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Senator Leonard M. Blackham proposes to substitute the following bill:

1	EMERGENCY MEDICAL SERVICES SYSTEMS ACT
2	1999 GENERAL SESSION
3	STATE OF UTAH
4	Sponsor: Leonard M. Blackham
5	AN ACT RELATING TO HEALTH; REPEALING AND ENACTING THE EMERGENCY
6	MEDICAL SERVICES SYSTEM ACT; DEFINING TERMS; CREATING AN EMERGENCY
7	MEDICAL SERVICES COMMITTEE; EXTENDING RULEMAKING AUTHORITY TO THE
8	COMMITTEE AND THE DEPARTMENT; PERMITTING RULES TO BE WAIVED;
9	ESTABLISHING EMERGENCY MEDICAL SERVICE PROGRAMS, PLANS, AND DUTIES;
10	AMENDING THE EMERGENCY MEDICAL SERVICES GRANT PROGRAM;
11	ESTABLISHING CERTIFICATE REQUIREMENTS FOR PERSONNEL, DESIGNATION
12	REQUIREMENTS FOR FACILITIES AND PROVIDERS, PERMIT REQUIREMENTS FOR
13	EMERGENCY MEDICAL VEHICLES, LICENSING REQUIREMENTS FOR AMBULANCE
14	PROVIDERS AND PARAMEDIC PROVIDERS, AND CARVING OUT EXEMPTIONS;
15	ESTABLISHING STATE REGULATION OF THE EMERGENCY MEDICAL SERVICES
16	MARKET; REQUIRING THE DEPARTMENT TO SET JUST AND REASONABLE RATES
17	AND TO CREATE EXCLUSIVE GEOGRAPHIC SERVICE AREAS FOR LICENSED
18	PROVIDERS; CREATING AN ADMINISTRATIVE PROCESS FOR ISSUING LICENCES FOR
19	EXCLUSIVE GEOGRAPHIC SERVICE AREAS TO AMBULANCE AND PARAMEDIC
20	PROVIDERS; ESTABLISHING THE REQUIREMENT OF PUBLIC CONVENIENCE AND
21	NECESSITY; PERMITTING THE DEPARTMENT TO TAKE DISCIPLINARY ACTION;
22	AUTHORIZING THE DEPARTMENT TO CONDUCT INSPECTIONS; MAKING
23	TECHNICAL AND CONFORMING AMENDMENTS; AND PROVIDING AN EFFECTIVE
24	DATE.
25	This act affects sections of Utah Code Annotated 1953 as follows:

26	AMENDS:
27	26-6a-1, as last amended by Chapter 282, Laws of Utah 1998
28	58-57-7, as last amended by Chapter 297, Laws of Utah 1993
29	62A-12-232 , as last amended by Chapter 142, Laws of Utah 1995
30	63-46b-1, as last amended by Chapter 375, Laws of Utah 1997
31	63-63a-3, as last amended by Chapter 156, Laws of Utah 1993
32	63C-7-202, as enacted by Chapter 136, Laws of Utah 1997
33	75-2-1105.5, as enacted by Chapter 45, Laws of Utah 1993
34	76-5-102.7, as enacted by Chapter 4, Laws of Utah 1997
35	76-10-915, as enacted by Chapter 79, Laws of Utah 1979
36	78-29-101, as last amended by Chapter 282, Laws of Utah 1998
37	ENACTS:
38	26-8a-101 , Utah Code Annotated 1953
39	26-8a-102 , Utah Code Annotated 1953
40	26-8a-104 , Utah Code Annotated 1953
41	26-8a-105 , Utah Code Annotated 1953
42	26-8a-106 , Utah Code Annotated 1953
43	26-8a-201 , Utah Code Annotated 1953
44	26-8a-202 , Utah Code Annotated 1953
45	26-8a-203 , Utah Code Annotated 1953
46	26-8a-204 , Utah Code Annotated 1953
47	26-8a-205 , Utah Code Annotated 1953
48	26-8a-206 , Utah Code Annotated 1953
49	26-8a-208 , Utah Code Annotated 1953
50	26-8a-301 , Utah Code Annotated 1953
51	26-8a-302 , Utah Code Annotated 1953
52	26-8a-303 , Utah Code Annotated 1953
53	26-8a-304 , Utah Code Annotated 1953
54	26-8a-305 , Utah Code Annotated 1953
55	26-8a-306 , Utah Code Annotated 1953
56	26-8a-307 , Utah Code Annotated 1953

57	26-8a-308 , Utah Code Annotated 1953
58	26-8a-309 , Utah Code Annotated 1953
59	26-8a-310 , Utah Code Annotated 1953
60	26-8a-401 , Utah Code Annotated 1953
61	26-8a-402 , Utah Code Annotated 1953
62	26-8a-403 , Utah Code Annotated 1953
63	26-8a-404 , Utah Code Annotated 1953
64	26-8a-405 , Utah Code Annotated 1953
65	26-8a-406 , Utah Code Annotated 1953
66	26-8a-407 , Utah Code Annotated 1953
67	26-8a-408 , Utah Code Annotated 1953
68	26-8a-409 , Utah Code Annotated 1953
69	26-8a-410 , Utah Code Annotated 1953
70	26-8a-411 , Utah Code Annotated 1953
71	26-8a-412 , Utah Code Annotated 1953
72	26-8a-413 , Utah Code Annotated 1953
73	26-8a-414 , Utah Code Annotated 1953
74	26-8a-415 , Utah Code Annotated 1953
75	26-8a-416 , Utah Code Annotated 1953
76	26-8a-501 , Utah Code Annotated 1953
77	26-8a-502 , Utah Code Annotated 1953
78	26-8a-503 , Utah Code Annotated 1953
79	26-8a-504 , Utah Code Annotated 1953
80	26-8a-505 , Utah Code Annotated 1953
81	26-8a-506 , Utah Code Annotated 1953
82	26-8a-507 , Utah Code Annotated 1953
83	RENUMBERS AND AMENDS:
84	26-8a-601, (Renumbered from 26-8-11, as last amended by Chapter 320, Laws of Utah
85	1990)
86	26-8a-103, (Renumbered from 26-8-3, as last amended by Chapters 194 and 243, Laws of
87	Utah 1996)

88	26-8a-207, (Renumbered from 26-8-2.5, as last amended by Chapter 156, Laws of Utah
89	1993)
90	REPEALS:
91	26-8-1, as enacted by Chapter 126, Laws of Utah 1981
92	26-8-2, as last amended by Chapter 288, Laws of Utah 1994
93	26-8-4, as last amended by Chapter 288, Laws of Utah 1994
94	26-8-5, as last amended by Chapter 169, Laws of Utah 1988
95	26-8-5.5, as enacted by Chapter 195, Laws of Utah 1993
96	26-8-6 , as enacted by Chapter 126, Laws of Utah 1981
97	26-8-7, as last amended by Chapter 170, Laws of Utah 1996
98	26-8-7.5, as enacted by Chapter 90, Laws of Utah 1998
99	26-8-8, as enacted by Chapter 126, Laws of Utah 1981
100	26-8-9, as enacted by Chapter 126, Laws of Utah 1981
101	26-8-10 , as enacted by Chapter 126, Laws of Utah 1981
102	26-8-12, as last amended by Chapter 161, Laws of Utah 1987
103	26-8-13 , as enacted by Chapter 126, Laws of Utah 1981
104	26-8-14 , as enacted by Chapter 126, Laws of Utah 1981
105	Be it enacted by the Legislature of the state of Utah:
106	Section 1. Section 26-6a-1 is amended to read:
107	26-6a-1. Definitions.
108	For purposes of this chapter:
109	(1) "Designated agent" means a person or persons designated by an agency employing or
110	utilizing emergency medical services providers as employees or volunteers to receive and
111	distribute test results in accordance with this chapter.
112	(2) "Disability" means the event of becoming physically incapacitated from performing
113	any work for remuneration or profit.
114	(3) "Disease" means Acquired Immunodeficiency Syndrome, Human Immunodeficiency
115	Virus infection, Hepatitis B, Hepatitis B seropositivity, and any other infectious disease designated
116	by the department.
117	(4) "Emergency medical services agency" means an agency, entity, or organization that
118	employs or utilizes emergency medical services providers as employees or volunteers.

119	(5) "Emergency medical services provider" means [an emergency medical technician as
120	defined in Section 26-8-2] a person certified under Section 26-8a-302, a peace officer as defined
121	in Title 53, Chapter 13, Peace Officer Classifications, local fire department personnel, or officials
122	or personnel employed by the Department of Corrections or by a county jail, who provides
123	prehospital emergency medical care for an emergency medical services agency either as an
124	employee or as a volunteer.
125	(6) "Patient" means any individual cared for by an emergency medical services provider,
126	including but not limited to victims of accidents or injury, deceased persons, and prisoners or
127	persons in the custody of the Department of Corrections.
128	(7) "Significant exposure" means:
129	(a) contact of an emergency medical services provider's broken skin or mucous membrane
130	with a patient's blood or bodily fluids other than tears or perspiration;
131	(b) that a needle stick, or scalpel or instrument wound has occurred in the process of caring
132	for a patient; or
133	(c) exposure that occurs by any other method of transmission defined by the department
134	as a significant exposure.
135	Section 2. Section 26-8a-101 is enacted to read:
136	CHAPTER 8a. UTAH EMERGENCY MEDICAL SERVICES SYSTEM ACT
137	Part 1. General Provisions
138	<u>26-8a-101.</u> Title.
139	This chapter is known as the "Utah Emergency Medical Services System Act."
140	Section 3. Section 26-8a-102 is enacted to read:
141	26-8a-102. Definitions.
142	As used in this chapter:
143	(1) "Ambulance" means a ground, air, or water vehicle that:
144	(a) transports patients and is used to provide emergency medical services; and
145	(b) is required to obtain a permit under Section 26-8a-304 to operate in the state.
146	(2) "Ambulance provider" means an emergency medical service provider that:
147	(a) transports and provides emergency medical care to patients; and
148	
140	(b) is required to obtain a license under Part 4, Ambulance and Paramedic Providers.

