)
- (a) A political subdivision may contract with an applicant approved under Section 26B-4-153 to provide services for the geographic service area that is approved by the department in accordance with Subsection (2), if:
 - (i) the political subdivision complies with the provisions of this section and Section 26B-4-157 if the contract is for 911 ambulance or paramedic services; or
 - (ii) the political subdivision complies with Sections 26B-4-157 and 26B-4-158, if the contract is for non-911 services.
 - (b)
 - (i) The provisions of this section and Sections 26B-4-155, 26B-4-157, and 26B-4-158 do not require a political subdivision to issue a request for proposal for ambulance or paramedic services or non-911 services.

- (ii) If a political subdivision does not contract with an applicant in accordance with this section and Section 26B-4-157, the provisions of Sections 26B-4-160 through 26B-4-163 apply to the issuance of a license for ambulance or paramedic services in the geographic service area that is within the boundaries of the political subdivision.
- (iii) If a political subdivision does not contract with an applicant in accordance with this section, Section 26B-4-157 and Section 26B-4-158, a license for the non-911 services in the geographic service area that is within the boundaries of the political subdivision may be issued:
 - (A) under the public convenience and necessity provisions of Sections 26B-4-160 through 26B-4-163; or
 - (B) by a request for proposal issued by the department under Section 26B-4-159.
- (c)
 - (i) As used in this Subsection (1)(c):
 - (A) "Fire district" means a special district under Title 17B, Limited Purpose Local Government Entities - Special Districts, that:
 - (I) is located in a county of the first or second class; and
 - (II) provides fire protection, paramedic, and emergency services.
 - (B) "Participating municipality" means a city or town whose area is partly or entirely included within a county service area or fire district.
 - (C) "Participating county" means a county whose unincorporated area is partly or entirely included within a fire district.
 - (ii) A participating municipality or participating county may as provided in this section and Section 26B-4-157, contract with a provider for 911 ambulance or paramedic service.
 - (iii) If the participating municipality or participating county contracts with a provider for services under this section and Section 26B-4-157:
 - (A) the fire district is not obligated to provide the services that are included in the contract between the participating municipality or the participating county and the provider;
 - (B) the fire district may impose taxes and obligations within the fire district in the same manner as if the participating municipality or participating county were receiving all services offered by the fire district; and
 - (C) the participating municipality's and participating county's obligations to the fire district are not diminished.
- (2)
 - (a) The political subdivision shall submit the request for proposal and the exclusive geographic service area to be included in a request for proposal issued under Subsections (1)(a)(i) or (ii) to the department for approval prior to issuing the request for proposal. The department shall approve the request for proposal and the exclusive geographic service area:
 - (i) unless the geographic service area creates an orphaned area; and
 - (ii) in accordance with Subsections (2)(b) and (c).
 - (b) The exclusive geographic service area may:
 - (i) include the entire geographic service area that is within the political subdivision's boundaries;
 - (ii) include islands within or adjacent to other peripheral areas not included in the political subdivision that governs the geographic service area; or
 - (iii) exclude portions of the geographic service area within the political subdivision's boundaries if another political subdivision or licensed provider agrees to include the excluded area within their license.
 - (c) The proposed geographic service area for 911 ambulance or paramedic service shall demonstrate that non-911 ambulance or paramedic service will be provided in the geographic

service area, either by the current provider, the applicant, or some other method acceptable to the department. The department may consider the effect of the proposed geographic service area on the costs to the non-911 provider and that provider's ability to provide only non-911 services in the proposed area.

Amended by Chapter 16, 2023 General Session

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-157 Use of competitive sealed proposals -- Procedure -- Appeal rights.

