1	EMT-PARAMEDIC LICENSURE
2	1998 GENERAL SESSION
3	STATE OF UTAH
4	Sponsor: Susan J. Koehn
5	AN ACT RELATING TO THE EMERGENCY MEDICAL SERVICES SYSTEM ACT;
6	ESTABLISHING LICENSURE PROVISIONS FOR EMT-PARAMEDICS;
6a	$\hat{\mathbf{h}}$ PROHIBITING INDEPENDENT BILLING BY AN EMT-PARAMEDIC; $\hat{\mathbf{h}}$ PROVIDING
7	DEFINITIONS; MAKING CONFORMING AMENDMENTS; AND MAKING TECHNICAL
8	CORRECTIONS.
9	This act affects sections of Utah Code Annotated 1953 as follows:
10	AMENDS:
11	26-6a-1, as enacted by Chapter 14, Laws of Utah 1988, Second Special Session
12	26-8-2, as last amended by Chapter 288, Laws of Utah 1994
13	26-8-2.5, as last amended by Chapter 156, Laws of Utah 1993
14	26-8-4, as last amended by Chapter 288, Laws of Utah 1994
15	26-8-5, as last amended by Chapter 169, Laws of Utah 1988
16	26-8-6, as enacted by Chapter 126, Laws of Utah 1981
17	26-8-11, as last amended by Chapter 320, Laws of Utah 1990
18	78-29-101, as enacted by Chapter 107, Laws of Utah 1995
19	ENACTS:
20	26-8-4.5 , Utah Code Annotated 1953
21	Be it enacted by the Legislature of the state of Utah:
22	Section 1. Section 26-6a-1 is amended to read:
23	26-6a-1. Definitions.
24	For purposes of this chapter:
25	[(2)] (1) "Designated agent" means a person or persons designated by an agency
26	employing or utilizing emergency medical services providers as employees or volunteers to receive
27	and distribute test results in accordance with this chapter.

1	[(37)] (2) Disability means the event of becoming physically incapacitated from
2	performing any work for remuneration or profit.
3	[(1)] (3) "Disease" means Acquired Immunodeficiency Syndrome, Human
4	Immunodeficiency Virus infection, Hepatitis B, Hepatitis B seropositivity, and any other infectious
5	disease designated by the department.
6	(4) "Emergency medical services agency" means an agency, entity, or organization that
7	employs or utilizes emergency medical services providers as employees or volunteers.
8	(5) "Emergency medical services provider" means an emergency medical technician or
9	EMT-paramedic as defined in Section 26-8-2, a peace officer as defined in Section 77-1a-1, local
10	fire department personnel, or officials or personnel employed by the Department of Corrections
11	or by a county jail, who provides prehospital emergency medical care for an emergency medical
12	services agency either as an employee or as a volunteer.
13	(6) "Patient" means any individual cared for by an emergency medical services provider,
14	including but not limited to victims of accidents or injury, deceased persons, and prisoners or
15	persons in the custody of the Department of Corrections.
16	(7) "Significant exposure" means:
17	(a) contact of an emergency medical services provider's broken skin or mucous membrane
18	with a patient's blood or bodily fluids other than tears or perspiration;
19	(b) that a needle stick, or scalpel or instrument wound has occurred in the process of caring
20	for a patient; or
21	(c) exposure that occurs by any other method of transmission defined by the department
22	as a significant exposure.
23	Section 2. Section 26-8-2 is amended to read:
24	26-8-2. Definitions.
25	As used in this chapter:
26	(1) "Advanced life support" means an advanced level of prehospital and interhospital
27	emergency care that includes basic life support functions, including cardiopulmonary resuscitation,
28	and some or all of the following techniques or procedures:
29	(a) cardiac monitoring;
30	(b) cardiac defibrillation;
31	(c) telemetered electrocardiography;