150	<u>Section 26-1-7.</u>
151	(4) (a) "Critical care categorization guidelines" means a stratified profile of hospital critical
152	care services related to emergency patient condition which aids a physician in selecting the most
153	appropriate facility for critical patient referral.
154	(b) Guideline categories include trauma, spinal cord, burns, high risk infant, pediatrics,
155	poisons, cardiac, respiratory, and psychiatric.
156	(5) "Direct medical observation" means in-person observation of a patient by a physician,
157	registered nurse, physician's assistant, or individual certified under Section 26-8a-302.
158	(6) "Emergency medical condition" means:
159	(a) a medical condition that manifests itself by symptoms of sufficient severity, including
160	severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine,
161	could reasonably expect the absence of immediate medical attention to result in:
162	(i) placing the individual's health in serious jeopardy;
163	(ii) serious impairment to bodily functions; or
164	(iii) serious dysfunction of any bodily organ or part; or
165	(b) a medical condition that in the opinion of a physician or his designee requires direct
166	medical observation during transport or may require the intervention of an individual certified
167	under Section 26-8a-302 during transport.
168	(7) "Emergency medical service personnel":
169	(a) means an individual who provides emergency medical services to a patient and is
170	required to be certified under Section 26-8a-302; and
171	(b) includes a paramedic, medical director of a licensed emergency medical service
172	provider, emergency medical service instructor, and other categories established by the committee.
173	(8) "Emergency medical service providers" means:
174	(a) licensed ambulance providers and paramedic providers;
175	(b) a facility or provider that is required to be designated under Section 26-8a-303 or
176	26-8a-304; and
177	(c) emergency medical service personnel.
178	(9) "Emergency medical services" means medical services, transportation services, or both
179	rendered to a patient.
180	(10) "Emergency medical service vehicle" means a land, air, or water vehicle that is:

181	(a) maintained and used for the transportation of emergency medical personnel, equipment,
182	and supplies to the scene of a medical emergency; and
183	(b) required to be permitted under Section 26-8a-304.
184	(11) "Interested party" means:
185	(a) a licensed or designated emergency medical services provider that provides emergency
186	medical services within or in an area that abuts an exclusive geographic service area that is the
187	subject of an application submitted pursuant to Part 4, Ambulance and Paramedic Providers;
188	(b) any municipality, county, or fire district that lies within or abuts a geographic service
189	area that is the subject of an application submitted pursuant to Part 4, Ambulance and Paramedic
190	Providers; or
191	(c) the department when acting in the interest of the public.
192	(12) "Medical control" means a person who provides medical supervision to an emergency
193	medical service provider.
194	(13) "Paramedic provider" means an entity that:
195	(a) employs emergency medical service personnel; and
196	(b) is required to obtain a license under Part 4, Ambulance and Paramedic Providers.
197	(14) "Patient" means an individual who, as the result of illness or injury, meets any of the
198	criteria in Subsection 26-8a-305(1).
199	Section 4. Section 26-8a-103, which is renumbered from Section 26-8-3 is renumbered
200	and amended to read:
201	[26-8-3]. <u>26-8a-103.</u> State Emergency Medical Services Committee
202	Membership Expenses.
203	(1) The State Emergency Medical Services Committee created by Section 26-1-7 shall be
204	composed of [14] the following 16 members appointed by the governor[. The members are], at
205	least five of whom must reside in a county of the third, fourth, fifth, or sixth class:
206	(a) five physicians licensed [to practice in this state, who practice in the following areas]
207	under Title 58, Chapter 67, Utah Medical Practice Act, or Chapter 68, Utah Osteopathic Medical
208	Practice Act, as follows:
209	(i) one [trauma] surgeon who actively provides trauma care at a hospital;
210	(ii) one <u>rural</u> physician [practicing in a rural area] <u>involved in emergency medical care</u> ;
211	(iii) two physicians who practice in the emergency department of a general acute hospital;

212	and
213	(iv) one pediatrician who practices in the emergency department or critical care unit of a
214	general acute hospital or a children's specialty hospital;
215	(b) one representative from a private ambulance [services representative] provider;
216	(c) one representative from an ambulance provider that is neither privately owned nor
217	operated by a fire department;
218	[(c)] (d) two chief officers from fire [chiefs, one who is a paramedic services provider and
219	one who is an advanced life support provider] agencies operated by the following classes of
220	licensed or designated emergency medical services providers: municipality, county, and fire
221	district, provided that no class of medical services providers may have more than one
222	representative under this Subsection (1)(d);
223	[(d)] (e) one [local public safety agency] director of [an] a law enforcement agency that
224	provides emergency medical services;
225	[(e)] (f) one $\S[individual\ representing]$ \S hospital $\S[+]$ administrator [+] [-administration-] \S ;
226	[f] (g) one emergency care nurse;
227	[(g)] (h) one [emergency medical technician-paramedic] paramedic in active field practice;
228	[(h)] (i) one emergency medical technician [with basic or advanced life support
229	certification; and] in active field practice;
230	(j) one certified emergency medical dispatcher affiliated with an emergency medical
231	dispatch center; and
232	$[\frac{(i)}{k}]$ one consumer.
233	(2) (a) Except as [required by] provided in Subsection (2)(b), members shall be appointed
234	[for a term of four years with terms] to a four-year term beginning July 1.
235	(b) Notwithstanding [the requirements of] Subsection (2)(a), the governor shall, at the time
236	of appointment or reappointment, adjust the length of terms to ensure that the terms of committee
237	members are staggered so that approximately half of the committee is appointed every two years.
238	(c) When a vacancy occurs in the membership for any reason, the replacement shall be
239	appointed by the governor for the unexpired term [by the governor].
240	(3) (a) [The] Each January, the committee shall organize [annually] and select one of its
241	members as chair and one member as vice chair. [The chair or vice chair shall be a physician.]
242	The committee may organize standing or ad hoc subcommittees[, but members may not serve on

243	standing committees], which shall operate in accordance with guidelines established by the
244	committee.
245	(b) The chair shall convene a minimum of four meetings per year. [Special] The chair may
246	call special meetings [may be called by the chair and]. The chair shall [be called by the chair] call
247	a meeting upon receipt of a written request signed by five or more members of the committee.
248	(c) [Eight] Nine members of the committee constitute a quorum for the transaction of
249	business and the action of a majority of the members present is the action of the committee.
250	(4) (a) Members shall receive no compensation or benefits for their services, but may
251	receive per diem and expenses incurred in the performance of the member's official duties at the
252	rates established by the Division of Finance under Sections 63A-3-106 and 63A-3-107.
253	(b) Members may decline to receive per diem and expenses for their service.
254	(5) Administrative services for the committee shall be provided by the department.
255	Section 5. Section 26-8a-104 is enacted to read:
256	26-8a-104. Committee powers.
257	The committee shall adopt rules in accordance with Title 63, Chapter 46a, Utah
258	Administrative Rulemaking Act, that:
259	(1) establish certification and reciprocity requirements under Section 26-8a-302;
260	(2) establish designation requirements under Section 26-8a-303;
261	(3) promote the development of a statewide emergency medical services system under
262	Section 26-8a-203;
263	(4) establish insurance requirements for ambulance providers;
264	(5) provide guidelines for requiring patient data under Section 26-8a-203;
265	(6) establish criteria for awarding grants under Section 26-8a-207;
266	(7) establish requirements for the coordination of emergency medical services and the
267	medical supervision of emergency medical service providers under Section 26-8a-306; and
268	(8) are necessary to carry out the responsibilities of the committee as specified in other
269	sections of this chapter.
270	Section 6. Section 26-8a-105 is enacted to read:
271	26-8a-105. Department powers.
272	The department shall:
273	(1) coordinate the emergency medical services within the state;

274	(2) administer this chapter and the rules established pursuant to it;
275	(3) establish a voluntary task force representing a diversity of emergency medical service
276	providers to advise the department and the committee on rules; and
277	(4) adopt rules in accordance with Title 63, Chapter 46a, Utah Administrative Rulemaking
278	Act, to:
279	(a) license ambulance providers and paramedic providers;
280	(b) permit ambulances and emergency response vehicles;
281	(c) establish application, submission, and procedural requirements for licenses,
282	designations, certificates, and permits; and
283	(d) establish and implement the programs, plans, and responsibilities as specified in other
284	sections of this chapter.
285	Section 7. Section 26-8a-106 is enacted to read:
286	<u>26-8a-106.</u> Waiver of rules.
287	(1) Upon application, the committee or department may waive the requirements of a rule
288	it has adopted if:
289	(a) the person applying for the waiver satisfactorily demonstrates that:
290	(i) the waiver is necessary for a pilot project to be undertaken by the applicant;
291	(ii) in the particular situation, the requirement serves no beneficial public purpose; or
292	(iii) circumstances warrant that waiver of the requirement outweighs the public benefit to
293	be gained by adherence to the rule; and
294	(b) for a waiver granted under Subsection (1)(a)(ii) or (iii), the committee or department:
295	(i) extends the wavier to similarly situated persons upon application; or
296	(ii) amends the rule to be consistent with the waiver.
297	(2) No waiver may be granted under this section that is inconsistent with the provisions
298	of this chapter.
299	Section 8. Section 26-8a-201 is enacted to read:
300	Part 2. Programs, Plans, and Duties
301	26-8a-201. Public awareness efforts.
302	The department may:
303	(1) develop programs to inform the public of the emergency medical service system; and
304	(2) develop and disseminate emergency medical training programs for the public, which

