

**Effective 7/1/2024**

**Chapter 2d  
Emergency Medical Services Act**

**Effective 7/1/2024**

**Part 1  
General Provisions**

**Effective 7/1/2024**

**53-2d-101 Definitions.**

As used in this chapter:

- (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 chapter.
- (2) "Account" means the Automatic External Defibrillator Restricted Account, created in Section 53-2d-809.
- (3) "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 53-2d-404 to operate in the state.
- (4) "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 Part 5, Ambulance and Paramedic Providers.
- (5) "Automatic external defibrillator" or "AED" means an automated or automatic computerized medical device that:
  - (a) has received pre-market notification approval from the United States Food and Drug Administration, pursuant to 21 U.S.C. Sec. 360(k);
  - (b) is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia;
  - (c) is capable of determining, without intervention by an operator, whether defibrillation should be performed; and
  - (d) upon determining that defibrillation should be performed, automatically charges, enabling delivery of, or automatically delivers, an electrical impulse through the chest wall and to an individual's heart.
- (6)
  - (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.
- (7) "Bureau" means the Bureau of Emergency Medical Services created in Section 53-2d-102.
- (8) "Cardiopulmonary resuscitation" or "CPR" means artificial ventilation or external chest compression applied to a person who is unresponsive and not breathing.
- (9) "Committee" means the State Emergency Medical Services Committee created by Section 53-2d-104.
- (10) "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.
- (11) "Division" means the Division of Emergency Management created in Section 53-2a-103.
- (12) "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.
- (13) "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 53-2d-402 during transport.
- (14) "Emergency medical dispatch center" means a public safety answering point, as defined in Section 63H-7a-103, that is designated as an emergency medical dispatch center by the bureau.
- (15)
- (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 53-2d-402.
  - (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.
- (16) "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 53-2d-403(1)(a); and
  - (c) emergency medical service personnel.
- (17) "Emergency medical services" means:
- (a) medical services;
  - (b) transportation services;
  - (c) behavioral emergency services; or
  - (d) any combination of the services described in Subsections (17)(a) through (c).

- (18) "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 53-2d-404.
- (19) "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 chapter by the special service district's legislative body or administrative control board.
- (20) "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 Part 5, Ambulance and Paramedic Providers;
  - (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 Part 5, Ambulance and Paramedic Providers; or
  - (c) the department when acting in the interest of the public.
- (21) "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.
- (22) "Medical control" means a person who provides medical supervision to an emergency medical service provider.
- (23) "Non-911 service" means transport of a patient that is not 911 transport under Subsection (1).
- (24) "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 53-2d-405; 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 53-2d-403.
- (25) "Paramedic provider" means an entity that:
- (a) employs emergency medical service personnel; and
  - (b) is required to obtain a license under Part 5, Ambulance and Paramedic Providers.
- (26) "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.
- (27) "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 53-2d-505.2(2)(b)(ii); or
  - (f) an interlocal entity under Title 11, Chapter 13, Interlocal Cooperation Act.
- (28) "Sudden cardiac arrest" means a life-threatening condition that results when a person's heart stops or fails to produce a pulse.
- (29) "Trauma" means an injury requiring immediate medical or surgical intervention.
- (30) "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.
- (31) "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.
- (32) "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.
- (33) "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 16, 2023 General Session

Renumbered and Amended by Chapter 310, 2023 General Session

Amended by Chapter 327, 2023 General Session, (Coordination Clause)

Amended by Chapter 327, 2023 General Session

***Effective 7/1/2024***

**53-2d-102 Bureau of Emergency Medical Services -- Creation -- Bureau chief appointment, qualifications, and compensation.**

- (1) There is created within the department the Bureau of Emergency Medical Services.
- (2) The bureau shall be administered by a bureau chief appointed by the commissioner.
- (3) The bureau chief shall be experienced in administration and possess additional qualifications as determined by the commissioner and as provided by law.
- (4) The bureau chief acts under the supervision and control of the commissioner and may be removed from the position at the will of the commissioner.
- (5) The bureau chief shall receive compensation as provided by Title 63A, Chapter 17, Utah State Personnel Management Act.

Enacted by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-103 Bureau duties -- Data sharing.**

- (1) The bureau shall:
  - (a) coordinate the emergency medical services within the state;

- (b) administer any programs and applicable rules created under this chapter;
  - (c) establish a voluntary task force representing a diversity of emergency medical service providers to advise the bureau and the committee on rules;
  - (d) establish an emergency medical service personnel peer review board to advise the bureau concerning discipline of emergency medical service personnel under this chapter; and
  - (e) adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:
    - (i) license ambulance providers and paramedic providers;
    - (ii) 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 53-2d-404;
    - (iii) establish:
      - (A) the qualifications for membership of the peer review board created by this section;
      - (B) a process for placing restrictions on a license while an investigation is pending;
      - (C) the process for the investigation and recommendation by the peer review board; and
      - (D) the process for determining the status of a license while a peer review board investigation is pending;
    - (iv) establish application, submission, and procedural requirements for licenses, designations, and permits; and
    - (v) establish and implement the programs, plans, and responsibilities as specified in other sections of this chapter.
- (2)
- (a) The bureau shall share data related to the bureau's duties with the Department of Health and Human Services.
  - (b) The Department of Health and Human Services shall share data related to the bureau's duties with the bureau.
  - (c) All data collected by the bureau under this chapter is subject to Title 26B, Chapter 8, Part 4, Health Statistics, including data privacy protections.

Renumbered and Amended by Chapter 307, 2023 General Session

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

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-104 State Emergency Medical Services Committee -- Membership -- Expenses.**

- (1) There is created the State Emergency Medical Services Committee.
- (2) The committee shall be composed of the following 19 members appointed by the governor, at least six of whom shall reside in a county of the third, fourth, fifth, or sixth class:
  - (a) five physicians licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, as follows:
    - (i) one surgeon who actively provides trauma care at a hospital;
    - (ii) one rural physician involved in emergency medical care;
    - (iii) two physicians who practice in the emergency department of a general acute hospital; and
    - (iv) one pediatrician who practices in the emergency department or critical care unit of a general acute hospital or a children's specialty hospital;
  - (b) two representatives from private ambulance providers;
  - (c) one representative from an ambulance provider that is neither privately owned nor operated by a fire department;