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01-29-98 5:32 PM 1 (d) administration of specific medications, drugs, and solutions; (e) use of adjunctive medical devices; 2 3 (f) trauma care; and 4 (g) other techniques and procedures authorized by the committee. 5 (2) "Advanced life support personnel" means emergency medical technicians, 6 EMT-paramedics, and other persons certified or licensed by the [committee] department who 7 provide advanced life support. 8 (3) "Agency" means any department, division, board, council, committee, authority, or 9 agency of the state, or any of its political subdivisions. 10 (4) "Ambulance" means any privately or publicly owned land, air, or water vehicle 11 specifically designed, constructed, or modified, and equipped, which is intended to be used for and 12 is maintained or operated for transportation, upon streets, highways, airways, or waterways in this 13 state, of individuals who are sick, injured, wounded, or otherwise incapacitated or helpless. 14 (5) "Ambulance service" means transportation and care of patients by ambulance. 15 (6) "Basic life support" means prehospital and interhospital emergency care or medical 16 instructions which include some or all of the techniques and procedures taught in a 17 department-approved emergency medical technician basic training course. 18 (7) "Basic life support personnel" means emergency medical technicians, 19 EMT-paramedics, emergency medical care first responders, emergency medical dispatchers, and 20 other certified or licensed persons as specified by the committee who are engaged in the provision 21 of basic life support. 22 [(8) "Chapter" means the provisions of this chapter and all rules adopted pursuant to it.] 23 [(9)] (8) "Committee" means the State Emergency Medical Services Committee created 24 by Section 26-1-7. [(10)] (9) (a) "Critical care categorization guidelines" means a stratified profile of hospital 25 critical care services related to emergency patient condition which aids a physician in selecting the 26

- most appropriate facility for critical patient referral.
- (b) Guideline categories include trauma, spinal cord, burns, high risk infant, pediatrics, poisons, cardiac, respiratory, and psychiatric.

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[(11)] (10) "Emergency medical services" means services used to respond to perceived individual needs for immediate medical care in order to prevent loss of life or aggravation of

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- [(12)] (11) "Emergency medical care first responder" means an individual who has completed a department-approved emergency care first responder training program approved by the department and is certified or licensed by the department as qualified to render services enumerated in rules adopted under this chapter.
- [(13)] (12) "Emergency medical technician" means an individual who has completed a basic or advanced life support training program approved by the department who is certified by the department as qualified to render services enumerated in rules adopted under this chapter in accordance with his respective level of training.
 - (13) "EMT-paramedic" means an individual who:
 - (a) has completed a paramedic training program approved by the department; and
- 12 (b) is licensed by the department as qualified to render EMT-paramedic services
- enumerated in rules adopted pursuant to **h SECTION 26-8-4.5 AND h** this chapter.
 - (14) "Emergency response vehicle" means any privately or publicly owned land, air, or water vehicle which is intended to be used for and is maintained or operated for the transportation of basic or advanced life support personnel, equipment, and supplies to the scene of a medical emergency for the provision of emergency medical services.
 - (15) "License" means the authorization issued by the department to a person to provide emergency medical services.
 - (16) "Local government" means city, county, city-county, multicounty government, or other political subdivisions of the state.
 - (17) "Medical control" means direction and advice provided by medical personnel at a designated medical facility to prehospital basic or advanced life support personnel by radio, telephonic communications, written protocol, or direct verbal order.
 - (18) "Patient" means an individual who, as the result of illness or injury, needs immediate medical attention, whose physical or mental condition is such that he is in imminent danger of loss of life or significant health impairment, or who may be otherwise incapacitated or helpless as a result of a physical or mental condition.
 - (19) "Permit" means the authorization issued by the department in respect to an emergency medical services vehicle used or to be used to provide services.
 - (20) "Person" means any individual, firm, partnership, association, corporation, company,

group of individuals acting together for a common purpose, agency or organization of any kind, public or private.