- (1)
 - (a) Competitive sealed proposals for paramedic or 911 ambulance services under Section 26B-4-156, or for non-911 services under Section 26B-4-158, shall be solicited through a request for proposal and the provisions of this section.
 - (b) The governing body of the political subdivision shall approve the request for proposal prior to the notice of the request for proposals under Subsection (1)(c).
 - (c) The governing body of the political subdivision shall publish notice of the request for proposals for the political subdivision, as a class A notice under Section 63G-30-102, for at least 20 days.
- (2)
 - (a) Proposals shall be opened so as to avoid disclosure of contents to competing offerors during the process of negotiations.
 - (b)
 - (i) Subsequent to the published notice, and prior to selecting an applicant, the political subdivision shall hold a presubmission conference with interested applicants for the purpose of assuring full understanding of, and responsiveness to, solicitation requirements.
 - (ii) A political subdivision shall allow at least 90 days from the presubmission conference for the proposers to submit proposals.
 - (c) Subsequent to the presubmission conference, the political subdivision may issue addenda to the request for proposals. An addenda to a request for proposal shall be finalized and posted by the political subdivision at least 45 days before the day on which the proposal must be submitted.
 - (d) Offerors to the request for proposals shall be accorded fair and equal treatment with respect to any opportunity for discussion and revisions of proposals, and revisions may be permitted after submission and before a contract is awarded for the purpose of obtaining best and final offers.
 - (e) In conducting discussions, there shall be no disclosures of any information derived from proposals submitted by competing offerors.
- (3)
 - (a)
 - (i) A political subdivision may select an applicant approved by the department under Section 26B-4-153 to provide 911 ambulance or paramedic services by contract to the most responsible offeror as defined in Section 63G-6a-103.
 - (ii) An award under Subsection (3)(a)(i) shall be made to the responsible offeror whose proposal is determined in writing to be the most advantageous to the political subdivision, taking into consideration price and the evaluation factors set forth in the request for proposal.

- (b) The applicants who are approved under Section 26B-4-154 and who are selected under this section may be the political subdivision issuing the request for competitive sealed proposals, or any other public entity or entities, any private person or entity, or any combination thereof.
- (c) A political subdivision may reject all of the competitive proposals.
- (4) In seeking competitive sealed proposals and awarding contracts under this section, a political subdivision:
 - (a) shall apply the public convenience and necessity factors listed in Subsections 26B-4-162(2) through (6);
 - (b) shall require the applicant responding to the proposal to disclose how the applicant will meet performance standards in the request for proposal;
 - (c) may not require or restrict an applicant to a certain method of meeting the performance standards, including:
 - (i) requiring ambulance medical personnel to also be a firefighter; or
 - (ii) mandating that offerors use fire stations or dispatch services of the political subdivision;
 - (d) shall require an applicant to submit the proposal:
 - (i) based on full cost accounting in accordance with generally accepted accounting principals; and
 - (ii) if the applicant is a governmental entity, in addition to the requirements of Subsection (4)(e) (i), in accordance with generally accepted government auditing standards and in compliance with the State of Utah Legal Compliance Audit Guide; and
 - (e) shall set forth in the request for proposal:
 - (i) the method for determining full cost accounting in accordance with generally accepted accounting principles, and require an applicant to submit the proposal based on such full cost accounting principles;
 - (ii) guidelines established to further competition and provider accountability; and
 - (iii) a list of the factors that will be considered by the political subdivision in the award of the contract, including by percentage, the relative weight of the factors established under this Subsection (4)(e), which may include such things as:
 - (A) response times;
 - (B) staging locations;
 - (C) experience;
 - (D) quality of care; and
 - (E) cost, consistent with the cost accounting method in Subsection (4)(e)(i).
- (5)
 - (a) Notwithstanding any provision of Title 63G, Chapter 6a, Utah Procurement Code, to the contrary, the provisions of Title 63G, Chapter 6a, Utah Procurement Code, apply to the procurement process required by this section, except as provided in Subsection (5)(c).
 - (b) A procurement appeals panel described in Section 63G-6a-1702 shall have jurisdiction to review and determine an appeal of an offeror under this section.
 - (c)
 - (i) An offeror may appeal the solicitation or award as provided by the political subdivision's procedures. After all political subdivision appeal rights are exhausted, the offeror may appeal under the provisions of Subsections (5)(a) and (b).
 - (ii) A procurement appeals panel described in Section 63G-6a-1702 shall determine whether the solicitation or award was made in accordance with the procedures set forth in this section and Section 26B-4-156.
 - (d) The determination of an issue of fact by the appeals board shall be final and conclusive unless arbitrary and capricious or clearly erroneous as provided in Section 63G-6a-1705.