305	emphasize the prevention and treatment of injuries and illnesses.
306	Section 9. Section 26-8a-202 is enacted to read:
307	26-8a-202. Emergency medical communications.
308	Consistent with federal law, the department is the lead agency for coordinating the
309	statewide emergency medical service communication systems under which emergency medical
310	personnel, dispatch centers, and treatment facilities provide medical control and coordination
311	between emergency medical service providers.
312	Section 10. Section 26-8a-203 is enacted to read:
313	26-8a-203. Statewide trauma system and plan Data collection.
314	(1) The committee shall:
315	(a) approve or disapprove the state emergency medical service plan prepared by the
316	department pursuant to Subsection (2)(b) and make recommendations concerning the emergency
317	medical service plan prepared pursuant to P. L. 93-641, as amended;
318	(b) approve critical care categorization guidelines and treatment protocols developed by
319	the department pursuant to Subsections (2)(c) and (d):
320	(c) categorize all hospital critical care facilities and designate trauma, burn, spinal cord,
321	and poison care facilities in the state consistent with guidelines approved under Subsection (1)(b);
322	<u>and</u>
323	(d) specify the information that must be collected for the emergency medical services data
324	system established pursuant to Subsection 2(a).
325	(2) The department shall:
326	(a) establish an emergency medical services data system which shall provide for the
327	collection of information, as defined by the committee, relating to the treatment and care of
328	patients who use or have used the emergency medical services system;
329	(b) prepare a state plan for the coordinated delivery of emergency medical services which
330	shall be updated at least every three years and shall reflect recommendations of local government
331	emergency medical services councils;
332	(c) develop hospital critical care categorization guidelines, in consultation with the state
333	medical association and state hospital association, which may not require the transfer of any patient
334	contrary to the wishes of the patient, his next of kin, or his attending physician; and
335	(d) develop treatment protocols for the critical care guideline categories described in

336	Subsection 26-8a-102(4)(b).
337	(3) Persons providing emergency medical services shall provide information to the
338	department for the emergency medical services data system established pursuant to Subsection
339	<u>(2)(a).</u>
340	Section 11. Section 26-8a-204 is enacted to read:
341	26-8a-204. Disaster coordination plan.
342	The department shall develop and implement, in cooperation with state, federal, and local
343	agencies empowered to oversee disaster response activities, plans to provide emergency medical
344	services during times of disaster or emergency.
345	Section 12. Section 26-8a-205 is enacted to read:
346	26-8a-205. Pediatric quality improvement program.
347	The department shall establish a pediatric quality improvement resource program.
348	Section 13. Section 26-8a-206 is enacted to read:
349	26-8a-206. Personnel stress management program.
350	(1) The department shall develop and implement a statewide program to provide support
351	and counseling for personnel who have been exposed to one or more stressful incidents in the
352	course of providing emergency services.
353	(2) This program shall include:
354	(a) ongoing training for agencies providing emergency services and counseling program
355	volunteers; and
356	(b) critical incident stress debriefing for personnel at no cost to the emergency provider.
357	Section 14. Section 26-8a-207, which is renumbered from Section 26-8-2.5 is renumbered
358	and amended to read:
359	[26-8-2.5]. <u>26-8a-207.</u> Emergency medical services grant program.
360	(1) (a) The department shall receive as [nonlapsing] dedicated credits the amount
361	established in Section 63-63a-3. That amount shall be transferred to the department by the
362	Division of Finance from funds generated by the surcharge imposed under Title 63, Chapter 63a.
363	(b) Funds transferred to the department under this section shall be used for improvement
364	of statewide delivery of emergency medical services. Appropriations to the department for the
365	purposes enumerated in this section shall be made from those dedicated credits.
366	(c) All funding for the program created by this section shall be nonlapsing.

367	(2) (a) The department may use up to $[\frac{3\%}{9}]$ of the funds transferred to it under
368	Subsection (1):
369	(i) to provide staff support; and
370	(ii) for other expenses incurred in administration of those funds.
371	[(3)] (b) After funding staff support [and], administrative expenses, and trauma system
372	development, the department and the committee shall make emergency medical services grants
373	[shall be made by the department to agencies, political subdivisions of local or state government,
374	or nonprofit entities] from the remaining funds received as dedicated credits under Subsection (1)
375	[as follows:]. A recipient of a grant under this Subsection (2)(b) must actively provide emergency
376	medical services within the state.
377	[(a)] (i) [Forty-two and one-half percent shall be available to prehospital emergency
378	medical services provider agencies in the form of] The department shall distribute 42-1/2% as per
379	capita block grants for [discretionary] use specifically related to the provision of emergency
380	medical services to nonprofit prehospital emergency medical services providers that are either
381	licensed or designated and to emergency medical services that are the primary emergency medical
382	services for a service area. [(i)] The department shall determine the grant amounts [of those
383	grants] by prorating available funds on a per capita basis by county as described in department rule.
384	[Population figures used as a basis for allocating grants shall be derived from the most recent
385	population estimates issued by the state planning coordinator.]
386	[(ii) Allocation of funds to prehospital emergency medical services provider agencies
387	within each county shall be in proportion to the weighted number of state certified prehospital
388	personnel in each prehospital emergency medical services provider agency that is actively involved
389	in the provision of emergency care within the county. Weighting factors are: basic life support
390	personnel = 1; advanced life support personnel (excluding EMT-paramedics) = 2; and
391	EMT-paramedics = 3. The number of certified personnel is based upon the personnel rosters of
392	each prehospital emergency medical services provider agency on March 1 immediately prior to the
393	grant year.]
394	[(iii) The department may only disburse grant funds under this section after receipt of a
395	claim for reimbursement from the agency, accompanied by a written description of the
396	expenditures made.]
397	(th) (ii) [Forty-two and one-half nercent shall be distributed] The committee shall award

398	42-1/2% of the remaining funds as competitive grants [to applicants] for use specifically related
399	to the provision of emergency medical services based upon rules established by the [state
400	Emergency Medical Services Committee] committee.
401	[(c)] (iii) [Fifteen percent shall be used] The committee shall use 15% of the remaining
402	funds to fund high school emergency medical training programs [developed under Subsection
403	26-8-5 (13)].
404	[(4) Funds received under Subsection (1) may not be used to fund new local government
405	emergency medical services if the new services compete with existing licensed private emergency
406	medical services.]
407	[(5) (a) The department shall make an annual report to the Legislature which includes the
408	amount received during the previous fiscal year and the estimated amounts for the current fiscal
409	year. These amounts are the basis for legislative appropriations from the dedicated credits
410	described in Subsection (1).]
411	[(b) The Legislature finds that these funds are for a general and statewide public purpose.]
412	Section 15. Section 26-8a-208 is enacted to read:
413	26-8a-208. Fees for training equipment rental, testing, and quality assurance reviews
414	(1) The department may charge fees, established pursuant to Section 26-1-6:
415	(a) for the use of department-owned training equipment;
416	(b) to administer tests and conduct quality assurance reviews; and
417	(c) to process an application for a certificate, designation, permit, or license.
418	(2) (a) Fees collected under Subsections (1)(a) and (b) shall be separate dedicated credits.
419	(b) Fees under Subsection (1)(a) may be used to purchase training equipment.
420	(c) Fees under Subsection (1)(b) may be used to administer tests and conduct quality
421	assurance reviews.
422	(3) Fees and other funding available to purchase training equipment \$ AND TO
22a	ADMINISTER TESTS AND CONDUCT QUALITY ASSURANCE REVIEWS § shall be nonlapsing.
423	Section 16. Section 26-8a-301 is enacted to read:
424	Part 3. Certificates, Designations, Permits, and Licenses.
425	26-8a-301. General requirement.
426	(1) Except as provided in Section 26-8a-308:
427	(a) an individual may not provide emergency medical services without a certificate issued
428	under Section 26-8a-302;

429	(b) a facility or provider may not hold itself out as a designated emergency medical service
430	provider without a designation issued under Section 26-8a-303;
431	(c) a vehicle may not operate as an ambulance or emergency response vehicle without a
432	permit issued under Section 26-8a-304; and
433	(d) an entity may not respond as an ambulance or paramedic provider without the
434	appropriate license issued under Part 4, Ambulance and Paramedic Providers.
435	(2) Section 26-8a-502 applies to violations of this section.
436	Section 17. Section 26-8a-302 is enacted to read:
437	26-8a-302. Certification of emergency medical service personnel.
438	(1) To promote the availability of comprehensive emergency medical services throughout
439	the state, the committee shall establish:
440	(a) initial and ongoing certification and training requirements for emergency medical
441	service personnel in the following categories:
442	(i) paramedic;
443	(ii) medical director;
444	(iii) emergency medical service instructor; and
445	(iv) other types of emergency medical personnel as the committee considers necessary; and
446	(b) guidelines for giving credit for out-of-state training and experience.
447	(2) The department shall, based on the requirements established in Subsection (1):
448	(a) develop, conduct, and authorize training and testing for emergency medical service
449	personnel; and
450	(b) issue certifications and certification renewals to emergency medical service personnel.
451	(3) As provided in Section 26-8a-502, an individual issued a certificate under this section
452	may only provide emergency medical services to the extent allowed by the certificate.
453	Section 18. Section 26-8a-303 is enacted to read:
454	<u>26-8a-303.</u> Designation of emergency medical service providers.
455	(1) To ensure quality emergency medical services, the committee shall establish
456	designation requirements for emergency medical service providers in the following categories:
457	(a) quick response provider;
458	(b) resource hospital for emergency medical providers;
459	(c) emergency medical service dispatch center;