Section 3. Section **26-8-2.5** is amended to read:

- 26-8-2.5. Receipt of funds obtained from traffic violation fine or bail -- Use of funds -- Report to Legislature.
- (1) (a) The department shall receive as nonlapsing dedicated credits the amount established in Section 63-63a-3. That amount shall be transferred to the department by the Division of Finance from funds generated by the surcharge imposed under Title 63, Chapter 63a.
- (b) Funds transferred to the department under this section shall be used for improvement of statewide delivery of emergency medical services. Appropriations to the department for the purposes enumerated in this section shall be made from those dedicated credits.
- (2) The department may use up to 3% of the funds transferred to it under Subsection (1) to provide staff support and for other expenses incurred in administration of those funds.
- (3) After funding staff support and administrative expenses, emergency medical services grants shall be made by the department to agencies, political subdivisions of local or state government, or nonprofit entities from the funds received as dedicated credits under Subsection (1) as follows:
- (a) Forty-two and one-half percent shall be available to prehospital emergency medical services provider agencies in the form of block grants for discretionary use specifically related to the provision of emergency medical services.
- (i) The department shall determine the amounts of those grants by prorating available funds on a per capita basis by county. Population figures used as a basis for allocating grants shall be derived from the most recent population estimates issued by the state planning coordinator.
- (ii) Allocation of funds to prehospital emergency medical services provider agencies within each county shall be in proportion to the weighted number of state certified <u>and licensed</u> prehospital <u>emergency medical services</u> personnel in each prehospital emergency medical services provider agency [that is] <u>who are</u> actively involved in the provision of emergency care within the county. Weighting factors are: basic life support personnel = 1; advanced life support personnel (excluding EMT-paramedics) = 2; and EMT-paramedics = 3. The number of certified <u>and licensed</u> personnel is based upon the personnel rosters of each prehospital emergency medical services provider agency on March 1 immediately prior to the grant year.

1 (iii) The department may only disburse grant funds under this section after receipt of a 2 claim for reimbursement from the agency, accompanied by a written description of the 3 expenditures made. 4 (b) Forty-two and one-half percent shall be distributed as grants to applicants based upon rules established by the state Emergency Medical Services Committee. 5 6 (c) Fifteen percent shall be used to fund high school emergency medical training programs 7 developed under Subsection $26-8-5[\frac{(13)}{(14)}]$. 8 (4) Funds received under Subsection (1) may not be used to fund new local government 9 emergency medical services if the new services compete with existing licensed private emergency 10 medical services. 11 (5) (a) The department shall make an annual report to the Legislature which includes the 12 amount received during the previous fiscal year and the estimated amounts for the current fiscal 13 year. These amounts are the basis for legislative appropriations from the dedicated credits 14 described in Subsection (1). 15 (b) The Legislature finds that these funds are for a general and statewide public purpose. Section 4. Section **26-8-4** is amended to read: 16 17 26-8-4. Powers and responsibilities of committee. The committee shall: 18 19 (1) evaluate the availability and quality of emergency medical services in the state; 20 (2) serve as a focal point for discussion of emergency medical services issues; 21 (3) hear complaints or grievances concerning emergency medical services that are brought 22 to its attention; 23 (4) hear and make final determinations regarding appeals; 24 (5) approve or disapprove the state emergency medical services plan prepared by the 25 department pursuant to Subsection 26-8-5[(8)](9) and make recommendations concerning the 26 emergency medical services plan prepared pursuant to P. L. 93-641, as amended; 27 (6) recommend emergency medical services legislation to the governor and the Legislature; 28 29 (7) approve critical care categorization guidelines and treatment protocols developed by

(8) categorize all hospital critical care facilities and designate trauma, burn, spinal cord,

the department pursuant to Subsections $26-8-5[\frac{(9)}{(10)}]$ (10) and $[\frac{(10)}{(11)}]$ (11);