Renumbered and Amended by Chapter 307, 2023 General Session
Amended by Chapter 435, 2023 General Session

Superseded 7/1/2024

26B-4-158 Non-911 provider -- Finding of meritorious complaint -- Request for proposals.

- (1)
 - (a) This section applies to a non-911 provider license under this part.
 - (b) The department shall, in accordance with Subsections (3) and (4):
 - (i) receive a complaint about a non-911 provider;
 - (ii) determine whether the complaint has merit;
 - (iii) issue a finding of:
 - (A) a meritorious complaint; or
 - (B) a non-meritorious complaint; and
 - (iv) forward a finding of a meritorious complaint to the governing body of the political subdivision:
 - (A) in which the non-911 provider is licensed; or
 - (B) that provides the non-911 services, if different from Subsection (1)(b)(iv)(A).
- (2)
 - (a) A political subdivision that receives a finding of a meritorious complaint from the department:
 - (i) shall take corrective action that the political subdivision determines is appropriate; and
 - (ii) shall, if the political subdivision determines corrective action will not resolve the complaint or is not appropriate:
 - (A) issue a request for proposal for non-911 service in the geographic service area if the political subdivision will not respond to the request for proposal; or
 - (B)
 - (I) make a finding that a request for proposal for non-911 services is appropriate and the political subdivision intends to respond to a request for proposal; and
 - (II) submit the political subdivision's findings to the department with a request that the department issue a request for proposal in accordance with Section 26B-4-159.
 - (b)
 - (i) If Subsection (2)(a)(ii)(A) applies, the political subdivision shall issue the request for proposal in accordance with Sections 26B-4-155 through 26B-4-157.
 - (ii) If Subsection (2)(a)(ii)(B) applies, the department shall issue a request for proposal for non-911 services in accordance with Section 26B-4-159.
- (3) The department shall make a determination under Subsection (1)(b) if:
 - (a) the department receives a written complaint from any of the following in the geographic service area:
 - (i) a hospital;
 - (ii) a health care facility;
 - (iii) a political subdivision; or
 - (iv) an individual; and
 - (b) the department determines, in accordance with Subsection (1)(b), that the complaint has merit.
- (4)
 - (a) If the department receives a complaint under Subsection (1)(b), the department shall request a written response from the non-911 provider concerning the complaint.
 - (b) The department shall make a determination under Subsection (1)(b) based on:

- (i) the written response from the non-911 provider; and
 - (ii) other information that the department may have concerning the quality of service of the non-911 provider.
- (c)
- (i) The department's determination under Subsection (1)(b) is not subject to an adjudicative proceeding under Title 63G, Chapter 4, Administrative Procedures Act.
 - (ii) The department shall adopt administrative rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement the provisions of Subsection (1)(b).

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-159 Use of competitive sealed proposals -- Procedure -- Appeal rights.