460	(d) emergency patient receiving facilities; and
461	(e) other types of emergency medical service providers as the committee considers
462	necessary.
463	(2) The department shall, based on the requirements in Subsection (1), issue designations
464	to emergency medical service providers listed in Subsection (1).
465	(3) As provided in Section 26-8a-502, an entity issued a designation under Subsection (1)
466	may only function and hold itself out in accordance with its designation.
467	Section 19. Section 26-8a-304 is enacted to read:
468	26-8a-304. Permits for emergency medical service vehicles.
469	(1) To ensure that emergency medical service vehicles are adequately staffed, safe,
470	maintained, and properly equipped, the committee shall establish permit requirements at levels it
471	considers appropriate in the following categories:
472	(a) ambulance; and
473	(b) emergency response vehicle.
474	(2) The department shall, based on the requirements established in Subsection (1), issue
475	permits to emergency medical service vehicles.
476	Section 20. Section 26-8a-305 is enacted to read:
477	26-8a-305. Ambulance license required for emergency medical transport.
478	Except as provided in Section 26-8a-308, only an ambulance operating under permit issued
479	under Section 26-8a-304, may transport an individual who:
480	(1) is in an emergency medical condition;
481	(2) is medically or mentally unstable, requiring direct medical observation during
482	transport;
483	(3) is physically incapacitated because of illness or injury and in need of immediate
484	transport by emergency medical service personnel;
485	(4) is likely to require medical attention during transport;
486	(5) is being maintained on any type of emergency medical electronic monitoring;
487	(6) is receiving or has recently received medications that could cause a sudden change in
488	medical condition that might require emergency medical services;
489	(7) requires IV administration or maintenance, oxygen that is not patient-operated, or other
490	emergency medical services during transport;

491	(8) needs to be immobilized during transport to a hospital, an emergency patient receiving
492	facility, or mental health facility due to a mental or physical condition, unless the individual is in
493	the custody of a peace officer and the primary purpose of the restraint is to prevent escape;
494	(9) needs to be immobilized due to a fracture, possible fracture, or other medical condition
495	<u>or</u>
496	(10) otherwise requires or has the potential to require a level of medical care that the
497	committee establishes as requiring direct medical observation.
498	Section 21. Section 26-8a-306 is enacted to read:
499	<u>26-8a-306.</u> Medical control.
500	(1) The committee shall establish requirements for the coordination of emergency medical
501	services rendered by emergency medical service providers, including the coordination between
502	prehospital providers, hospitals, emergency patient receiving facilities, and other appropriate
503	destinations.
504	(2) The committee may establish requirements for the medical supervision of emergency
505	medical service providers to assure adequate physician oversight of emergency medical services
506	and quality improvement.
507	Section 22. Section 26-8a-307 is enacted to read:
508	26-8a-307. Patient destination.
509	(1) If an individual being transported by a ground or air ambulance is in critical or unstable
510	condition, the ground or air ambulance shall transport the patient to the trauma center or closest
511	emergency patient receiving facility appropriate to adequately treat the patient.
512	(2) If the patient's condition is not critical or unstable as determined by medical control,
513	the ground or air ambulance may transport the patient to the:
514	(a) hospital, emergency patient receiving facility, or other medical provider chosen by the
515	patient \$ AND APPROVED BY MEDICAL CONTROL \$ as appropriate for the patient's condition and
515a	needs; or
516	(b) nearest hospital, emergency patient receiving facility, or other medical provider
517	approved by medical control as appropriate for the patient's condition and needs if the patient
518	expresses no preference.
519	Section 23. Section 26-8a-308 is enacted to read:
520	26-8a-308. Exemptions.
521	(1) The following persons may provide emergency medical services to a patient without

522	being certified or licensed under this chapter:
523	(a) out-of-state emergency medical service personnel and providers in time of disaster;
524	(b) an individual who gratuitously acts as a Good Samaritan;
525	(c) a family member:
526	(d) a private business if emergency medical services are provided only to employees at the
527	place of business and during transport;
528	(e) an agency of the United States government if compliance with this chapter would be
529	inconsistent with federal law; and
530	(f) police, fire, and other public service personnel if:
531	(i) emergency medical services are rendered in the normal course of the person's duties;
532	<u>and</u>
533	(ii) medical control, after being apprised of the circumstances, directs immediate transport
534	(2) An ambulance or emergency response vehicle may operate without a permit issued
535	under Section 26-8a-304 in time of disaster.
536	(3) Nothing in this chapter or Title 58, Occupations and Professions, may be construed as
537	requiring a license, or certificate for an individual to perform cardiopulmonary resuscitation and
538	use a fully automated external defibrillator if that individual has successfully completed a course
539	that includes instruction on cardiopulmonary resuscitation and the operation and use of a fully
540	automated external defibrillator that is conducted in accordance with guidelines of the American
541	Heart Association by a person qualified by training or experience.
542	(4) Nothing in this chapter may be construed as requiring a license, permit, designation,
543	or certificate for an acute care hospital, medical clinic, physician's office, or other fixed medical
544	facility that:
545	(a) is staffed by a physician, physician's assistant, nurse practitioner, or registered nurse;
546	<u>and</u>
547	(b) treats an individual who has presented himself or was transported to the hospital, clinic
548	office, or facility.
549	Section 24. Section 26-8a-309 is enacted to read:
550	26-8a-309. Out-of-state vehicles.
551	(1) An ambulance or emergency response vehicle from another state may not pick up a
552	natient in Utah to transport that natient to another location in Utah or to another state without a

553	permit issued under Section 26-8a-304 and, in the case of an ambulance, a license issued under
554	Part 4, Ambulance and Paramedic Providers.
555	(2) Notwithstanding Subsection (1), an ambulance or emergency response vehicle from
556	another state may, without a permit or license:
557	(a) transport a patient into Utah; and
558	(b) provide assistance in time of disaster.
559	(3) The department may enter into agreements with ambulance and paramedic providers
560	and their respective licensing agencies from other states to assure the expeditious delivery of
561	emergency medical services beyond what may be reasonably provided by licensed ambulance and
562	paramedic providers, including the transportation of patients between states.
563	Section 25. Section 26-8a-310 is enacted to read:
564	26-8a-310. Criminal background check.
565	(1) At the time of application for, or renewal of, a certificate, the department shall obtain,
566	at the applicant's expense, information from a criminal history record or warrant of arrest
567	information maintained by the Department of Public Safety pursuant to Title 53, Chapter 10, Part
568	2, Bureau of Criminal Identification, to determine whether the individual has been convicted of
569	a crime that bears upon his fitness to be certified or to have responsibility for the safety and
570	well-being of children, the elderly, or persons with disabilities.
571	(2) (a) An applicant who has not had residency in the state for the last five years shall
572	submit fingerprints and other identifying information.
573	(b) The department shall submit fingerprints obtained under Subsection (2)(a) to the
574	Department of Public Safety to be forwarded to the Federal Bureau of Investigation for a
575	nationwide criminal history record check to determine whether the individual has been convicted
576	of a crime that bears upon his fitness to be certified or to have responsibility for the safety and
577	well-being of children, the elderly, or persons with disabilities.
578	(3) Information obtained pursuant to Subsections (1) and (2) may be used to:
579	(a) withhold certification or renewal;
580	(b) commence or substantiate disciplinary action under Section 26-8a-503;
581	(c) enforce the provisions of this chapter; and
582	(d) notify the individual's employer as necessary to protect the public.
583	Section 26 Section 26-89-401 is enacted to read:

584	Part 4. Ambulance and Paramedic Providers
585	26-8a-401. State regulation of emergency medical services market.
586	(1) To ensure emergency medical service quality and minimize unnecessary duplication,
587	the department shall regulate the emergency medical service market after October 1, 1999, by
588	creating and operating a statewide system that:
589	(a) consists of exclusive geographic service areas as provided in Section 26-8a-402; and
590	(b) establishes maximum rates as provided in Section 26-8a-403.
591	(2) (a) All licenses issued prior to July 1, 1996, shall expire as stated in the license.
592	(b) If no expiration date is stated on a license issued before July 1, 1996, the license shall
593	expire on October 1, 1999, unless:
594	(i) the license holder requests agency action before August 1, 1999; and
595	(ii) before October 1, 1999, the department:
596	(A) finds the license has been used as the basis for responding to requests for ambulance
597	or paramedic services during the past five years;
598	(B) identifies one or more specific geographic areas covered by the license in which the
599	license holder has actively and adequately responded as the primary provider to requests for
600	ambulance or paramedic services during the past five years; and
601	(C) determines that the continuation of a license in a specific geographic area identified
602	in Subsection (2)(b)(ii)(B) satisfies:
603	(I) the standards established pursuant to Subsection 26-8a-404(2); and
604	(II) the requirement of public convenience and necessity.
605	(c) If the department finds that a license meets the requirements of Subsection (2)(b), the
606	department shall amend the license to reflect:
607	(i) the specific geographic area of the license; and
608	(ii) a four-year term extension.
609	(d) Before July 1, 1999, the department shall publish notice once a week for four
610	consecutive weeks of the expiration of licenses pursuant to Subsection (2)(b) in a newspaper of
611	general circulation in the state.
612	(e) Nothing in this Subsection (2) may be construed as restricting the authority of the
613	department to amend overlapping licenses pursuant to Section 26-8a-416.
614	(3) After October 1, 1999, new licenses and license renewals shall be for a four-year term

013	Section 27. Section 20-8a-402 is enacted to read:
616	26-8a-402. Exclusive geographic service areas.
617	(1) Each ground ambulance provider license issued under this part shall be for an exclusive
618	geographic service area as described in the license. Only the licensed ground ambulance provider
619	may respond to an ambulance request that originates within the provider's exclusive geographic
620	service area, except as provided in Subsection (5) and Section 26-8a-416.
621	(2) Each paramedic provider license issued under this part shall be for an exclusive
622	geographic service area as described in the license. Only the licensed paramedic provider may
623	respond to a paramedic request that originates within the exclusive geographic service area, except
624	as provided in Subsection (6).
625	(3) Nothing in this section may be construed as either requiring or prohibiting that the
626	formation of boundaries in a given location be the same for a licensed paramedic provider as it is
627	for a licensed ambulance provider.
628	(4) (a) A licensed ground ambulance or paramedic provider may, as necessary, enter into
629	a mutual aid agreement to allow another licensed provider to give assistance in times of unusual
630	demand, as that term is defined by the committee in rule.
631	(b) A mutual aid agreement shall include a formal written plan detailing the type of
632	assistance and the circumstances under which it would be given.
633	(c) The parties to a mutual aid agreement shall submit a copy of the agreement to the
634	department.
635	(d) Notwithstanding this Subsection (4), a licensed provider may not subcontract with
636	another entity to provide services in the licensed provider's exclusive geographic service area.
637	(5) Notwithstanding Subsection (1), a licensed ground ambulance provider may respond
638	to an ambulance request that originates from the exclusive geographic area of another provider:
639	(a) pursuant to a mutual aid agreement;
640	(b) to render assistance on a case-by-case basis to that provider; and
641	(c) as necessary to meet needs in time of disaster or other major emergency.
642	(6) Notwithstanding Subsection (2), a licensed paramedic provider may respond to a
643	paramedic request that originates from the exclusive geographic area of another provider:
644	(a) pursuant to a mutual aid agreement;
645	(b) to render assistance on a case-by-case basis to that provider; and