- (d) two chief officers from fire agencies operated by the following classes of licensed or designated emergency medical services providers: municipality, county, and fire district, provided that no class of medical services providers may have more than one representative under this Subsection (2)(d);
  - (e) one director of a law enforcement agency that provides emergency medical services;
  - (f) one hospital administrator;
  - (g) one emergency care nurse;
  - (h) one paramedic in active field practice;
  - (i) one emergency medical technician in active field practice;
  - (j) one certified emergency medical dispatcher affiliated with an emergency medical dispatch center;
  - (k) one licensed mental health professional with experience as a first responder;
  - (l) one licensed behavioral emergency services technician; and
  - (m) one consumer.
- (3)
- (a) Except as provided in Subsection (3)(b), members shall be appointed to a four-year term beginning July 1.
  - (b) Notwithstanding Subsection (3)(a), the governor:
    - (i) shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of committee members are staggered so that approximately half of the committee is appointed every two years;
    - (ii) may not reappoint a member for more than two consecutive terms; and
    - (iii) shall:
      - (A) initially appoint the second member under Subsection (2)(b) from a different private provider than the private provider currently serving under Subsection (2)(b); and
      - (B) thereafter stagger each replacement of a member in Subsection (2)(b) so that the member positions under Subsection (2)(b) are not held by representatives of the same private provider.
  - (c) When a vacancy occurs in the membership for any reason, the replacement shall be appointed by the governor for the unexpired term.
- (4)
- (a)
    - (i) Each January, the committee shall organize and select one of the committee's members as chair and one member as vice chair.
    - (ii) The committee may organize standing or ad hoc subcommittees, which shall operate in accordance with guidelines established by the committee.
  - (b)
    - (i) The chair shall convene a minimum of four meetings per year.
    - (ii) The chair may call special meetings.
    - (iii) The chair shall call a meeting upon request of five or more members of the committee.
  - (c)
    - (i) Nine members of the committee constitute a quorum for the transaction of business.
    - (ii) The action of a majority of the members present is the action of the committee.
- (5) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
- (a) Section 63A-3-106;
  - (b) Section 63A-3-107; and
  - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.

(6) Administrative services for the committee shall be provided by the bureau.

Amended by Chapter 305, 2023 General Session, (Coordination Clause)

Renumbered and Amended by Chapter 305, 2023 General Session

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-105 Committee advisory duties.**

The committee shall adopt rules, with the concurrence of the bureau, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:

- (1) establish licensure, certification, and reciprocity requirements under Section 53-2d-402;
- (2) establish designation requirements under Section 53-2d-403;
- (3) promote the development of a statewide emergency medical services system under Section 53-2d-403;
- (4) establish insurance requirements for ambulance providers;
- (5) provide guidelines for requiring patient data under Section 53-2d-203;
- (6) establish criteria for awarding grants under Section 53-2d-207;
- (7) establish requirements for the coordination of emergency medical services and the medical supervision of emergency medical service providers under Section 53-2d-403;
- (8) select appropriate vendors to establish certification requirements for emergency medical dispatchers;
- (9) establish the minimum level of service for 911 ambulance services provided under Section 11-48-103; and
- (10) are necessary to carry out the responsibilities of the committee as specified in other sections of this chapter.

Renumbered and Amended by Chapter 310, 2023 General Session

Amended by Chapter 327, 2023 General Session

Amended by Chapter 327, 2023 General Session, (Coordination Clause)

***Effective 7/1/2024***

**53-2d-106 Waiver of rules, education, and licensing requirements.**

- (1) Upon application, the bureau, or the committee with the concurrence of the bureau, may waive the requirements of a rule the bureau, or the committee with the concurrence of the bureau, 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 bureau extends the waiver to similarly situated persons upon application; or
    - (ii) the bureau, or the committee with the concurrence of the bureau, 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 bureau 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 chapter.

Renumbered and Amended by Chapter 307, 2023 General Session  
Amended by Chapter 307, 2023 General Session, (Coordination Clause)  
Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

**53-2d-107 Air Ambulance Committee -- Membership -- Duties.**

- (1) There is created the Air Ambulance Committee.
- (2) The Air Ambulance Committee is composed of the following members:
  - (a) the state emergency medical services medical director;
  - (b) one physician who:
    - (i) is licensed under:
      - (A) Title 58, Chapter 67, Utah Medical Practice Act;
      - (B) Title 58, Chapter 67b, Interstate Medical Licensure Compact; or
      - (C) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
    - (ii) actively provides trauma or emergency care at a Utah hospital; and
    - (iii) has experience and is actively involved in state and national air medical transport issues;
  - (c) one member from each level 1 and level 2 trauma center in the state of Utah, selected by the trauma center the member represents;
  - (d) one registered nurse who:
    - (i) is licensed under Title 58, Chapter 31b, Nurse Practice Act; and
    - (ii) currently works as a flight nurse for an air medical transport provider in the state of Utah;
  - (e) one paramedic who:
    - (i) is licensed under this chapter; and
    - (ii) currently works for an air medical transport provider in the state of Utah; and
  - (f) two members, each from a different for-profit air medical transport company operating in the state of Utah.
- (3) The state emergency medical services medical director shall appoint the physician member under Subsection (2)(b), and the physician shall serve as the chair of the Air Ambulance Committee.
- (4) The chair of the Air Ambulance Committee shall:
  - (a) appoint the Air Ambulance Committee members under Subsections (2)(c) through (f);
  - (b) designate the member of the Air Ambulance Committee to serve as the vice chair of the committee; and
  - (c) set the agenda for Air Ambulance Committee meetings.
- (5)
  - (a) Except as provided in Subsection (5)(b), members shall be appointed to a two-year term.
  - (b) Notwithstanding Subsection (5)(a), the Air Ambulance Committee chair shall, at the time of appointment or reappointment, adjust the length of the terms of committee members to ensure that the terms of the committee members are staggered so that approximately half of the committee is reappointed every two years.
- (6)
  - (a) A majority of the members of the Air Ambulance Committee constitutes a quorum.
  - (b) The action of a majority of a quorum constitutes the action of the Air Ambulance Committee.