- (1)
- (a) The department shall issue a request for proposal for non-911 services in a geographic service area if the department receives a request from a political subdivision under Subsection 26B-4-158(2)(a)(ii)(B) to issue a request for proposal for non-911 services.
 - (b) Competitive sealed proposals for non-911 services under Subsection (1)(a) shall be solicited through a request for proposal and the provisions of this section.
 - (c)
 - (i) Notice of the request for proposals shall be published:
 - (A) at least once a week for three consecutive weeks in a newspaper of general circulation published in the county; or
 - (B) if there is no such newspaper, then notice shall be posted for at least 20 days in at least five public places in the county; and
 - (ii) in accordance with Section 45-1-101 for at least 20 days.
- (2)
- (a) Proposals shall be opened so as to avoid disclosure of contents to competing offerors during the process of negotiations.
 - (b)
 - (i) Subsequent to the published notice, and prior to selecting an applicant, the department shall hold a presubmission conference with interested applicants for the purpose of assuring full understanding of, and responsiveness to, solicitation requirements.
 - (ii) The department shall allow at least 90 days from the presubmission conference for the proposers to submit proposals.
 - (c) Subsequent to the presubmission conference, the department may issue addenda to the request for proposals. An addenda to a request for proposal shall be finalized and posted by the department at least 45 days before the day on which the proposal must be submitted.
 - (d) Offerors to the request for proposals shall be accorded fair and equal treatment with respect to any opportunity for discussion and revisions of proposals, and revisions may be permitted after submission and before a contract is awarded for the purpose of obtaining best and final offers.
 - (e) In conducting discussions, there shall be no disclosures of any information derived from proposals submitted by competing offerors.
- (3)
- (a)

- (i) The department may select an applicant approved by the department under Section 26B-4-153 to provide non-911 services by contract to the most responsible offeror as defined in Section 63G-6a-103.
- (ii) An award under Subsection (3)(a)(i) shall be made to the responsible offeror whose proposal is determined in writing to be the most advantageous to the public, taking into consideration price and the evaluation factors set forth in the request for proposal.
- (b) The applicants who are approved under Section 26B-4-154 and who are selected under this section may be the political subdivision responding to the request for competitive sealed proposals, or any other public entity or entities, any private person or entity, or any combination thereof.
- (c) The department may reject all of the competitive proposals.
- (4) In seeking competitive sealed proposals and awarding contracts under this section, the department:
 - (a) shall consider the public convenience and necessity factors listed in Subsections 26B-4-162(2) through (6);
 - (b) shall require the applicant responding to the proposal to disclose how the applicant will meet performance standards in the request for proposal;
 - (c) may not require or restrict an applicant to a certain method of meeting the performance standards, including:
 - (i) requiring ambulance medical personnel to also be a firefighter; or
 - (ii) mandating that offerors use fire stations or dispatch services of the political subdivision;
 - (d) shall require an applicant to submit the proposal:
 - (i) based on full cost accounting in accordance with generally accepted accounting principals; and
 - (ii) if the applicant is a governmental entity, in addition to the requirements of Subsection (4)(e) (i), in accordance with generally accepted government auditing standards and in compliance with the State of Utah Legal Compliance Audit Guide; and
 - (e) shall set forth in the request for proposal:
 - (i) the method for determining full cost accounting in accordance with generally accepted accounting principles, and require an applicant to submit the proposal based on such full cost accounting principles;
 - (ii) guidelines established to further competition and provider accountability; and
 - (iii) a list of the factors that will be considered by the department in the award of the contract, including by percentage, the relative weight of the factors established under this Subsection (4)(e), which may include:
 - (A) response times;
 - (B) staging locations;
 - (C) experience;
 - (D) quality of care; and
 - (E) cost, consistent with the cost accounting method in Subsection (4)(e)(i).
- (5) A license issued under this section:
 - (a) is for the exclusive geographic service area approved by the department;
 - (b) is valid for four years;
 - (c) is not subject to a request for license from another applicant under the provisions of Sections 26B-4-160 through 26B-4-163 during the four-year term, unless the applicant's license is revoked under Section 26B-4-130;
 - (d) is subject to supervision by the department under Sections 26B-4-129 and 26B-4-130; and

- (e) except as provided in Subsection (4)(a), is not subject to the provisions of Sections 26B-4-160 through 26B-4-163.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-160 Ground ambulance and paramedic licenses -- Parties.