646	(c) as necessary to meet needs in time of disaster or other major emergency.
647	Section 28. Section 26-8a-403 is enacted to read:
648	26-8a-403. Establishment of maximum rates.
649	(1) The department shall, after receiving recommendations under Subsection (2), establish
650	maximum rates for \$ GROUND \$ ambulance providers and paramedic providers that are just and
50a	reasonable.
651	(2) The committee may make recommendations to the department on the maximum rates
652	that should be set under Subsection (1).
653	Section 29. Section 26-8a-404 is enacted to read:
654	26-8a-404. Ground ambulance and paramedic licenses Application and department
655	review.
656	(1) Except as provided in Section 26-8a-413, an applicant for a ground ambulance or
657	paramedic license shall apply to the department for a license only by:
658	(a) submitting a completed application;
659	(b) providing information in the format required by the department; and
660	(c) paying the required fees, including the cost of the hearing officer.
661	(2) The department may make rules establishing minimum qualifications and requirements
662	<u>for:</u>
663	(a) personnel;
664	(b) capital reserves;
665	(c) equipment;
666	(d) a business plan;
667	(e) operational procedures;
668	(f) resource hospital and medical direction agreements;
669	(g) management and control; and
670	(h) other matters that may be relevant to an applicant's ability to provide ground ambulance
671	or paramedic service.
672	(3) An application for a license to provide ground ambulance service or paramedic service
673	shall be for all ground ambulance services or paramedic services arising within the geographic
674	service area, except that an applicant may apply for a license for less than all ground ambulance
675	services or all paramedic services arising within an exclusive geographic area if it can demonstrate
676	how the remainder of that area will be served.

677	(4) Upon receiving a completed application and the required fees, the department shall
678	review the application and determine whether the application meets the minimum requirements
679	for licensure.
680	(5) The department may deny an application if it finds that it contains any materially false
681	or misleading information, is incomplete, or if the application demonstrates that the applicant fails
682	to meet the minimum requirements for licensure.
683	(6) If the department denies an application, it shall notify the applicant in writing setting
684	forth the grounds for the denial.
685	Section 30. Section 26-8a-405 is enacted to read:
686	26-8a-405. Ground ambulance and paramedic licenses Agency notice of
687	administrative proceeding.
688	If the department determines that the application meets the minimum requirements for
689	licensure under Section 26-8a-404, the department shall:
690	(1) issue a notice of agency action to the applicant to commence an informal administrative
691	proceeding;
692	(2) provide notice of the application to all interested parties; and
693	(3) publish notice of the application, at the applicant's expense, once a week for four
694	consecutive weeks, in a newspaper of general circulation in the geographic service area that is the
695	subject of the application.
696	Section 31. Section 26-8a-406 is enacted to read:
697	26-8a-406. Ground ambulance and paramedic licenses Parties.
698	(1) An interested party has 30 days to object to an application.
699	(2) If an interested party objects, the presiding officer must join the interested party as an
700	indispensable party to the proceeding.
701	(3) The department may join the proceeding as a party to represent the public interest.
702	(4) Others who may be affected by the grant of a license to the applicant may join the
703	proceeding, if the presiding officer determines that they meet the requirement of legal standing.
704	Section 32. Section 26-8a-407 is enacted to read:
705	26-8a-407. Ground ambulance and paramedic licenses Proceedings.
706	(1) The presiding officer shall:
707	(a) commence an informal adjudicative proceeding within 120 days of receiving a

708	completed application;
709	(b) meet with the applicant and objecting interested parties and provide no less than 120
710	days for a negotiated resolution, consistent with the criteria in Section 26-8a-408;
711	(c) set aside a separate time during the proceedings to accept public comment on the
712	application; and
713	(d) present a written decision to the executive director if a resolution has been reached that
714	satisfies the criteria in Section 26-8a-408.
715	(2) At any time during an informal adjudicative proceeding under Subsection (1), any party
716	may request conversion of the informal adjudicative proceeding to a formal adjudicative
717	proceeding in accordance with Section 63-46b-4.
718	(3) Upon conversion to a formal adjudicative proceeding, a hearing officer shall be
719	assigned to the application as provided in Section 26-8a-409. The hearing office shall:
720	(a) set aside a separate time during the proceedings to accept public comment on the
721	application;
722	(b) apply the criteria established in Section 26-8a-408; and
723	(c) present a recommended decision to the executive director in writing.
724	(4) The executive director may, as set forth in a final written order, accept, modify, reject,
725	or remand the decision of a presiding or hearing officer after:
726	(a) reviewing the record;
727	(b) giving due deference to the officer's decision; and
728	(c) determining whether the criteria in Section 26-8a-408 have been satisfied.
729	Section 33. Section 26-8a-408 is enacted to read:
730	26-8a-408. Criteria for determining public convenience and necessity.
731	(1) The criteria for determining public convenience and necessity is set forth in
732	Subsections (2) through (6).
733	(2) Access to emergency medical services must be maintained or improved. The officer
734	shall consider the impact on existing services, including the impact on response times, call
735	volumes, populations and exclusive geographic service areas served, and the ability of surrounding
736	licensed providers to service their exclusive geographic service areas. The issuance or amendment
737	of a license may not create an orphaned area.
738	(3) The quality of service in the area must be maintained or improved. The officer shall

739	consider the:
740	(a) staffing and equipment standards of the current licensed provider and the applicant;
741	(b) training and certification levels of the current licensed provider's staff and the
742	applicant's staff;
743	(c) continuing medical education provided by the current licensed provider and the
744	applicant;
745	(d) levels of care as defined by department rule;
746	(e) plan of medical control; and
747	(f) the negative or beneficial impact on the regional emergency medical service system to
748	provide service to the public.
749	(4) The cost to the public must be justified. The officer must consider:
750	(a) the financial solvency of the applicant;
751	(b) the applicant's ability to provide services within the rates established under Section
752	<u>26-8a-403;</u>
753	(c) the applicant's ability to comply with cost reporting requirements;
754	(d) the cost efficiency of the applicant; and
755	(e) the cost effect of the application on the public, interested parties, and the emergency
756	medical services system.
757	(5) Local desires concerning cost, quality, and access must be considered. The officer
758	shall assess and consider:
759	(a) the existing provider's record of providing services and the applicant's record and
760	ability to provide similar or improved services;
761	(b) locally established emergency medical services goals, including those established in
762	Subsection (7):
763	(c) comment by local governments on the applicant's business and operations plans;
764	(d) comment by interested parties that are providers on the impact of the application on
765	the parties' ability to provide emergency medical services;
766	(e) comment by interested parties that are local governments on the impact of the
767	application on the citizens it represents; and
768	(f) public comment on any aspect of the application or proposed license.
769	(6) Other related criteria:

770	(a) the officer considers necessary; or
771	(b) established by department rule.
772	(7) The role of local governments in the licensing of ground ambulance and paramedic
773	providers that serve areas also served by the local governments is important. The Legislature
774	strongly encourages local governments to establish cost, quality, and access goals for the ground
775	ambulance and paramedic services that serve their areas.
776	(8) In a formal adjudicative proceeding, the applicant bears the burden of establishing that
777	public convenience and necessity require the approval of the application for all or part of the
778	exclusive geographic service area requested.
779	Section 34. Section 26-8a-409 is enacted to read:
780	26-8a-409. Ground ambulance and paramedic licenses Hearing and presiding
781	officers.
782	(1) The department shall set certification and training standards for hearing officers and
783	presiding officers.
784	(2) At a minimum, a presiding officer shall:
785	(a) be familiar with the theory and application of public convenience and necessity; and
786	(b) have a working knowledge of the emergency medical service system in the state.
787	(3) In addition to the requirements in Subsection (2), a hearing officer shall also be
788	licensed to practice law in the state.
789	(4) The department shall provide training for hearing officer and presiding officer
790	candidates in the theory and application of public convenience and necessity and on the emergency
791	medical system in the state.
792	(5) The department shall maintain a roster of no less than five individuals who meet the
793	minimum qualifications for both presiding and hearing officers and the standards set by the
794	<u>department.</u>
795	(6) The parties may mutually select an officer from the roster if the officer is available.
796	(7) If the parties cannot agree upon an officer under Subsection (4), the department shall
797	randomly select an officer from the roster or from a smaller group of the roster agreed upon by the
798	applicant and the objecting interested parties.
799	Section 35. Section 26-8a-410 is enacted to read:
800	26-8a-410. Local approvals.