- (7) The Air Ambulance Committee shall, before November 30, 2019, and before November 30 of every odd-numbered year thereafter, provide recommendations to the Health and Human Services Interim Committee regarding the development of state standards and requirements related to:
  - (a) air medical transport provider licensure and accreditation;
  - (b) air medical transport medical personnel qualifications and training; and
  - (c) other standards and requirements to ensure patients receive appropriate and high-quality medical attention and care by air medical transport providers operating in the state of Utah.
- (8)
  - (a) The Air Ambulance Committee shall prepare an annual report, using any data available to the bureau and in consultation with the Insurance Department, that includes the following information for each air medical transport provider that operates in the state:
    - (i) which health insurers in the state the air medical transport provider contracts with;
    - (ii) if sufficient data is available to the Air Ambulance Committee, the average charge for air medical transport services for a patient who is uninsured or out of network; and
    - (iii) whether the air medical transport provider balance bills a patient for any charge not paid by the patient's health insurer.
  - (b) When calculating the average charge under Subsection (8)(a)(ii), the Air Ambulance Committee shall distinguish between:
    - (i) a rotary wing provider and a fixed wing provider; and
    - (ii) any other differences between air medical transport service providers that may substantially affect the cost of the air medical transport service, as determined by the Air Ambulance Committee.
  - (c) The bureau shall:
    - (i) post the Air Ambulance Committee's findings under Subsection (8)(a) on the bureau's website; and
    - (ii) send the Air Ambulance Committee's findings under Subsection (8)(a) to each emergency medical service provider, health care facility, and other entity that has regular contact with patients in need of air medical transport provider services.
- (9) An Air Ambulance Committee member may not receive compensation, benefits, per diem, or travel expenses for the member's service on the Air Ambulance Committee.
- (10) The Office of the Attorney General shall provide staff support to the Air Ambulance Committee.
- (11) The Air Ambulance Committee shall report to the Health and Human Services Interim Committee before November 30, 2023, regarding the sunset of this section in accordance with Section 63I-2-226.

Amended by Chapter 305, 2023 General Session, (Coordination Clause)

Renumbered and Amended by Chapter 305, 2023 General Session

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-108 Emergency Medical Services System Account.**

- (1) There is created within the General Fund a restricted account known as the Emergency Medical Services System Account.
- (2) The account consists of:
  - (a) interest earned on the account;
  - (b) appropriations made by the Legislature; and

(c) contributions deposited into the account in accordance with Section 41-1a-230.7.

(3) The bureau shall use:

- (a) an amount equal to 25% of the money in the account for administrative costs related to this chapter;
- (b) an amount equal to 75% of the money in the account for grants awarded in accordance with Subsection 53-2d-207(3); and
- (c) all money received from the revenue source in Subsection (2)(c) for grants awarded in accordance with Subsection 53-2d-207(3).

Renumbered and Amended by Chapter 305, 2023 General Session

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

## **Part 2 Programs, Plans, and Duties**

***Effective 7/1/2024***

### **53-2d-201 Public awareness efforts.**

The bureau 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

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

### **53-2d-202 Emergency medical communications.**

Consistent with federal law, the bureau 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

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

### **53-2d-203 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 bureau 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 Title 26B, 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 bureau may share, with the department, information from the emergency medical services data system that:
  - (i) relates to traffic incidents; and
  - (ii) is for the improvement of traffic safety.
- (d) Information shared under Subsection (2)(c) may not:
  - (i) be used for the prosecution of criminal matters; or
  - (ii) 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  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-204 Disaster coordination plan.**

The bureau shall 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.

Renumbered and Amended by Chapter 310, 2023 General Session  
Amended by Chapter 327, 2023 General Session  
Amended by Chapter 327, 2023 General Session, (Coordination Clause)

**Effective 7/1/2024**

**53-2d-205 Pediatric quality improvement program.**

The bureau shall establish a pediatric quality improvement resource program.

Renumbered and Amended by Chapter 310, 2023 General Session

Amended by Chapter 327, 2023 General Session, (Coordination Clause)

Amended by Chapter 327, 2023 General Session

**Effective 7/1/2024**

**53-2d-206 Personnel stress management program.**

- (1) The bureau shall 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.
- (2) This program 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.
- (3) The department shall reimburse reasonable actual expenses, including mileage, incurred by a volunteer during the course of the volunteer's provision of critical incident stress services under this section.

Amended by Chapter 19, 2023 General Session

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

Renumbered and Amended by Chapter 310, 2023 General Session

Amended by Chapter 327, 2023 General Session, (Coordination Clause)

Amended by Chapter 327, 2023 General Session

**Effective 7/1/2024**

**53-2d-207 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 bureau under Subsection (1), the bureau 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 bureau administrative costs under this chapter; 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 bureau 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 bureau shall determine the grant amounts by prorating available funds on a per capita basis by county as described in bureau 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  
Amended by Chapter 307, 2023 General Session, (Coordination Clause)  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-208 Fees for training equipment rental, testing, and quality assurance reviews.**

- (1) The bureau may charge fees, established in accordance with Section 63J-1-504:
  - (a) for the use of bureau-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  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-209 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 bureau 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 chapter;
  - (b) act as a liaison between the bureau 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 53-2e-101; or
    - (ii) a paramedic as defined in Section 53-2e-101.
- (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  
Amended by Chapter 307, 2023 General Session, (Coordination Clause)  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-211 Community paramedicine program.**

- (1) A ground ambulance provider or a designated quick response provider, as designated in accordance with Section 53-2d-403, 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 bureau 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 bureau.
- (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 53-2d-503.
- (5) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and Section 53-2d-105, the committee shall make rules to implement this section.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

### **Part 3**

## **Statewide Trauma System**

***Effective 7/1/2024***

#### **53-2d-301 Establishment of statewide trauma system.**

The bureau 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  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

#### **53-2d-302 Trauma system advisory committee.**

- (1) There is created within the bureau the Trauma System Advisory Committee.
- (2)
  - (a) The committee shall be comprised of individuals knowledgeable in adult or pediatric trauma care, including physicians, physician assistants, nurses, hospital administrators, emergency medical services personnel, government officials, consumers, and persons affiliated with professional health care associations.
  - (b) Representation on the committee shall be broad and balanced among the health care delivery systems in the state with no more than three representatives coming from any single delivery system.
- (3) The committee shall:
  - (a) advise the bureau regarding trauma system needs throughout the state;
  - (b) assist the bureau in evaluating the quality and outcomes of the overall trauma system;
  - (c) review and comment on proposals and rules governing the statewide trauma system; and
  - (d) make recommendations for the development of statewide triage, treatment, transportation, and transfer guidelines.
- (4) The bureau shall:
  - (a) determine, by rule, the term and causes for removal of committee members;
  - (b) establish committee procedures and administration policies consistent with this chapter and department rule; and
  - (c) provide administrative support to the committee.