- (1) When an applicant approved under Section 26B-4-153 seeks licensure under the provisions of Sections 26B-4-160 through 26B-4-163, the department shall:
 - (a) issue a notice of agency action to the applicant to commence an informal administrative proceeding;
 - (b) provide notice of the application to all interested parties; and
 - (c) publish notice of the application, at the applicant's expense:
 - (i) once a week for four consecutive weeks, in a newspaper of general circulation in the geographic service area that is the subject of the application; and
 - (ii) in accordance with Section 45-1-101 for four weeks.
- (2) An interested party has 30 days to object to an application.
- (3) If an interested party objects, the presiding officer shall join the interested party as an indispensable party to the proceeding.
- (4) The department may join the proceeding as a party to represent the public interest.
- (5) Others who may be affected by the grant of a license to the applicant may join the proceeding, if the presiding officer determines that they meet the requirement of legal standing.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-161 Ground ambulance and paramedic licenses -- Proceedings.

- (1) The presiding officer shall:
 - (a) commence an informal adjudicative proceeding within 120 days of receiving a completed application;
 - (b) meet with the applicant and objecting interested parties and provide no less than 120 days for a negotiated resolution, consistent with the criteria in Section 26B-4-162;
 - (c) set aside a separate time during the proceedings to accept public comment on the application; and
 - (d) present a written decision to the executive director if a resolution has been reached that satisfies the criteria in Section 26B-4-162.
- (2) At any time during an informal adjudicative proceeding under Subsection (1), any party may request conversion of the informal adjudicative proceeding to a formal adjudicative proceeding in accordance with Section 63G-4-202.
- (3) Upon conversion to a formal adjudicative proceeding, a hearing officer shall be assigned to the application as provided in Section 26B-4-163. The hearing officer shall:
 - (a) set aside a separate time during the proceedings to accept public comment on the application;
 - (b) apply the criteria established in Section 26B-4-162; and
 - (c) present a recommended decision to the executive director in writing.
- (4) The executive director may, as set forth in a final written order, accept, modify, reject, or remand the decision of a presiding or hearing officer after:
 - (a) reviewing the record;

- (b) giving due deference to the officer's decision; and
- (c) determining whether the criteria in Section 26B-4-162 have been satisfied.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-162 Criteria for determining public convenience and necessity.

- (1) The criteria for determining public convenience and necessity is set forth in Subsections (2) through (6).
- (2) Access to emergency medical services shall be maintained or improved. The officer shall consider the impact on existing services, including the impact on response times, call volumes, populations and exclusive geographic service areas served, and the ability of surrounding licensed providers to service their exclusive geographic service areas. The issuance or amendment of a license may not create an orphaned area.
- (3) The quality of service in the area shall be maintained or improved. The officer shall consider the:
 - (a) staffing and equipment standards of the current licensed provider and the applicant;
 - (b) training and licensure levels of the current licensed provider's staff and the applicant's staff;
 - (c) continuing medical education provided by the current licensed provider and the applicant;
 - (d) levels of care as defined by department rule;
 - (e) plan of medical control; and
 - (f) the negative or beneficial impact on the regional emergency medical service system to provide service to the public.
- (4) The cost to the public shall be justified. The officer shall consider:
 - (a) the financial solvency of the applicant;
 - (b) the applicant's ability to provide services within the rates established under Section 26B-4-152;
 - (c) the applicant's ability to comply with cost reporting requirements;
 - (d) the cost efficiency of the applicant; and
 - (e) the cost effect of the application on the public, interested parties, and the emergency medical services system.
- (5) Local desires concerning cost, quality, and access shall be considered. The officer shall assess and consider:
 - (a) the existing provider's record of providing services and the applicant's record and ability to provide similar or improved services;
 - (b) locally established emergency medical services goals, including those established in Subsection (7);
 - (c) comment by local governments on the applicant's business and operations plans;
 - (d) comment by interested parties that are providers on the impact of the application on the parties' ability to provide emergency medical services;
 - (e) comment by interested parties that are local governments on the impact of the application on the citizens it represents; and
 - (f) public comment on any aspect of the application or proposed license.
- (6) Other related criteria:
 - (a) the officer considers necessary; or
 - (b) established by department rule.
- (7) Local governments shall establish cost, quality, and access goals for the ground ambulance and paramedic services that serve their areas.