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1	and poison care facilities in the state consistent with guidelines approved under Subsection (7);
2	(9) authorize and designate facilities to provide advanced life support medical control;
3	(10) review and comment on all state agency proposals and applications that apply for
4	emergency medical services funding;
5	(11) specify the information that must be collected for the emergency medical services
6	data system established pursuant to Subsection 26-8-5(5);
7	(12) establish rules for the licensure of persons who provide emergency medical services
8	in the state;
9	(13) establish rules for issuing permits to operate ambulances or emergency response
10	vehicles in the state;
11	(14) establish rules for facilities authorized under Subsection (9) to provide advanced life
12	support medical control;
13	(15) except for EMT-paramedics, establish rules for the training, certification, and
14	recertification of basic and advanced life support personnel;
15	(16) subject to the provisions of Section 26-8-4.5, establish rules for the licensure of
16	EMT-paramedics;
17	[(16)] (17) establish operational standards for basic and advanced life support personnel
18	[(17)] (18) establish, in accordance with Section 63-38-3, a schedule of fees for licenses
19	and permits issued under this chapter that shall be paid into the state treasury;
20	[(18)] (19) establish by rule maximum rates that may be charged by licensed persons for
21	providing emergency medical services in the state;
22	[(19)] (20) establish standards governing inspections conducted pursuant to this chapter
23	by the department;
24	[(20)] (21) establish a schedule of fees for use of department-owned training equipment
25	that shall be retained as dedicated credits and used for the maintenance and replacement of that
26	equipment;
27	[(21)] (22) establish by rule procedures for patient management in medical emergencies
28	that do not limit the authority of public safety agencies to manage the scene of a medical
29	emergency;
30	[(22)] (23) establish by rule standards for the amounts and types of insurance coverage
31	required for licensed providers of emergency medical services; and

1	[(23)] (24) establish a pediatric emergency care quality improvement program.
2	Section 5. Section 26-8-4.5 is enacted to read:
3	<u>26-8-4.5.</u> Licensure of EMT-paramedics \hat{h} Scope of practice Independent billing
3a	prohibited $\hat{\mathbf{h}}$.
4	(1) Subject to the provisions of Subsections (2) through $\hat{\mathbf{h}}$ [(4)] (7) $\hat{\mathbf{h}}$, an EMT-paramedic may
5	obtain from the department a license pursuant to rules established by the committee.
6	(2) (a) (i) A license is valid for four years; and
7	(ii) a temporary license is valid for no more than 90 days.
8	(b) The term of a license may be extended or reduced by the department for up to six
9	months to allow for uniform renewal dates.
9a	$\hat{\mathbf{h}}$ (3) AN EMT-PARAMEDIC MAY NOT OBTAIN AN INITIAL LICENSE UNTIL AFTER
9b	SUCCESSFULLY COMPLETING A LICENSE EXAM ADOPTED BY THE COMMITTEE. $\hat{\mathbf{h}}$
10	$\hat{\mathbf{h}} = \frac{\mathbf{h} \cdot \mathbf{h}}{\mathbf{h} \cdot \mathbf{h}} \cdot \mathbf{h} \cdot $
10a	(a) $\hat{\mathbf{h}}$ submitting to the department the
11	following:
12	ĥ [(a)] (i) ĥ verification of:
13	$\hat{\mathbf{h}}$ [(i)] (A) $\hat{\mathbf{h}}$ current successful completion of a course in Advanced Cardiac Life Support by the
14	American Heart Association; and
15	$\hat{\mathbf{h}}$ [(ii)] (B) $\hat{\mathbf{h}}$ except as otherwise provided by the committee, completion of 25 hours of
15a	<u>department</u>
16	approved continuing education during each year of the term of the license being renewed;
17	$\hat{\mathbf{h}}$ [(b)] (ii) $\hat{\mathbf{h}}$ a satisfactory evaluation of the licensee's physical fitness to perform the duties of
17a	<u>an</u>
18	EMT-paramedic; and
19	$\hat{\mathbf{h}}$ [(c)] (iii) $\hat{\mathbf{h}}$ the satisfactory results of a tuberculosis examination $\hat{\mathbf{h}}$; AND
19a	(b) SUCCESSFULLY COMPLETING A LICENSE RENEWAL EXAM ADOPTED BY THE
19b	COMMITTEE $\hat{\mathbf{h}}$.
19c	$\hat{\mathbf{h}}$ (5) AN EMT-PARAMEDIC LICENSED BY THE DEPARTMENT MAY RENDER EMT-PARAMEDIC
19d	SERVICES ENUMERATED IN RULES ADOPTED BY THE COMMITTEE PURSUANT TO THIS CHAPTER,
19e	INCLUDING:
19f	(a) RENDERING ADVANCED FIRST AID, RESCUE, AND RESUSCITATION SERVICES; $\hat{\mathbf{h}}$