Renumbered and Amended by Chapter 305, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-303 Department duties.**

In connection with the statewide trauma system established in Section 53-2d-301, the bureau 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 53-2d-304;
  - (f) establishing trauma center designation requirements in accordance with Section 53-2d-305; 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  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-304 Statewide trauma registry and quality assurance program.**

- (1) The bureau 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 bureau, personnel for collection and abstraction for each hospital not designated as a trauma center under the standards established pursuant to Section 53-2d-305.
- (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 53-2d-303.
- (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 Title 26B, 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

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-305 Trauma center designations and guidelines.**

- (1) The bureau, 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 bureau 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

Renumbered and Amended by Chapter 310, 2023 General Session

**Part 4**  
**Certificates, Designations, Permits, and Licenses**

***Effective 7/1/2024***

**53-2d-401 General requirement.**

- (1) Except as provided in Section 53-2d-408 or 53-2d-801:
  - (a) an individual may not provide emergency medical services without a license or certification issued under Section 53-2d-402;
  - (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 53-2d-403;
  - (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 53-2d-404; and
  - (d) an entity may not respond as an ambulance or paramedic provider without the appropriate license issued under Part 5, Ambulance and Paramedic Providers.
- (2) Section 53-2d-602 applies to violations of this section.

Amended by Chapter 307, 2023 General Session, (Coordination Clause)  
Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-402 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 bureau 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 bureau 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 53-2d-602, 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 53-2d-410.
- (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 53-2d-410.5.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-403 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 bureau 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 53-2d-602, 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

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-404 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 bureau for all ambulances and emergency medical response vehicle operators.
- (2) The bureau 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

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-405 Ambulance license required for emergency medical transport.**

Except as provided in Section 53-2d-408, only an ambulance operating under a permit issued under Section 53-2d-404 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

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-406 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

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-407 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

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-408 Exemptions.**

- (1) The following persons may provide emergency medical services to a patient without being licensed under this chapter:

- (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 chapter 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 53-2d-404 in time of disaster.
- (3) Nothing in this chapter 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 53-2d-801.
- (4) Nothing in this chapter 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.

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

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-409 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 53-2d-404 and, in the case of an ambulance, a license issued under Part 5, 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 bureau 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.

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

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-410 Background clearance for emergency medical service personnel.**

- (1) Subject to Section 53-2d-410.5, the bureau shall determine whether to grant background clearance for an individual seeking licensure or certification under Section 53-2d-402 from whom the bureau 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 bureau shall determine whether to deny or revoke background clearance for individuals for whom the department has previously granted background clearance.
- (3) The bureau shall determine whether to grant, deny, or revoke background clearance for an individual based on an initial and ongoing evaluation of information the bureau 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 bureau shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that specify:
  - (a) the criteria the bureau 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 53-2d-402 must submit under Subsection (1).
- (5) To determine whether to grant, deny, or revoke background clearance, the bureau may access and evaluate any of the following:
  - (a) Department of Public Safety arrest, conviction, and disposition records described in 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 bureau for information accessed under Subsection (5).
- (7) When evaluating information under Subsection (3), the bureau 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 bureau 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 bureau may disclose personal identification information the bureau 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 bureau 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 bureau 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 bureau 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 bureau 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 bureau is required to make a determination under Subsection (1).
- (13) Clearance granted for an individual licensed or certified under Section 53-2d-402 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  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-410.5 Background check requirements for emergency medical dispatchers.**

An emergency medical dispatcher seeking certification under Section 53-2d-402 shall undergo the background clearance process described in Section 53-2d-410 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  
Renumbered and Amended by Chapter 310, 2023 General Session

**Part 5**  
**Ambulance and Paramedic Providers**

***Effective 7/1/2024***

**53-2d-501 State regulation of emergency medical services market -- License term.**

- (1) To ensure emergency medical service quality and minimize unnecessary duplication, the bureau 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 53-2d-502; and
  - (b) establishes maximum rates as provided in Section 53-2d-503.
- (2) A license issued or renewed under this part is valid for four years.

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-502 Exclusive geographic service areas.**

- (1)
  - (a) Each ground ambulance provider license issued under this part shall be for an exclusive geographic service area as described in the license.
  - (b) 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 53-2d-516.
- (2)
  - (a) Each paramedic provider license issued under this part shall be for an exclusive geographic service area as described in the license.
  - (b) 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 53-2d-516.
- (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 bureau 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 53-2d-508.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-503 Establishment of maximum rates.**

- (1) The bureau 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 bureau on the maximum rates that should be set under Subsection (1).
- (3)
  - (a) The bureau 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  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-504 Ground ambulance and paramedic licenses -- Application and department review.**

- (1) Except as provided in Section 53-2d-513, an applicant for a ground ambulance or paramedic license shall apply to the bureau 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 bureau 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 bureau for a license to provide a higher level of service as defined by bureau 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 bureau determines that the applicant has demonstrated the ability to provide the higher level of service in accordance with Subsection (4)(a), the bureau 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 bureau shall review the application and determine whether the application meets the minimum qualifications and requirements for licensure.
- (6) The bureau 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  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-505 Ground ambulance and paramedic licenses -- Agency notice of approval.**

- (1) If the bureau determines that the application meets the minimum requirements for licensure under Section 53-2d-504, the bureau shall issue a notice of the approved application to the applicant.
- (2) A current license holder responding to a request for proposal under Section 53-2d-505.2 is considered an approved applicant for purposes of Section 53-2d-505.2 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 53-2d-504(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  
Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024****53-2d-505.1 Selection of provider by political subdivision.**

- (1)
  - (a) Only an applicant approved under Section 53-2d-505.1 may respond to a request for a proposal issued in accordance with Section 53-2d-505.2 or 53-2d-505.4 by a political subdivision.
  - (b) A response to a request for proposal is subject to the maximum rates established by the bureau under Section 53-2d-503.
  - (c) A political subdivision may award a contract to an applicant in response to a request for proposal:
    - (i) in accordance with Section 53-2d-505.2; and
    - (ii) subject to Subsections (2) and (3).
- (2)
  - (a) The bureau shall issue a license to an applicant selected by a political subdivision under Subsection (1) unless the bureau 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 bureau in accordance with Subsection 53-2d-505.2(2);
    - (ii) is valid for four years;
    - (iii) is not subject to a request for license from another applicant under the provisions of Sections 53-2d-506 through 53-2d-509 during the four-year term, unless the applicant's license is revoked under Section 53-2d-604;
    - (iv) is subject to revocation or revision under Subsection (3)(d); and
    - (v) is subject to supervision by the department under Sections 53-2d-603 and 53-2d-604.
- (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 bureau:
    - (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 53-2d-505.2;
  - (d) the bureau:
    - (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 53-2d-505.3(4)(a) the provisions of Sections 53-2d-506 through 53-2d-509 do not apply to a license issued under this section.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