- (8) In a formal adjudicative proceeding, the applicant bears the burden of establishing that public convenience and necessity require the approval of the application for all or part of the exclusive geographic service area requested.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-163 Ground ambulance and paramedic licenses -- Hearing and presiding officers.

- (1) The department shall set training standards for hearing officers and presiding officers.
- (2) At a minimum, a presiding officer shall:
 - (a) be familiar with the theory and application of public convenience and necessity; and
 - (b) have a working knowledge of the emergency medical service system in the state.
- (3) In addition to the requirements in Subsection (2), a hearing officer shall also be licensed to practice law in the state.
- (4) The department shall provide training for hearing officer and presiding officer candidates in the theory and application of public convenience and necessity and on the emergency medical system in the state.
- (5) The department shall maintain a roster of no less than five individuals who meet the minimum qualifications for both presiding and hearing officers and the standards set by the department.
- (6) The parties may mutually select an officer from the roster if the officer is available.
- (7) If the parties cannot agree upon an officer under Subsection (4), the department shall randomly select an officer from the roster or from a smaller group of the roster agreed upon by the applicant and the objecting interested parties.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-164 Local approvals.

- (1) Licensed ambulance providers and paramedic providers shall meet all local zoning and business licensing standards generally applicable to businesses operating within the jurisdiction.
- (2) Publicly subsidized providers shall demonstrate approval of the taxing authority that will provide the subsidy.
- (3) A publicly operated service shall demonstrate that the governing body has approved the provision of services to the entire exclusive geographic service area that is the subject of the license, including those areas that may lie outside the territorial or jurisdictional boundaries of the governing body.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-165 Limitation on repetitive applications.

A person who has previously applied for a license under Sections 26B-4-160 through 26B-4-163 may not apply for a license for the same service that covers any exclusive geographic service area that was the subject of the prior application unless:

- (1) one year has passed from the date of the issuance of a final decision under Section 26B-4-161;
or
- (2) all interested parties and the department agree that a new application is in the public interest.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-166 License for air ambulance providers.

- (1) An applicant for an air ambulance provider shall apply to the department for a license only by:
 - (a) submitting a complete application;
 - (b) providing information in the format required by the department; and
 - (c) paying the required fees.
- (2) The department may make rules establishing minimum qualifications and requirements for:
 - (a) personnel;
 - (b) capital reserves;
 - (c) equipment;
 - (d) business plan;
 - (e) operational procedures;
 - (f) resource hospital and medical direction agreements;
 - (g) management and control qualifications and requirements; and
 - (h) other matters that may be relevant to an applicant's ability to provide air ambulance services.
- (3) Upon receiving a completed application and the required fees, the department shall review the application and determine whether the application meets the minimum requirements for licensure.
- (4) The department may deny an application for an air ambulance if:
 - (a) the department finds that the application contains any materially false or misleading information or is incomplete;
 - (b) the application demonstrates that the applicant fails to meet the minimum requirements for licensure; or
 - (c) the department finds after inspection that the applicant does not meet the minimum requirements for licensure.
- (5) If the department denies an application under this section, it shall notify the applicant in writing setting forth the grounds for the denial.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-167 License renewals.