801	(1) Licensed ambulance providers and paramedic providers must meet all local zoning and
802	business licensing standards generally applicable to businesses operating within the jurisdiction.
803	(2) Publicly subsidized providers must demonstrate approval of the taxing authority that
804	will provide the subsidy.
805	(3) A publicly operated service must demonstrate that the governing body has approved
806	the provision of services to the entire exclusive geographic service area that is the subject of the
807	license, including those areas that may lie outside the territorial or jurisdictional boundaries of the
808	governing body.
809	Section 36. Section 26-8a-411 is enacted to read:
810	26-8a-411. Limitation on repetitive applications.
811	A person who has previously applied for a license under this part may not apply for a
812	license for the same service that covers any exclusive geographic service area that was the subject
813	of the prior application unless:
814	(1) one year has passed from the date of the issuance of a final decision under Section
815	<u>26-8a-407; or</u>
816	(2) all interested parties and the department agree that a new application is in the public
817	interest.
818	Section 37. Section 26-8a-412 is enacted to read:
819	26-8a-412. License for air ambulance providers.
820	(1) An applicant for an air ambulance provider shall apply to the department for a license
821	only by:
822	(a) submitting a complete application;
823	(b) providing information in the format required by the department; and
824	(c) paying the required fees.
825	(2) The department may make rules establishing minimum qualifications and requirements
826	<u>for:</u>
827	(a) personnel;
828	(b) capital reserves;
829	(c) equipment;
830	(d) business plan;
831	(e) operational procedures;

832	(f) resource hospital and medical direction agreements;
833	(g) management and control qualifications and requirements; and
834	(h) other matters that may be relevant to an applicant's ability to provide air ambulance
835	services.
836	(3) Upon receiving a completed application and the required fees, the department shall
837	review the application and determine whether the application meets the minimum requirements
838	for licensure.
839	(4) The department may deny an application for an air ambulance if:
840	(a) the department finds that the application contains any materially false or misleading
841	information or is incomplete;
842	(b) the application demonstrates that the applicant fails to meet the minimum requirements
843	for licensure; or
844	(c) the department finds after inspection that the applicant does not meet the minimum
845	requirements for licensure.
846	(5) If the department denies an application under this section, it shall notify the applicant
847	in writing setting forth the grounds for the denial.
848	Section 38. Section 26-8a-413 is enacted to read:
849	26-8a-413. License renewals.
850	(1) A licensed provider desiring to renew its license must meet the renewal requirements
851	established by department rule.
852	(2) The department shall issue a renewal license for a ground ambulance provider or a
853	paramedic provider upon the licensee's application for a renewal and without a public hearing if
854	there has been no:
855	(a) change in controlling interest in the ownership of the licensee as defined in Section
856	<u>26-8a-415;</u>
857	(b) serious, substantiated public complaints filed with the department against the licensee
858	during the term of the previous license;
859	(c) material or substantial change in the basis upon which the license was originally
860	granted;
861	(d) reasoned objection from the committee or the department; and
862	(e) conflicting license application.

863	(3) The department shall issue a renewal license for an air ambulance provider upon the
864	licensee's application for renewal and completion of the renewal requirements established by
865	department rule.
866	Section 39. Section 26-8a-414 is enacted to read:
867	26-8a-414. Annexations.
868	(1) If a licensee is a municipality that desires to provide service to an area that it has
869	annexed, the municipality may apply to the department to amend its license to include the annexed
870	area. Upon receipt of a completed application to amend the license, the department shall issue
871	written notice of the municipality's application to all other licensed providers who serve any
872	portion of the annexed area.
873	(2) If the department does not receive an objection from a licensed provider that serves
874	some portion of the annexed area within 30 days of issuing the notice that identifies an adverse
875	impact to the provider or the public, the department shall:
876	(a) review the application to amend the license to determine whether the applicant can
877	adequately provide services to the proposed area and whether the public interest in the areas of
878	cost, quality, and access would be harmed; and
879	(b) if the application meets the requirements of Subsection (2)(a), amend the municipality's
880	license and all other affected licenses to reflect the municipality's new boundaries.
881	(3) If an objection is received under Subsection (2), the municipality shall file a standard
882	application for a license with the department under the provisions of Sections 26-8a-404 through
883	<u>26-8a-409.</u>
884	Section 40. Section 26-8a-415 is enacted to read:
885	26-8a-415. Changes in ownership.
886	(1) A licensed provider whose ownership or controlling ownership interest has changed
887	shall submit information to the department, as required by department rule:
888	(a) to establish whether the new owner or new controlling party meets minimum
889	requirements for licensure; and
890	(b) except as provided in Subsection (2), to commence an administrative proceeding to
891	determine whether the new owner meets the requirement of public convenience and necessity
892	under Section 26-8a-408.
893	(2) An administrative proceeding is not required under Subsection (1)(b) if:

894	(a) the change in ownership interest is among existing owners of a closely held corporation
895	and the change does not result in a change in the management of the licensee or in the name of the
896	<u>licensee;</u>
897	(b) the change in ownership in a closely held corporation results in the introduction of new
898	owners, provided that:
899	(i) the new owners are limited to individuals who would be entitled to the equity in the
900	closely held corporation by the laws of intestate succession had the transferor died intestate at the
901	time of the transfer;
902	(ii) the majority owners on January 1, 1999, have been disclosed to the department by
903	October 1, 1999, and the majority owners on January 1, 1999, retain a majority interest in the
904	closely held corporation; and
905	(iii) the name of the licensed provider remains the same;
906	(c) the change in ownership is the result of one or more owners transferring their interests
907	to a trust, limited liability company, partnership, or closely held corporation so long as the
908	transferors retain control over the receiving entity;
909	(d) the change in ownership is the result of a distribution of an estate or a trust upon the
910	death of the testator or the trustor and the recipients are limited to individuals who would be
911	entitled to the interest by the laws of intestate succession had the transferor died intestate at the
912	time of the transfer; or
913	(e) other similar changes that the department establishes, by rule, as having no significant
914	impact on the cost, quality, or access to emergency medical services.
915	Section 41. Section 26-8a-416 is enacted to read:
916	26-8a-416. Transition to eliminate inconsistent licenses.
917	(1) By May 30, 2000, the department shall review all licenses in effect on October 2, 1999,
918	to identify overlap, as defined in department rule, in the service areas of two or more licensed
919	providers.
920	(2) By June 30, 2000, the department shall notify all licensed providers affected by an
921	overlap. By September 30, 2000, the department shall schedule, by order, a deadline to resolve
922	each overlap, considering the effects on the licensed providers and the areas to be addressed.
923	(3) For each overlap, the department shall meet with the affected licensed providers and
924	provide 120 days for a negotiated resolution, consistent with the criteria in Section 26-8a-408.

925	(4) (a) If a resolution is reached under Subsection (2) that the department finds satisfies
926	the criteria in Section 26-8a-408, the department shall amend the licenses to reflect the resolution
927	consistent with Subsection (6).
928	(b) If a resolution is not reached under Subsection (2), the department or any of the
929	licensed providers involved in the matter may request the commencement of a formal adjudicative
930	proceeding to resolve the overlap.
931	(5) The department shall commence adjudicative proceedings for any overlap that is not
932	resolved by July 1, 2003.
933	(6) Notwithstanding the exclusive geographic service requirement of Section 26-8a-402,
934	the department may amend one or more licenses after a resolution is reached or an adjudicative
935	proceeding has been held to allow:
936	(a) a single licensed provider to serve all or part of the overlap area;
937	(b) more than one licensed provider to serve the overlap area;
938	(c) licensed providers to provide different types of service in the overlap area; or
939	(d) licenses that recognize service arrangements that existed on September 30, 1999.
940	(7) Notwithstanding Subsection (6), any license for an overlap area terminates upon:
941	(a) relinquishment by the provider; or
942	(b) revocation by the department.
943	Section 42. Section 26-8a-501 is enacted to read:
944	Part 5. Enforcement Provisions
945	<u>26-8a-501.</u> Discrimination.
946	(1) No person licensed, certified, or designated pursuant to this chapter may discriminate
947	in the provision of emergency medical services on the basis of race, sex, color, creed, or prior
948	inquiry as to ability to pay.
949	(2) This chapter does not authorize or require medical assistance or transportation over the
950	objection of an individual on religious grounds.
951	Section 43. Section 26-8a-502 is enacted to read:
952	26-8a-502. Illegal activity.
953	(1) Except as provided in Section 26-8a-308, a person may not:
954	(a) practice or engage in the practice, represent himself to be practicing or engaging in the
955	practice, or attempting to practice or engage in the practice of any activity that requires a license.

956	certification, or designation under this chapter unless that person is so licensed, certified, or
957	designated; or
958	(b) offer an emergency medical service that requires a license, certificate, or designation
959	unless the person is so licensed, certified, or designated.
960	(2) A person may not advertise or hold himself out as one holding a license, certification,
961	or designation required under this chapter, unless that person holds the license, certification, or
962	designation.
963	(3) A person may not employ or permit any employee to perform any service for which
964	a license or certificate is required by this chapter, unless the person performing the service
965	possesses the required license or certificate.
966	(4) A person may not wear, display, sell, reproduce, or otherwise use any Utah Emergency
967	Medical Services insignia without authorization from the department.
968	(5) A person may not reproduce or otherwise use materials developed by the department
969	for certification or recertification testing or examination without authorization from the
970	department.
971	(6) A person may not willfully summon an ambulance or emergency response vehicle or
972	report that one is needed when such person knows that the ambulance or emergency response
973	vehicle is not needed.
974	(7) A person who violates this section is subject to Section 26-23-6.
975	Section 44. Section 26-8a-503 is enacted to read:
976	26-8a-503. Discipline of emergency medical services personnel.
977	(1) The department may refuse to issue a certificate or renewal, or revoke, suspend,
978	restrict, or place on probation an individual's certificate if:
979	(a) the individual does not meet the qualifications for certification under Section
980	<u>26-8a-302;</u>
981	(b) the individual has engaged in conduct, as defined by committee rule, that:
982	(i) is unprofessional;
983	(ii) is adverse to the public health, safety, morals, or welfare; or
984	(iii) would adversely affect public trust in the emergency medical service system;
985	(c) the individual has violated Section 26-8a-502 or other provision of this chapter;
986	(d) a court of competent jurisdiction has determined the individual to be mentally