**53-2d-505.2 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 53-2d-504 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 53-2d-505.3 if the contract is for 911 ambulance or paramedic services; or
    - (ii) the political subdivision complies with Sections 53-2d-505.3 and 53-2d-505.4, if the contract is for non-911 services.
  - (b)
    - (i) The provisions of this section and Sections 53-2d-505.1, 53-2d-505.3, and 53-2d-505.4 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 53-2d-505.3, the provisions of Sections 53-2d-506 through 53-2d-509 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 53-2d-505.3, and Section 53-2d-505.4, 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 53-2d-506 through 53-2d-509; or
      - (B) by a request for proposal issued by the department under Section 53-2d-505.5.
  - (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 53-2d-505.3, 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 53-2d-505.3:

- (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 Subsection (1)(a)(i) or (ii) to the bureau for approval prior to issuing the request for proposal.
  - (b) 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)(c) and (d).
  - (c) 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.
  - (d)
    - (i) 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 bureau.
    - (ii) The bureau 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

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-505.3 Use of competitive sealed proposals -- Procedure -- Appeal rights.**

- (1)
- (a) Competitive sealed proposals for paramedic or 911 ambulance services under Section 53-2d-505.2, or for non-911 services under Section 53-2d-505.4, 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)
    - (i) Subsequent to the presubmission conference, the political subdivision may issue addenda to the request for proposals.
    - (ii) An addendum 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 bureau under Section 53-2d-504 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 53-2d-505 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 53-2d-508(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)
      - (A) An offeror may appeal the solicitation or award as provided by the political subdivision's procedures.
      - (B) After all political subdivision appeal rights are exhausted, the offeror may appeal under 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 53-2d-505.2.
  - (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

Renumbered and Amended by Chapter 310, 2023 General Session

Amended by Chapter 435, 2023 General Session

***Effective 7/1/2024***

**53-2d-505.4 Non-911 provider -- Finding of meritorious complaint -- Request for proposals.**

- (1)
  - (a) This section applies to a non-911 provider license under this chapter.
  - (b) The bureau 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 bureau shall take corrective action that the political subdivision determines is appropriate.
  - (b) A political subdivision that determines corrective action will not resolve the complaint or is not appropriate shall:
    - (i) subject to Subsection (2)(c), issue a request for proposal for non-911 service in the geographic service area; or
    - (ii)
      - (A) make a finding that a request for proposal for non-911 services is appropriate; and
      - (B) submit the political subdivision's findings to the bureau with a request that the bureau issue a request for proposal in accordance with Section 53-2d-505.5.
  - (c) A political subdivision that issues a request for proposal under Subsection (2)(b)(i):
    - (i) may not respond to the request for proposal; and
    - (ii) shall issue the request for proposal in accordance with Sections 53-2d-505.1 through 53-2d-505.3.
  - (d) If a political subdivision submits a request to the bureau described in Subsection (2)(b)(ii), the bureau shall issue a request for proposal for non-911 services in accordance with Section 26B-4-159.
- (3) The bureau shall make a determination under Subsection (1)(b) if:
- (a) the bureau 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 bureau determines, in accordance with Subsection (1)(b), that the complaint has merit.
- (4)
- (a) If the bureau receives a complaint under Subsection (1)(b), the department shall request a written response from the non-911 provider concerning the complaint.
  - (b) The bureau 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 bureau's determination under Subsection (1)(b) is not subject to an adjudicative proceeding under Title 63G, Chapter 4, Administrative Procedures Act.
    - (ii) The bureau 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  
Amended by Chapter 307, 2023 General Session, (Coordination Clause)  
Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

**53-2d-505.5 Use of competitive sealed proposals -- Procedure -- Appeal rights.**

(1)



- (a) The bureau shall issue a request for proposal for non-911 services in a geographic service area if the bureau receives a request from a political subdivision under Subsection 53-2d-505.4(2)(d) 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)
    - (i) Subsequent to the presubmission conference, the department may issue addenda to the request for proposals.
    - (ii) An addendum 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 bureau may select an applicant approved by the bureau under Section 53-2d-504 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 53-2d-504 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 bureau may reject all of the competitive proposals.
- (4) In seeking competitive sealed proposals and awarding contracts under this section, the bureau:
- (a) shall consider the public convenience and necessity factors listed in Subsections 53-2d-508(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 53-2d-506 through 53-2d-509 during the four-year term, unless the applicant's license is revoked under Section 53-2d-604;
  - (d) is subject to supervision by the department under Sections 53-2d-603 and 53-2d-604; and
  - (e) except as provided in Subsection (4)(a), is not subject to the provisions of Sections 53-2d-506 through 53-2d-509.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-506 Ground ambulance and paramedic licenses -- Parties.**

- (1) When an applicant approved under Section 53-2d-504 seeks licensure under the provisions of Sections 53-2d-506 through 53-2d-509, the bureau 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 bureau 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  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-507 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 53-2d-508;
  - (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 53-2d-508.
- (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)
  - (a) Upon conversion to a formal adjudicative proceeding, a hearing officer shall be assigned to the application as provided in Section 53-2d-509.
  - (b) The hearing office shall:
    - (i) set aside a separate time during the proceedings to accept public comment on the application;
    - (ii) apply the criteria established in Section 53-2d-508; and
    - (iii) 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 53-2d-508 have been satisfied.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-508 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)
  - (a) Access to emergency medical services shall be maintained or improved.