- (1) A licensed provider desiring to renew its license shall meet the renewal requirements established by department rule.
- (2) The department shall issue a renewal license for a ground ambulance provider or a paramedic provider upon the licensee's application for a renewal and without a public hearing if:
 - (a) the applicant was licensed under the provisions of Sections 26B-4-160 through 26B-4-163; and
 - (b) there has been:
 - (i) no change in controlling interest in the ownership of the licensee as defined in Section 26B-4-169;
 - (ii) no serious, substantiated public complaints filed with the department against the licensee during the term of the previous license;
 - (iii) no material or substantial change in the basis upon which the license was originally granted;
 - (iv) no reasoned objection from the committee or the department; and

- (v) no change to the license type.
- (3)
 - (a)
 - (i) The provisions of this Subsection (3) apply to a provider licensed under the provisions of Sections 26B-4-155 and 26B-4-156.
 - (ii) A provider may renew its license if the provisions of Subsections (1) and (2) and this Subsection (3) are met.
 - (b)
 - (i) The department shall issue a renewal license to a provider upon the provider's application for renewal for one additional four-year term if the political subdivision certifies to the department that the provider has met all of the specifications of the original bid.
 - (ii) If the political subdivision does not certify to the department that the provider has met all of the specifications of the original bid, the department may not issue a renewal license and the political subdivision shall enter into a public bid process under Sections 26B-4-155 and 26B-4-156.
 - (c)
 - (i) The department shall issue an additional renewal license to a provider who has already been issued a one-time renewal license under the provisions of Subsection (3)(b)(i) if the department and the political subdivision do not receive, prior to the expiration of the provider's license, written notice from an approved applicant informing the political subdivision of the approved applicant's desire to submit a bid for ambulance or paramedic service.
 - (ii) If the department and the political subdivision receive the notice in accordance with Subsection (3)(c)(i), the department may not issue a renewal license and the political subdivision shall enter into a public bid process under Sections 26B-4-155 and 26B-4-156.
- (4) The department shall issue a renewal license for an air ambulance provider upon the licensee's application for renewal and completion of the renewal requirements established by department rule.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-168 Annexations.

- (1) A municipality shall comply with the provisions of this section if the municipality is licensed under this part and desires to provide service to an area that is:
 - (a) included in a petition for annexation under Title 10, Chapter 2, Part 4, Annexation; and
 - (b) currently serviced by another provider licensed under this part.
- (2)
 - (a)
 - (i) At least 45 days prior to approving a petition for annexation, the municipality shall certify to the department that by the time of the approval of the annexation the municipality can meet or exceed the current level of service provided by the existing licensee for the annexed area by meeting the requirements of Subsections (2)(b)(ii)(A) through (D); and
 - (ii) no later than three business days after the municipality files a petition for annexation in accordance with Section 10-2-403, provide written notice of the petition for annexation to:
 - (A) the existing licensee providing service to the area included in the petition of annexation; and
 - (B) the department.

- (b)
 - (i) After receiving a certification under Subsection (2)(a), but prior to the municipality approving a petition for annexation, the department may audit the municipality only to verify the requirements of Subsections (2)(b)(ii)(A) through (D).
 - (ii) If the department elects to conduct an audit, the department shall make a finding that the municipality can meet or exceed the current level of service provided by the existing licensee for the annexed area if the department finds that the municipality has or will have by the time of the approval of the annexation:
 - (A) adequate trained personnel to deliver basic and advanced life support services;
 - (B) adequate apparatus and equipment to deliver emergency medical services;
 - (C) adequate funding for personnel and equipment; and
 - (D) appropriate medical controls, such as a medical director and base hospital.
 - (iii) The department shall submit the results of the audit in writing to the municipal legislative body.
- (3)
 - (a) If the department audit finds that the municipality meets the requirements of Subsection (2)(b)(ii), the department shall issue an amended license to the municipality and all other affected licensees to reflect the municipality's new boundaries after the department receives notice of the approval of the petition for annexation from the municipality in accordance with Section 10-2-425.
 - (b)
 - (i) Notwithstanding the provisions of Subsection 63G-4-102(2)(k), if the department audit finds that the municipality fails to meet the requirements of Subsection (2)(b)(ii), the municipality may request an adjudicative proceeding under the provisions of Title 63G, Chapter 4, Administrative Procedures Act. The municipality may approve the petition for annexation while an adjudicative proceeding requested under this Subsection (3)(b)(i) is pending.
 - (ii) The department shall conduct an adjudicative proceeding when requested under Subsection (3)(b)(i).
 - (iii) Notwithstanding the provisions of Sections 26B-4-153 through 26B-4-163, in any adjudicative proceeding held under the provisions of Subsection (3)(b)(i), the department bears the burden of establishing that the municipality cannot, by the time of the approval of the annexation, meet the requirements of Subsection (2)(b)(ii).
 - (c) If, at the time of the approval of the annexation, an adjudicative proceeding is pending under the provisions of Subsection (3)(b)(i), the department shall issue amended licenses if the municipality prevails in the adjudicative proceeding.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-169 Changes in ownership.