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987	incompetent for any reason; or
988	(e) the individual is unable to provide emergency medical services with reasonable skill
989	and safety because of illness, drunkenness, use of drugs, narcotics, chemicals, or any other type
990	of material, or as a result of any other mental or physical condition, when the individual's condition
991	demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers, or the public
992	health, safety, or welfare that cannot be reasonably mitigated.
993	(2) (a) An action to revoke, suspend, restrict, or place a certificate on probation shall be
994	done in accordance with Title 63, Chapter 46b, Administrative Procedures Act.
995	(b) Notwithstanding Subsection (2)(a), the department may issue a cease and desist order
996	under Section 26-8a-507 to immediately suspend an individual's certificate pending an
997	administrative proceeding to be held within 30 days if there is evidence to show that the individual
998	poses a clear, immediate, and unjustifiable threat or potential threat to the public health, safety, or
999	welfare.
1000	(3) An individual whose certificate has been suspended, revoked, or restricted may apply
1001	for reinstatement of the certificate at reasonable intervals and upon compliance with any conditions
1002	imposed upon the certificate by statute, committee rule, or the terms of the suspension, revocation,
1003	or restriction.
1004	(4) In addition to taking disciplinary action under Subsection (1), the department may
1005	impose sanctions in accordance with Section 26-23-6.
1006	Section 45. Section 26-8a-504 is enacted to read:
1007	26-8a-504. Discipline of designated and licensed providers.
1008	(1) The department may refuse to issue a license or designation or a renewal, or revoke,
1009	suspend, restrict, or place on probation, an emergency medical service provider's license or
1010	designation if the provider has:
1011	(a) failed to abide by terms of the license or designation;
1012	(b) violated statute or rule;
1013	(c) failed to provide services at the level or in the exclusive geographic service area
1014	required by the license or designation;
1015	(d) failed to submit a renewal application in a timely fashion as required by department
1016	rule;

(e) failed to follow operational standards established by the committee; or

1018	(f) committed an act in the performance of a professional duty that endangered the public
1019	or constituted gross negligence.
1020	(2) (a) An action to revoke, suspend, restrict, or place a license or designation on probation
1021	shall be done in accordance with Title 63, Chapter 46b, Administrative Procedures Act.
1022	(b) Notwithstanding Subsection (2)(a), the department may issue a cease and desist order
1023	under Section 26-8a-507 to immediately suspend a license or designation pending an
1024	administrative proceeding to be held within 30 days if there is evidence to show that the provider
1025	or facility poses a clear, immediate, and unjustifiable threat or potential threat to the public health,
1026	safety, or welfare.
1027	(3) In addition to taking disciplinary action under Subsection (1), the department may
1028	impose sanctions in accordance with Section 26-23-6.
1029	Section 46. Section 26-8a-505 is enacted to read:
1030	26-8a-505. Service interruption or cessation Receivership Default coverage
1031	Notice.
1032	(1) Acting in the public interest, the department may petition the district court where an
1033	ambulance or paramedic provider operates or the district court with jurisdiction in Salt Lake
1034	County to appoint the department or an independent receiver to continue the operations of a
1035	provider upon any one of the following conditions:
1036	(a) the provider ceases or intends to cease operations;
1037	(b) the provider becomes insolvent;
1038	(c) the department has initiated proceedings to revoke the provider's license and has
1039	determined that the lives, health, safety, or welfare of the population served within the provider's
1040	exclusive geographic service area are endangered because of the provider's action or inaction
1041	pending a full hearing on the license revocation; or
1042	(d) the department has revoked the provider's license and has been unable to adequately
1043	arrange for another provider to take over the provider's exclusive geographic service area.
1044	(2) If a licensed or designated provider ceases operations or is otherwise unable to provide
1045	services, the department may arrange for another licensed provider to provide services on a
1046	temporary basis until a license is issued.
1047	(3) A licensed provider shall give the department 30 days notice of its intent to cease
1048	operations.

1049	Section 47. Section 26-8a-506 is enacted to read:
1050	26-8a-506. Investigations for enforcement of chapter.
1051	(1) The department may, for the purpose of ascertaining compliance with the provisions
1052	of this chapter, enter and inspect on a routine basis the business premises and equipment of a
1053	person:
1054	(a) with a certificate, designation, permit, or license; or
1055	(b) who holds himself out to the general public as providing a service for which a
1056	certificate, designation, permit, or license is required under Section 26-8a-301.
1057	(2) Before conducting an inspection under Subsection (1), the department shall, after
1058	identifying the person in charge:
1059	(a) give proper identification;
1060	(b) describe the nature and purpose of the inspection; and
1061	(c) if necessary, explain the authority of the department to conduct the inspection.
1062	(3) In conducting an inspection under Subsection (1), the department may, after meeting
1063	the requirements of Subsection (2):
1064	(a) inspect records, equipment, and vehicles; and
1065	(b) interview personnel.
1066	(4) An inspection conducted under Subsection (1) shall be during regular operational
1067	hours.
1068	Section 48. Section 26-8a-507 is enacted to read:
1069	26-8a-507. Cease and desist orders.
1070	The department may issue a cease and desist order to any person who:
1071	(1) may be disciplined under Section 26-8a-503 or 26-8a-504; or
1072	(2) otherwise violates this chapter or any rules adopted under this chapter.
1073	Section 49. Section 26-8a-601, which is renumbered from Section 26-8-11 is renumbered
1074	and amended to read:
1075	Part 6. Miscellaneous
1076	[26-8-11]. <u>26-8a-601.</u> Persons and activities exempt from civil liability.
1077	(1) A licensed physician [or], physician's assistant, licensed registered nurse who, in good
1078	faith, gives oral or written instructions to an individual certified [basic or advanced life support
1079	personnel to provide emergency care authorized by this chapter] under Section 26-8a-302 is not

liable for any civil damages as a result of issuing the instructions, unless the instructions given were the result of gross negligence or willful misconduct.

- (2) [A basic or advanced life support person] An individual certified under Section 26-8a-302, during either training or after certification, a licensed physician, physician's assistant, or a registered nurse who, 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) [A] An individual certified [basic or advanced life support person] under Section 26-8a-302 is not subject to civil liability for failure to obtain consent in rendering emergency medical [care] 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 [treatment] medical care, provided that [such personnel act] the certified 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 [emergency medical services person] individual certified [and authorized pursuant to this chapter, including an advanced life support person,] under Section 26-8a-302 is not liable for any civil damages for any act or omission in connection with such sponsorship, authorization, support, finance, or supervision of [such emergency medical services person] the certified individual where the act or omission occurs in connection with [that person's] the 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 [emergency medical services personnel] certified individual, 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] 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

1111	(b) the physician has secured an agreement from the [transferee] receiving facility to accept
1112	and render necessary treatment to the patient.
1113	(6) A person who is a registered member of the National Ski Patrol System (NSPS) or a
1114	member of a ski patrol who has completed a course in winter emergency care offered by the NSPS
1115	combined with CPR for medical technicians offered by the American Red Cross or American
1116	Heart Association, or an equivalent course of instruction, and who in good faith renders emergency
1117	[medical] care in the course of ski patrol duties is not liable for civil damages as a result of any act
1118	or omission in rendering the emergency care, unless the act or omission is the result of gross
1119	negligence or willful misconduct.
1120	(7) An emergency medical service provider who, in good faith, transports an individual
1121	against his will but at the direction of a law enforcement officer pursuant to Section 62A-12-232
1122	is not liable for civil damages for transporting the individual.
1123	Section 50. Section 58-57-7 is amended to read:
1124	58-57-7. Exemptions from licensure.
1125	(1) In addition to the exemptions from licensure in Section 58-1-307, the following
1126	persons may engage in the practice of respiratory therapy subject to the stated circumstances and
1127	limitations without being licensed under this chapter:
1128	(a) any person who provides gratuitous care for a member of his immediate family without
1129	representing himself as a licensed respiratory care practitioner;
1130	(b) any person who is a licensed or qualified member of another health care profession,
1131	if this practice is consistent with the accepted standards of the profession and if the person does
1132	not represent himself as a respiratory care practitioner;
1133	(c) any person who serves in the Armed Forces of the United States or any other agency
1134	of the federal government and is engaged in the performance of his official duties; and
1135	(d) any person who acts under a certification issued pursuant to Title 26, Chapter [8] 8a,
1136	<u>Utah</u> Emergency Medical Services System Act, while providing emergency medical services.
1137	(2) Nothing in this chapter permits a respiratory care practitioner to engage in the
1138	unauthorized practice of other health disciplines.
1139	Section 51. Section 62A-12-232 is amended to read:
1140	62A-12-232. Temporary commitment Requirements and procedures.

(1) (a) An adult may be temporarily, involuntarily committed to a local mental health

authority upon:

- (i) written application by a responsible person who has reason to know, stating a belief that the individual is likely to cause serious injury to himself or others if not immediately restrained, and stating the personal knowledge of the individual's condition or circumstances which lead to that belief; and
- (ii) a certification by a licensed physician or designated examiner stating that the physician or designated examiner has examined the individual within a three-day period immediately preceding that certification, and that he is of the opinion that the individual is mentally ill and, because of his mental illness, is likely to injure himself or others if not immediately restrained.
- (b) Application and certification as described in Subsection (1)(a) authorizes any peace officer to take the individual into the custody of a local mental health authority and transport the individual to that authority's designated facility.
- (2) If a duly authorized peace officer observes a person involved in conduct that gives the officer probable cause to believe that the person is mentally ill, as defined in Section 62A-12-202, and because of that apparent mental illness and conduct, there is a substantial likelihood of serious harm to that person or others, pending proceedings for examination and certification under this part, the officer may take that person into protective custody. The peace officer shall transport the person to be transported to the designated facility of the appropriate local mental health authority pursuant to this section, either on the basis of his own observation or on the basis of a mental health officer's observation that has been reported to him by that mental health officer.