- (b) 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.
  - (c) The issuance or amendment of a license may not create an orphaned area.
- (3)
- (a) The quality of service in the area shall be maintained or improved.
  - (b) The officer shall consider the:
    - (i) staffing and equipment standards of the current licensed provider and the applicant;
    - (ii) training and licensure levels of the current licensed provider's staff and the applicant's staff;
    - (iii) continuing medical education provided by the current licensed provider and the applicant;
    - (iv) levels of care as defined by department rule;
    - (v) plan of medical control; and
    - (vi) the negative or beneficial impact on the regional emergency medical service system to provide service to the public.
- (4)
- (a) The cost to the public shall be justified.
  - (b) The officer shall consider:
    - (i) the financial solvency of the applicant;
    - (ii) the applicant's ability to provide services within the rates established under Section 53-2d-503;
    - (iii) the applicant's ability to comply with cost reporting requirements;
    - (iv) the cost efficiency of the applicant; and
    - (v) the cost effect of the application on the public, interested parties, and the emergency medical services system.
- (5)
- (a) Local desires concerning cost, quality, and access shall be considered.
  - (b) The officer shall assess and consider:
    - (i) the existing provider's record of providing services and the applicant's record and ability to provide similar or improved services;
    - (ii) locally established emergency medical services goals, including those established in Subsection (7);
    - (iii) comment by local governments on the applicant's business and operations plans;
    - (iv) comment by interested parties that are providers on the impact of the application on the parties' ability to provide emergency medical services;
    - (v) comment by interested parties that are local governments on the impact of the application on the citizens it represents; and
    - (vi) public comment on any aspect of the application or proposed license.
- (6) Other related criteria:
- (a) the officer considers necessary; or
  - (b) established by bureau 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  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-509 Ground ambulance and paramedic licenses -- Hearing and presiding officers.**

- (1) The bureau 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 bureau 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 bureau 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 bureau.
- (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 bureau 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

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-510 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

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-511 Limitation on repetitive applications.**

A person who has previously applied for a license under Sections 53-2d-506 through 53-2d-509 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 53-2d-507;  
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

Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

**53-2d-512 License for air ambulance providers.**

- (1) An applicant for an air ambulance provider shall apply to the bureau for a license only by:
  - (a) submitting a complete application;
  - (b) providing information in the format required by the bureau; and
  - (c) paying the required fees.
- (2) The bureau 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 bureau shall review the application and determine whether the application meets the minimum requirements for licensure.
- (4) The bureau may deny an application for an air ambulance if:
  - (a) the bureau 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 bureau finds after inspection that the applicant does not meet the minimum requirements for licensure.
- (5) If the bureau 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

Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

**53-2d-513 License renewals.**

- (1) A licensed provider desiring to renew its license shall meet the renewal requirements established by bureau rule.
- (2) The bureau 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 53-2d-506 through 53-2d-509; and
  - (b) there has been:
    - (i) no change in controlling interest in the ownership of the licensee as defined in Section 53-2d-515;
    - (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 53-2d-505.1 and 53-2d-505.2.
    - (ii) A provider may renew its license if the provisions of Subsections (1) and (2) and this Subsection (3) are met.
  - (b)
    - (i) The bureau 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 bureau that the provider has met all of the specifications of the original bid.
    - (ii) If the political subdivision does not certify to the bureau that the provider has met all of the specifications of the original bid, the bureau may not issue a renewal license and the political subdivision shall enter into a public bid process under Sections 53-2d-505.1 and 53-2d-505.2.
  - (c)
    - (i) The bureau 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 bureau 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 bureau and the political subdivision receive the notice in accordance with Subsection (3)(c)(i), the bureau may not issue a renewal license and the political subdivision shall enter into a public bid process under Sections 53-2d-505.1 and 53-2d-505.2.
- (4) The bureau 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 bureau rule.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

**53-2d-514 Annexations.**

- (1) A municipality shall comply with the provisions of this section if the municipality is licensed under this chapter 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 chapter.
- (2)
  - (a)
    - (i) At least 45 days prior to approving a petition for annexation, the municipality shall certify to the bureau 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 bureau.
  - (b)

- (i) After receiving a certification under Subsection (2)(a), but prior to the municipality approving a petition for annexation, the bureau may audit the municipality only to verify the requirements of Subsections (2)(b)(ii)(A) through (D).
  - (ii) If the bureau elects to conduct an audit, the bureau 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 bureau 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 bureau shall submit the results of the audit in writing to the municipal legislative body.
- (3)
- (a) If the bureau audit finds that the municipality meets the requirements of Subsection (2)(b)(ii), the bureau shall issue an amended license to the municipality and all other affected licensees to reflect the municipality's new boundaries after the bureau 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 bureau 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 bureau shall conduct an adjudicative proceeding when requested under Subsection (3)(b)(i).
    - (iii) Notwithstanding the provisions of Sections 53-2d-504 through 53-2d-509, in any adjudicative proceeding held under the provisions of Subsection (3)(b)(i), the bureau 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 bureau shall issue amended licenses if the municipality prevails in the adjudicative proceeding.

Renumbered and Amended by Chapter 307, 2023 General Session  
Amended by Chapter 307, 2023 General Session, (Coordination Clause)  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-515 Changes in ownership.**

- (1) A licensed provider whose ownership or controlling ownership interest has changed shall submit information to the bureau, as required by bureau 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 53-2d-508.
- (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  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-516 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 53-2d-502, the bureau shall recognize overlap and overlay ground ambulance interfacility transport licenses that existed on or before May 4, 2022.
- (3) The bureau 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 53-2d-504(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  
Renumbered and Amended by Chapter 310, 2023 General Session

## Part 6 Enforcement Provisions

***Effective 7/1/2024***

**53-2d-601 Discrimination prohibited.**

- (1) No person licensed or designated pursuant to this chapter 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 chapter 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  
Amended by Chapter 307, 2023 General Session, (Coordination Clause)  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-602 Illegal activity.**

- (1) Except as provided in Section 53-2d-408 or 53-2d-201, 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 chapter unless that person is licensed, certified, or designated under this chapter; or
  - (b) offer an emergency medical service that requires a license, certification, or designation under this chapter unless the person is licensed, certified, or designated under this chapter.
- (2) A person may not:
  - (a) advertise or represent that the person holds a license, certification, or designation required under this chapter, unless that person holds the license, certification, or designation under this chapter;
  - (b) employ or permit any employee to perform any service for which a license or certification is required by this chapter, unless the person performing the service possesses the required license or certification under this chapter;
  - (c) display, sell, reproduce, or otherwise use any Utah Emergency Medical Services insignia without authorization from the bureau;
  - (d) reproduce or otherwise use materials developed by the department for licensure or certification testing or examination without authorization from the bureau; or
  - (e) 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.
- (3) A violation of Subsection (1) or (2) is a class B misdemeanor.

Amended by Chapter 307, 2023 General Session, (Coordination Clause)  
Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

**53-2d-602.1 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

Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

**53-2d-603 Discipline of emergency medical services personnel.**

- (1) The bureau 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 53-2d-402;
  - (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 53-2d-602 or other provision of this chapter;
  - (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 53-2d-103; and
    - (ii) accordance with Title 63G, Chapter 4, Administrative Procedures Act.
  - (b) Notwithstanding Subsection (2)(a), the bureau may issue a cease and desist order under Section 53-2d-607 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.