- (1) A licensed provider whose ownership or controlling ownership interest has changed shall submit information to the department, as required by department rule:
 - (a) to establish whether the new owner or new controlling party meets minimum requirements for licensure; and
 - (b) except as provided in Subsection (2), to commence an administrative proceeding to determine whether the new owner meets the requirement of public convenience and necessity under Section 26B-4-162.
- (2) An administrative proceeding is not required under Subsection (1)(b) if:

- (a) the change in ownership interest is among existing owners of a closely held corporation and the change does not result in a change in the management of the licensee or in the name of the licensee;
- (b) the change in ownership in a closely held corporation results in the introduction of new owners, provided that:
 - (i) the new owners are limited to individuals who would be entitled to the equity in the closely held corporation by the laws of intestate succession had the transferor died intestate at the time of the transfer;
 - (ii) the majority owners on January 1, 1999, have been disclosed to the department by October 1, 1999, and the majority owners on January 1, 1999, retain a majority interest in the closely held corporation; and
 - (iii) the name of the licensed provider remains the same;
- (c) the change in ownership is the result of one or more owners transferring their interests to a trust, limited liability company, partnership, or closely held corporation so long as the transferors retain control over the receiving entity;
- (d) the change in ownership is the result of a distribution of an estate or a trust upon the death of the testator or the trustor and the recipients are limited to individuals who would be entitled to the interest by the laws of intestate succession had the transferor died intestate at the time of the transfer; or
- (e) other similar changes that the department establishes, by rule, as having no significant impact on the cost, quality, or access to emergency medical services.

Renumbered and Amended by Chapter 307, 2023 General Session

Superseded 7/1/2024

26B-4-170 Overlapping licenses.

- (1) As used in this section:
 - (a) "Overlap" means two ground ambulance interfacility transport providers that are licensed at the same level of service in all or part of a single geographic service area.
 - (b) "Overlay" means two ground ambulance interfacility transport providers that are licensed at a different level of service in all or part of a single geographic service area.
- (2) Notwithstanding the exclusive geographic service requirement of Section 26B-4-151, the department shall recognize overlap and overlay ground ambulance interfacility transport licenses that existed on or before May 4, 2022.
- (3) The department may, without an adjudicative proceeding but with at least 30 days notice to providers in the same geographic service area, amend an existing overlay ground ambulance interfacility transport license solely to convert an overlay into an overlap if the existing ground ambulance interfacility transport licensed provider meets the requirements described in Subsection 26B-4-153(4).
- (4) An amendment of a license under this section may not alter:
 - (a) other terms of the original license, including the applicable geographic service area; or
 - (b) the license of other providers that provide interfacility transport services in the geographic service area.
- (5) Notwithstanding Subsection (2), any license for an overlap area terminates upon:
 - (a) relinquishment by the provider; or
 - (b) revocation by the department.

Renumbered and Amended by Chapter 307, 2023 General Session