19g	$\hat{\mathbf{h}}_{-}$ (b) ADMINISTERING PARENTERAL MEDICATIONS UNDER THE DIRECT SUPERVISION
19h	OF A LICENSED PHYSICIAN OR REGISTERED NURSE;
19i	(c) PERFORMING CARDIOPULMONARY RESUSCITATION AND DEFIBRILLATION IN A
19j	PULSELESS, NON-BREATHING PATIENT; AND
19k	(d) SUBJECT TO THE PROVISIONS OF SUBSECTION (6):
191	(i) ADMINISTERING:
19m	(A) AIRWAY INTUBATION BY ESOPHAGEAL TUBE OR ENDOTRACHEAL TUBE;
19n	(B) INTRAVENOUS OR INTRAOSSEOUS SOLUTIONS; AND
19o	(C) DRUGS; AND
19p	(ii) PERFORMING:
19q	(A) GASTRIC SUCTION BY INTUBATION;
19r	(B) NEEDLE ASPIRATION OF THE CHEST; AND
19s	(C) A PHLEBOTOMY OR DRAWING BLOOD SPECIMENS FOR ANALYSIS.
19t	(6) AN EMT-PARAMEDIC LICENSED BY THE DEPARTMENT MAY NOT RENDER THE
19u	EMT-PARAMEDIC SERVICES AUTHORIZED UNDER SUBSECTION (5)(d) EXCEPT UPON ORDERS
19v	OF A LICENSED PHYSICIAN, OR A REGISTERED NURSE UNDER THE SUPERVISION OF A LICENSED
19v 19w	OF A LICENSED PHYSICIAN, OR A REGISTERED NURSE UNDER THE SUPERVISION OF A LICENSED PHYSICIAN, MONITORING THE EMT-PARAMEDIC'S ACTIVITIES BY CONTINUOUS DIRECT VOICE
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19w	PHYSICIAN, MONITORING THE EMT-PARAMEDIC'S ACTIVITIES BY CONTINUOUS DIRECT VOICE
19w 19x	PHYSICIAN, MONITORING THE EMT-PARAMEDIC'S ACTIVITIES BY CONTINUOUS DIRECT VOICE CONTACT OR TELEMETERED ELECTROCARDIOGRAM. În
19w 19x 20	PHYSICIAN, MONITORING THE EMT-PARAMEDIC'S ACTIVITIES BY CONTINUOUS DIRECT VOICE CONTACT OR TELEMETERED ELECTROCARDIOGRAM. Î Î [(4)] (7) Î An EMT-paramedic is exempt from the licensing provisions of Subsection
19w 19x 20 20a	PHYSICIAN, MONITORING THE EMT-PARAMEDIC'S ACTIVITIES BY CONTINUOUS DIRECT VOICE CONTACT OR TELEMETERED ELECTROCARDIOGRAM. Î În [(4)] (7) În An EMT-paramedic is exempt from the licensing provisions of Subsection 26-8-7(2).
19w 19x 20 20a 20b	PHYSICIAN, MONITORING THE EMT-PARAMEDIC'S ACTIVITIES BY CONTINUOUS DIRECT VOICE CONTACT OR TELEMETERED ELECTROCARDIOGRAM. Î ÎN [(4)] (7) ÎN AN EMT-paramedic is exempt from the licensing provisions of Subsection 26-8-7(2). ÎN (8) AN EMT-PARAMEDIC MAY NOT INDEPENDENTLY CHARGE OR BILL A PATIENT,
19w 19x 20 20a 20b 20c	PHYSICIAN, MONITORING THE EMT-PARAMEDIC'S ACTIVITIES BY CONTINUOUS DIRECT VOICE CONTACT OR TELEMETERED ELECTROCARDIOGRAM. Î ÎN [(4)] (7) ÎN AN EMT-paramedic is exempt from the licensing provisions of Subsection 26-8-7(2). ÎN (8) AN EMT-PARAMEDIC MAY NOT INDEPENDENTLY CHARGE OR BILL A PATIENT, OR OTHERS ON BEHALF OF A PATIENT, FOR SERVICES RENDERED. ÎN