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

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

**53-2d-604 Discipline of designated and licensed providers.**

- (1) The bureau 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 53-2d-607 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.

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

**53-2d-605 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 bureau 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 bureau 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 bureau 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 bureau 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  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-606 Investigations for enforcement of chapter.**

- (1) The bureau may, for the purpose of ascertaining compliance with the provisions of this chapter, 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 53-2d-401.
- (2) Before conducting an inspection under Subsection (1), the bureau 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 bureau 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.

Amended by Chapter 307, 2023 General Session, (Coordination Clause)  
Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-607 Cease and desist orders.**

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

- (1) may be disciplined under Section 53-2d-603 or 53-2d-604; or
- (2) otherwise violates this chapter or any rules adopted under this chapter.

Amended by Chapter 307, 2023 General Session, (Coordination Clause)  
Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

## **Part 7 Miscellaneous**

***Effective 7/1/2024***

**53-2d-701 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 53-2b-402;
  - (ii) an individual who uses a fully automated external defibrillator; or
  - (iii) an individual who administers CPR.
- (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 53-2d-402, 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 chapter 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 53-2d-402 is not subject to civil liability for failure to obtain consent in rendering emergency medical services authorized by this chapter 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 53-2d-402 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 or a member of a ski patrol who has completed a course in winter emergency care offered by the National Ski Patrol System 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.

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

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

**53-2d-702 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 53-2d-107(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.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

**53-2d-703 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 Part 5, Ambulance and Paramedic Providers; 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 bureau 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 53-2d-402 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 bureau 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 bureau shall convene an advisory board:
    - (i) to advise the bureau 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  
Renumbered and Amended by Chapter 310, 2023 General Session

## **Part 8**

### **Utah Sudden Cardiac Arrest Survival Act**

***Effective 7/1/2024***

#### **53-2d-801 Authority to administer CPR or use an AED.**

A person may:

- (1) administer CPR on another individual without a license, certificate, or other governmental authorization if the person reasonably believes that the individual is in sudden cardiac arrest; or



- (2) use an AED on another individual without a license, certificate, or other governmental authorization if the person reasonably believes that the individual is in sudden cardiac arrest.

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-802 Immunity.**

- (1) Except as provided in Subsection (3), the following persons are not subject to civil liability for any act or omission relating to preparing to care for, responding to care for, or providing care to, another individual who reasonably appears to be in sudden cardiac arrest:
  - (a) a person authorized, under Section 53-2d-801, to administer CPR, who:
    - (i) gratuitously and in good faith attempts to administer or administers CPR to another person;  
or
    - (ii) fails to administer CPR to another person;
  - (b) a person authorized, under Section 53-2d-801, to use an AED who:
    - (i) gratuitously and in good faith attempts to use or uses an AED; or
    - (ii) fails to use an AED;
  - (c) a person that teaches or provides a training course in administering CPR or using an AED;
  - (d) a person that acquires an AED;
  - (e) a person that owns, manages, or is otherwise responsible for the premises or conveyance where an AED is located;
  - (f) a person who retrieves an AED in response to a perceived or potential sudden cardiac arrest;
  - (g) a person that authorizes, directs, or supervises the installation or provision of an AED;
  - (h) a person involved with, or responsible for, the design, management, or operation of a CPR or AED program;
  - (i) a person involved with, or responsible for, reporting, receiving, recording, updating, giving, or distributing information relating to the ownership or location of an AED under Section 53-2d-803; or
  - (j) a physician who gratuitously and in good faith:
    - (i) provides medical oversight for a public AED program; or
    - (ii) issues a prescription for a person to acquire or use an AED.
- (2) This section does not relieve a manufacturer, designer, developer, marketer, or commercial distributor of an AED, or an accessory for an AED, of any liability.
- (3) The liability protection described in Subsection (1) does not apply to an act or omission that constitutes gross negligence or willful misconduct.

Renumbered and Amended by Chapter 307, 2023 General Session

Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-803 Reporting location of automatic external defibrillators.**

- (1) In accordance with Subsection (2) and except as provided in Subsection (3):
  - (a) a person who owns or leases an AED shall report the person's name, address, and telephone number, and the exact location of the AED, in writing or by a web-based AED registration form, if available, to the emergency medical dispatch center that provides emergency dispatch services for the location where the AED is installed, if the person:
    - (i) installs the AED;

- (ii) causes the AED to be installed; or
- (iii) allows the AED to be installed; and
- (b) a person who owns or leases an AED that is removed from a location where it is installed shall report the person's name, address, and telephone number, and the exact location from which the AED is removed, in writing or by a web-based AED registration form, if available, to the emergency medical dispatch center that provides emergency dispatch services for the location from which the AED is removed, if the person:
  - (i) removes the AED;
  - (ii) causes the AED to be removed; or
  - (iii) allows the AED to be removed.
- (2) A report required under Subsection (1) shall be made within 14 days after the day on which the AED is installed or removed.
- (3) Subsection (1) does not apply to an AED:
  - (a) at a private residence; or
  - (b) in a vehicle or other mobile or temporary location.
- (4) A person who owns or leases an AED that is installed in, or removed from, a private residence may voluntarily report the location of, or removal of, the AED to the emergency medical dispatch center that provides emergency dispatch services for the location where the private residence is located.
- (5) The department may not impose a penalty on a person for failing to comply with the requirements of this section.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-804 Distributors to notify of reporting requirements.**

A person in the business of selling or leasing an AED shall, at the time the person provides, sells, or leases an AED to another person, notify the other person, in writing, of the reporting requirements described in Section 53-2d-803.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-805 Duties of emergency medical dispatch centers.**

An emergency medical dispatch center shall:

- (1) implement a system to receive and manage the information reported to the emergency medical dispatch center under Section 53-2d-803;
- (2) record in the system described in Subsection (1), all information received under Section 53-2d-803 within 14 days after the day on which the information is received;
- (3) inform an individual who calls to report a potential incident of sudden cardiac arrest of the location of an AED located at the address of the potential sudden cardiac arrest;
- (4) provide verbal instructions to an individual described in Subsection (3) to:
  - (a) help the individual determine if a patient is in cardiac arrest; and
  - (b) if needed:
    - (i) provide direction to start CPR;
    - (ii) offer instructions on how to perform CPR; or

- (iii) offer instructions on how to use an AED, if one is available; and
- (5) provide the information contained in the system described in Subsection (1), upon request, to the office.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-806 Education and training.**

- (1) The office shall work in cooperation with federal, state, and local agencies and schools, to encourage individuals to complete courses on the administration of CPR and the use of an AED.
- (2) A person who owns or leases an AED shall encourage each individual who is likely to use the AED to complete courses on the administration of CPR and the use of an AED.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-807 AEDs for demonstration purposes.**

- (1) Any AED used solely for demonstration or training purposes, which is not operational for emergency use is, except for the provisions of this section, exempt from the provisions of this chapter.
- (2) The owner of an AED described in Subsection (1) shall clearly mark on the exterior of the AED that the AED is for demonstration or training use only.