19w 19x 20 20a 20b 20c 21	PHYSICIAN, MONITORING THE EMT-PARAMEDIC'S ACTIVITIES BY CONTINUOUS DIRECT VOICE CONTACT OR TELEMETERED ELECTROCARDIOGRAM. ĥ ĥ [(4)] (7) ĥ An EMT-paramedic is exempt from the licensing provisions of Subsection 26-8-7(2). ĥ (8) AN EMT-PARAMEDIC MAY NOT INDEPENDENTLY CHARGE OR BILL A PATIENT, OR OTHERS ON BEHALF OF A PATIENT, FOR SERVICES RENDERED. ĥ Section 6. Section 26-8-5 is amended to read:
19w 19x 20 20a 20b 20c 21 22	PHYSICIAN, MONITORING THE EMT-PARAMEDIC'S ACTIVITIES BY CONTINUOUS DIRECT VOICE CONTACT OR TELEMETERED ELECTROCARDIOGRAM. Î ÎN [(4)] (7) ÎN AN EMT-paramedic is exempt from the licensing provisions of Subsection 26-8-7(2). ÎN (8) AN EMT-PARAMEDIC MAY NOT INDEPENDENTLY CHARGE OR BILL A PATIENT, OR OTHERS ON BEHALF OF A PATIENT, FOR SERVICES RENDERED. ÎN Section 6. Section 26-8-5 is amended to read: 26-8-5. Powers and responsibilities of department.
19w 19x 20 20a 20b 20c 21 22 23	PHYSICIAN, MONITORING THE EMT-PARAMEDIC'S ACTIVITIES BY CONTINUOUS DIRECT VOICE CONTACT OR TELEMETERED ELECTROCARDIOGRAM. În În [(4)] (7) În An EMT-paramedic is exempt from the licensing provisions of Subsection 26-8-7(2). În (8) AN EMT-PARAMEDIC MAY NOT INDEPENDENTLY CHARGE OR BILL A PATIENT, OR OTHERS ON BEHALF OF A PATIENT, FOR SERVICES RENDERED. În Section 6. Section 26-8-5 is amended to read: 26-8-5. Powers and responsibilities of department. The department shall have the following powers and responsibilities:
19w 19x 20 20a 20b 20c 21 22 23 24	PHYSICIAN, MONITORING THE EMT-PARAMEDIC'S ACTIVITIES BY CONTINUOUS DIRECT VOICE CONTACT OR TELEMETERED ELECTROCARDIOGRAM. ĥ ĥ [(4)] (7) ĥ An EMT-paramedic is exempt from the licensing provisions of Subsection 26-8-7(2). ĥ (8) AN EMT-PARAMEDIC MAY NOT INDEPENDENTLY CHARGE OR BILL A PATIENT, OR OTHERS ON BEHALF OF A PATIENT, FOR SERVICES RENDERED. ĥ Section 6. Section 26-8-5 is amended to read: 26-8-5. Powers and responsibilities of department. The department shall have the following powers and responsibilities: (1) coordinate emergency medical services within the state;
19w 19x 20 20a 20b 20c 21 22 23 24 25	PHYSICIAN, MONITORING THE EMT-PARAMEDIC'S ACTIVITIES BY CONTINUOUS DIRECT VOICE CONTACT OR TELEMETERED ELECTROCARDIOGRAM. h h [(4)] (7) h An EMT-paramedic is exempt from the licensing provisions of Subsection 26-8-7(2). h (8) AN EMT-PARAMEDIC MAY NOT INDEPENDENTLY CHARGE OR BILL A PATIENT, OR OTHERS ON BEHALF OF A PATIENT, FOR SERVICES RENDERED. h Section 6. Section 26-8-5 is amended to read: 26-8-5. Powers and responsibilities of department. The department shall have the following powers and responsibilities: (1) coordinate emergency medical services within the state; (2) administer and enforce rules established by the committee;