Renumbered and Amended by Chapter 307, 2023 General Session  
Amended by Chapter 307, 2023 General Session, (Coordination Clause)  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-808 Tampering with an AED prohibited -- Penalties.**

A person is guilty of a class C misdemeanor if the person removes, tampers with, or otherwise disturbs an AED, AED cabinet or enclosure, or AED sign, unless:

- (1) the person is authorized by the AED owner for the purpose of:
  - (a) inspecting the AED or AED cabinet or enclosure; or
  - (b) performing maintenance or repairs on the AED, the AED cabinet or enclosure, a wall or structure that the AED cabinet or enclosure is directly attached to, or an AED sign;
- (2) the person is responding to, or providing care to, a potential sudden cardiac arrest patient; or
- (3) the person acts in good faith with the intent to support, and not to violate, the recognized purposes of the AED.

Renumbered and Amended by Chapter 307, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

**Part 9**

## Statewide Stroke and Cardiac Registries

**Effective 7/1/2024**

### **53-2d-901 Statewide stroke registry.**

- (1) The bureau shall establish and supervise a statewide stroke registry to:
  - (a) analyze information on the incidence, severity, causes, outcomes, and rehabilitation of stroke;
  - (b) promote optimal care for stroke patients;
  - (c) alleviate unnecessary death and disability from stroke;
  - (d) encourage the efficient and effective continuum of patient care, including prevention, prehospital care, hospital care, and rehabilitative care; and
  - (e) minimize the overall cost of stroke.
- (2) The bureau shall utilize the registry established under Subsection (1) to assess:
  - (a) the effectiveness of the data collected by the registry; and
  - (b) the impact of the statewide stroke registry on the provision of stroke care.
- (3)
  - (a) The bureau shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish:
    - (i) the data elements that general acute hospitals shall report to the registry; and
    - (ii) the time frame and format for reporting.
  - (b) The data elements described in Subsection (3)(a)(i) shall include consensus metrics consistent with data elements used in nationally recognized data set platforms for stroke care.
  - (c) The department shall permit a general acute hospital to submit data required under this section through an electronic exchange of clinical health information that meets the standards established by the department under Section 26B-8-411.
- (4) A general acute hospital shall submit stroke data in accordance with rules established under Subsection (3).
- (5) Data collected under this section shall be subject to Title 26B, Chapter 8, Part 4, Health Statistics.
- (6) No person may be held civilly liable for providing data to the department in accordance with this section.

Renumbered and Amended by Chapter 308, 2023 General Session

Renumbered and Amended by Chapter 310, 2023 General Session

**Effective 7/1/2024**

### **53-2d-902 Statewide cardiac registry.**

- (1) The bureau shall establish and supervise a statewide cardiac registry to:
  - (a) analyze information on the incidence, severity, causes, outcomes, and rehabilitation of cardiac diseases;
  - (b) promote optimal care for cardiac patients;
  - (c) alleviate unnecessary death and disability from cardiac diseases;
  - (d) encourage the efficient and effective continuum of patient care, including prevention, prehospital care, hospital care, and rehabilitative care; and
  - (e) minimize the overall cost of cardiac care.
- (2) The bureau shall utilize the registry established under Subsection (1) to assess:
  - (a) the effectiveness of the data collected by the registry; and
  - (b) the impact of the statewide cardiac registry on the provision of cardiac care.

- (3)
  - (a) The bureau shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish:
    - (i) the data elements that general acute hospitals shall report to the registry; and
    - (ii) the time frame and format for reporting.
  - (b) The data elements described in Subsection (3)(a)(i) shall include consensus metrics consistent with data elements used in nationally recognized data set platforms for cardiac care.
  - (c) The bureau shall permit a general acute hospital to submit data required under this section through an electronic exchange of clinical health information that meets the standards established by the department under Section 26B-8-411.
- (4) A general acute hospital shall submit cardiac data in accordance with rules established under Subsection (3).
- (5) Data collected under this section shall be subject to Title 26B, Chapter 8, Part 4, Health Statistics.
- (6) No person may be held civilly liable for providing data to the bureau in accordance with this section.

Renumbered and Amended by Chapter 308, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-903 Stroke registry advisory committee.**

- (1) There is created within the bureau a stroke registry advisory committee.
- (2) The stroke registry advisory committee created in Subsection (1) shall:
  - (a) be composed of individuals knowledgeable in adult and pediatric stroke care, including physicians, physician assistants, nurses, hospital administrators, emergency medical services personnel, government officials, consumers, and persons affiliated with professional health care associations;
  - (b) advise the bureau regarding the development and implementation of the stroke registry created in Section 26B-7-225;
  - (c) assist the bureau in evaluating the quality and outcomes of the stroke registry created in Section 26B-7-225; and
  - (d) review and comment on proposals and rules governing the statewide stroke registry created in Section 26B-7-225.

Renumbered and Amended by Chapter 305, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session

***Effective 7/1/2024***

**53-2d-904 Cardiac registry advisory committee.**

- (1) There is created within the bureau a cardiac registry advisory committee.
- (2) The cardiac registry advisory committee created in Subsection (1) shall:
  - (a) be composed of individuals knowledgeable in adult and pediatric cardiac care, including physicians, physician assistants, nurses, hospital administrators, emergency medical services personnel, government officials, consumers, and persons affiliated with professional health care associations;
  - (b) advise the bureau regarding the development and implementation of the cardiac registry;

- (c) assist the bureau in evaluating the quality and outcomes of the cardiac registry; and
- (d) review and comment on proposals and rules governing the statewide cardiac registry.

Renumbered and Amended by Chapter 305, 2023 General Session  
Renumbered and Amended by Chapter 310, 2023 General Session