(5) establish an emergency medical services data system which shall provide for the
 collection of data, as defined by the committee, relating to the treatment and care of patients who
 use or have used the emergency medical services system;

1	(6) develop, conduct, or authorize training programs for emergency medical services
2	personnel;
3	(7) except for EMT-paramedics, test and certify basic and advanced life support personnel
4	pursuant to rules of the committee;
5	(8) subject to the provisions of Section 26-8-4.5, license EMT-paramedics pursuant to the
6	rules of the committee;
7	[(8)] (9) prepare a state plan for the coordinated delivery of emergency medical services
8	which shall be updated at least every three years [which plan shall] and reflect recommendations
9	of local government emergency medical services councils;
10	[9] (10) develop hospital critical care categorization guidelines in consultation with the
11	state medical association and state hospital association which guidelines shall not require transfer
12	of any patient contrary to the wishes of the patient, his next of kin, or his attending physician;
13	[(10)] (11) develop treatment protocols for the critical patient categories described in
14	Section 26-8-2;
15	[(11)] (12) consistent with the rules of the Federal Communications Commission, plan and
16	coordinate statewide development and operation of communications systems which join
17	emergency medical personnel, facilities and equipment to provide interagency coordination and
18	medical control;
19	[(12)] (13) develop programs to inform the public of the availability and use of the
20	emergency medical services system;
21	[(13)] (14) develop and disseminate emergency medical training programs for the public,
22	which emphasize the treatment of injuries or illnesses threatening to life or limb, including
23	cardiopulmonary resuscitation;
24	[(14)] (15) develop and implement, in cooperation with state and local agencies
25	empowered to oversee disaster response activities, plans to ensure that emergency medical services
26	will be provided at the time of a disaster or state of emergency within the state; and
27	[(15)] (16) make investigations and inspections necessary for the enforcement of this
28	chapter. Inspections may be made of any person providing emergency medical services and may
29	include personnel, vehicles, facilities, communications, equipment, methods, procedures,
30	materials, and all other matters and things used in the provision of such services. Inspections may
31	be made on a regular or special basis at such times and places as the department shall determine.

1	Section 7. Section 26-8-6 is amended to read:
2	26-8-6. Delegation of responsibilities to local departments Collection of fees
3	Entry into reciprocity agreements Authority of department.
4	The department may:
5	(1) delegate responsibilities to local health departments or other persons designated by the
6	department for administering, planning, coordinating, inspecting, and evaluating local emergency
7	medical services systems;
8	(2) collect fees pursuant to Subsections 26-8-4[(17)] (18) and [(20)] (21) ; and
9	(3) enter into reciprocity agreements with emergency medical services agencies in
10	adjoining states that will assure the expeditious delivery of emergency medical services, including
11	movement of patients, between states.
12	Section 8. Section 26-8-11 is amended to read:
13	26-8-11. Persons and activities exempt from civil liability.
14	(1) A licensed physician or licensed registered nurse who, in good faith, gives oral or
15	written instructions to certified or licensed basic or advanced life support personnel to provide
16	emergency care authorized by this chapter is not liable for any civil damages as a result of issuing
17	the instructions, unless the instructions given were the result of gross negligence or willful
18	misconduct.
19	(2) A basic or advanced life support person during training or after certification or
20	licensure, a licensed physician, or a registered nurse who, in good faith, provides emergency
21	medical instructions or renders emergency medical care authorized by this chapter is not liable for
22	any civil damages as a result of any act or omission in providing the emergency medical
23	instructions or medical care, unless the act or omission is the result of gross negligence or willful
24	misconduct.
25	(3) A certified or licensed basic or advanced life support person is not subject to civil
26	liability for failure to obtain consent in rendering emergency medical care authorized by this
27	chapter to any individual who is unable to give his consent, regardless of the individual's age,
28	where there is no other person present legally authorized to consent to emergency treatment,
29	provided that such personnel act in good faith.
30	(4) A principal, agent, contractor, employee, or representative of an agency, organization,
31	institution, corporation, or entity of state or local government that sponsors, authorizes, supports,

finances, or supervises any functions of an emergency medical services person certified <u>or licensed</u> and authorized pursuant to this chapter, including an advanced life support person, is not liable for any civil damages for any act or omission in connection with [such] <u>the</u> sponsorship, authorization, support, finance, or supervision of [such] <u>the</u> emergency medical services person where the act or omission occurs in connection with that person'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 emergency medical services [personnel] <u>person</u>, and unless the act or omission is the result of gross negligence or willful misconduct.

- (5) A physician who in good faith arranges for, requests, recommends, or initiates the transfer of a patient from a hospital to a critical medical care facility in another hospital is not liable for any civil damages as a result of [such] the 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 has secured an agreement from the transferee facility to accept and render necessary treatment to the patient.
- (6) A person who is a registered member of the National Ski Patrol System (NSPS) or a member of a ski patrol who has completed a course in winter emergency care offered by the NSPS combined with CPR for medical technicians offered by the American Red Cross or American Heart Association, or an equivalent course of instruction, and who in good faith renders emergency medical care 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.
- Section 9. Section **78-29-101** is amended to read:
- **78-29-101.** Definitions.

- 25 For purposes of this part:
 - (1) "Blood or blood-contaminated body fluids" include blood, amniotic fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, and vaginal secretions, and any body fluid visibly contaminated with blood.
 - (2) "Emergency medical services provider" means an emergency medical technician <u>or</u> <u>EMT-paramedic</u> as defined in Section 26-8-2, local fire department personnel, or county jail personnel, who provide prehospital emergency medical care for an emergency medical services

1	agency either as an employee or as a volunteer.
2	(3) "First aid volunteer" means a person who provides voluntary emergency assistance or
3	first aid medical care to an injured person prior to the arrival of an emergency medical services

4 provider or public safety officer.

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- (4) "HIV" means the Human Immunodeficiency Virus infection as determined by current medical standards and detected by any of the following:
- (a) presence of antibodies to HIV, verified by a positive confirmatory test, such as Western blot or other methods approved by the Utah State Health Laboratory. Western blot interpretation will be based on criteria currently recommended by the Association of State and Territorial Public
- 10 Health Laboratory Directors;
- 11 (b) presence of HIV antigen;
- 12 (c) isolation of HIV; or
- 13 (d) demonstration of HIV proviral DNA.
- 14 (5) "Public safety officer" means:
- (a) a peace officer, as defined in Section 77-1a-1; 15
- 16 (b) a reserve and auxiliary officer, as defined in Section 77-1a-3; and
- 17 (c) a special function officer, as defined in Section 77-1a-4.
- 18 (6) "Significantly exposed" means exposure of the body of one person to HIV or other 19 blood-borne pathogens from the blood of another person by:
- 20 (a) percutaneous inoculation; or
- 21 (b) contact with an open wound, nonintact skin which includes chapped, abraded, weeping,
- 22 or dermatitic skin, or mucous membranes to blood and blood-contaminated body fluids.

Legislative Review Note as of 1-29-98 3:38 PM

A limited legal review of this bill raises no obvious constitutional or statutory concerns.

Office of Legislative Research and General Counsel