 Immediately thereafter, the officer shall place the person in the custody of the local mental health authority and make application for commitment of that person to the local mental health authority. The application shall be on a prescribed form and shall include the following:
- (a) a statement by the officer that he believes, on the basis of personal observation or on the basis of a mental health officer's observation reported to him by the mental health officer, that the person is, as a result of a mental illness, a substantial and immediate danger to himself or others;
 - (b) the specific nature of the danger;
 - (c) a summary of the observations upon which the statement of danger is based; and
- (d) a statement of facts which called the person to the attention of the officer.
 - (3) A person committed under this section may be held for a maximum of 24 hours,

- excluding Saturdays, Sundays, and legal holidays. At the expiration of that time period, the person shall be released unless application for involuntary commitment has been commenced pursuant to Section 62A-12-234. If that application has been made, an order of detention may be entered under Subsection 62A-12-234(3). If no order of detention is issued, the patient shall be released unless he has made voluntary application for admission.
- (4) Transportation of mentally ill persons pursuant to Subsections (1) and (2) shall be conducted by the appropriate municipal, or city or town, law enforcement authority <u>or, under the appropriate law enforcement's authority, by ambulance § TO THE EXTENT THAT SUBSECTION (5)</u>

 1180a <u>APPLIES</u> § . However, if the designated facility is outside of that authority's jurisdiction, the appropriate county sheriff shall transport the person <u>or cause the person to be transported by ambulance § TO THE EXTENT THAT SUBSECTION (5)</u>

 1182a <u>APPLIES</u> § .
 - (5) Notwithstanding Subsections (2) and (4), a peace officer shall cause a person to be transported by ambulance if the person meets any of the criteria in Subsection 26-8a-305(1). In addition, if the person requires physical medical attention, the peace officer shall direct that transportation be to an appropriate medical facility for treatment.
 - Section 52. Section **63-46b-1** is amended to read:

63-46b-1. Scope and applicability of chapter.

- (1) Except as set forth in Subsection (2), and except as otherwise provided by a statute superseding provisions of this chapter by explicit reference to this chapter, the provisions of this chapter apply to every agency of the state and govern:
- (a) all state agency actions that determine the legal rights, duties, privileges, immunities, or other legal interests of one or more identifiable persons, including all agency actions to grant, deny, revoke, suspend, modify, annul, withdraw, or amend an authority, right, or license; and
 - (b) judicial review of these actions.
 - (2) This chapter does not govern:
- 1197 (a) the procedures for making agency rules, or the judicial review of those procedures or rules;
 - (b) the issuance of any notice of a deficiency in the payment of a tax, the decision to waive penalties or interest on taxes, the imposition of and penalties or interest on taxes, or the issuance of any tax assessment, except that this chapter governs any agency action commenced by a taxpayer or by another person authorized by law to contest the validity or correctness of those actions;

- (c) state agency actions relating to extradition, to the granting of pardons or parole, commutations or terminations of sentences, or to the rescission, termination, or revocation of parole or probation, to actions and decisions of the Psychiatric Security Review Board relating to discharge, conditional release, or retention of persons under its jurisdiction, to the discipline of, resolution of grievances of, supervision of, confinement of, or the treatment of inmates or residents of any correctional facility, the Utah State Hospital, the Utah State Developmental Center, or persons in the custody or jurisdiction of the Division of Mental Health, or persons on probation or parole, or judicial review of those actions;
- (d) state agency actions to evaluate, discipline, employ, transfer, reassign, or promote students or teachers in any school or educational institution, or judicial review of those actions;
- (e) applications for employment and internal personnel actions within an agency concerning its own employees, or judicial review of those actions;
- (f) the issuance of any citation or assessment under Title 34A, Chapter 6, Utah Occupational Safety and Health Act, and Title 58, Chapter 55, Utah Construction Trades Licensing Act, except that this chapter governs any agency action commenced by the employer, licensee, or other person authorized by law to contest the validity or correctness of the citation or assessment;
- (g) state agency actions relating to management of state funds, the management and disposal of school and institutional trust land assets, and contracts for the purchase or sale of products, real property, supplies, goods, or services by or for the state, or by or for an agency of the state, except as provided in those contracts, or judicial review of those actions;
- (h) state agency actions under Title 7, Chapter 1, Article 3, Powers and Duties of Commissioner of Financial Institutions; and Title 7, Chapter 2, Possession of Depository Institution by Commissioner; Title 7, Chapter 19, Acquisition of Failing Depository Institutions or Holding Companies; and Title 63, Chapter 30, [Utah] Governmental Immunity Act, or judicial review of those actions;
- (i) the initial determination of any person's eligibility for unemployment benefits, the initial determination of any person's eligibility for benefits under Title 34A, Chapter 2, Workers' Compensation, and Title 34A, Chapter 3, Utah Occupational Disease Act, or the initial determination of a person's unemployment tax liability;
- (j) state agency actions relating to the distribution or award of monetary grants to or between governmental units, or for research, development, or the arts, or judicial review of those

1233	actions,
1236	(k) the issuance of any notice of violation or order under Title 26, Chapter [8] 8a, Utah
1237	Emergency Medical Services System Act; Title 19, Chapter 2, Air Conservation Act; Title 19,
1238	Chapter 3, Radiation Control Act, Title 19, Chapter 4, Safe Drinking Water Act; Title 19, Chapter
1239	5, Water Quality Act; Title 19, Chapter 6, Part 1, Solid and Hazardous Waste Act; Title 19,
1240	Chapter 6, Part 4, Underground Storage Tank Act; or Title 19, Chapter 6, Part 7, Used Oil
1241	Management Act, except that this chapter governs any agency action commenced by any person
1242	authorized by law to contest the validity or correctness of the notice or order;
1243	(l) state agency actions, to the extent required by federal statute or regulation to be
1244	conducted according to federal procedures;
1245	(m) the initial determination of any person's eligibility for government or public assistance
1246	benefits;
1247	(n) state agency actions relating to wildlife licenses, permits, tags, and certificates of
1248	registration;
1249	(o) licenses for use of state recreational facilities; and
1250	(p) state agency actions under Title 63, Chapter 2, Government Records Access and
1251	Management Act, except as provided in Section 63-2-603.
1252	(3) This chapter does not affect any legal remedies otherwise available to:
1253	(a) compel an agency to take action; or
1254	(b) challenge an agency's rule.
1255	(4) This chapter does not preclude an agency, prior to the beginning of an adjudicative
1256	proceeding, or the presiding officer during an adjudicative proceeding from:
1257	(a) requesting or ordering conferences with parties and interested persons to:
1258	(i) encourage settlement;
1259	(ii) clarify the issues;
1260	(iii) simplify the evidence;
1261	(iv) facilitate discovery; or
1262	(v) expedite the proceedings; or
1263	(b) granting a timely motion to dismiss or for summary judgment if the requirements of
1264	Rule 12(b) or Rule 56, respectively, of the Utah Rules of Civil Procedure are met by the moving
1265	party, except to the extent that the requirements of those rules are modified by this chapter.

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- 1266 (5) (a) Declaratory proceedings authorized by Section 63-46b-21 are not governed by this chapter, except as explicitly provided in that section.
 - (b) Judicial review of declaratory proceedings authorized by Section 63-46b-21 are governed by this chapter.
 - (6) This chapter does not preclude an agency from enacting rules affecting or governing adjudicative proceedings or from following any of those rules, if the rules are enacted according to the procedures outlined in Title 63, Chapter 46a, Utah Administrative Rulemaking Act, and if the rules conform to the requirements of this chapter.
 - (7) (a) If the attorney general issues a written determination that any provision of this chapter would result in the denial of funds or services to an agency of the state from the federal government, the applicability of those provisions to that agency shall be suspended to the extent necessary to prevent the denial.
 - (b) The attorney general shall report the suspension to the Legislature at its next session.
 - (8) Nothing in this chapter may be interpreted to provide an independent basis for jurisdiction to review final agency action.
 - (9) Nothing in this chapter may be interpreted to restrict a presiding officer, for good cause shown, from lengthening or shortening any time period prescribed in this chapter, except those time periods established for judicial review.
 - Section 53. Section **63-63a-3** is amended to read:
- 1285 **63-63a-3.** EMS share of surcharge -- Accounting.
 - (1) The Division of Finance shall allocate 14% of the collected surcharge established in Section 63-63a-1, but not to exceed the amount appropriated by the Legislature, to the Emergency Medical Services (EMS) Grants Program Account under Section [26-8-2.5] 26-8a-207.
 - (2) The amount shall be recorded by the Department of Health as a dedicated credit.
- Section 54. Section **63C-7-202** is amended to read:
- 1291 63C-7-202. Powers of the Utah Communications Agency Network.
- 1292 The Utah Communications Agency Network shall have the power to:
- 1293 (1) sue and be sued in its own name;
- (2) have an official seal and power to alter that seal at will;
- 1295 (3) make and execute contracts and all other instruments necessary or convenient for the 1296 performance of its duties and the exercise of its powers and functions under this chapter, including

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1297	contracts with private companies licensed under Title 26, Chapter [8] 8a, Utah Emergency Medical
1298	Services System Act;
1299	(4) own, acquire, construct, operate, maintain, and repair a communications network, and
1300	dispose of any portion of it;
1301	(5) borrow money and incur indebtedness;
1302	(6) issue bonds as provided in this chapter;
1303	(7) enter into agreements with public agencies, the state, and federal government to
1304	provide communications network services on terms and conditions it considers to be in the best
1305	interest of its members;
1306	(8) acquire, by gift, grant, purchase, or by exercise of eminent domain, any real property
1307	or personal property in connection with the acquisition and construction of a communications
1308	network and all related facilities and rights-of-way which it owns, operates, and maintains;
1309	(9) contract with other public agencies, the state, or federal government to provide public
1310	safety communications services in excess of those required to meet the needs or requirements of
1311	its members and the state and federal government if:
1312	(a) it is determined by the executive committee to be necessary to accomplish the purposes
1313	and realize the benefits of this chapter; and
1314	(b) any excess is sold to other public agencies, the state, or federal government and is sold
1315	on terms that assure that the cost of providing the excess service will be received by the Utah
1316	Communications Agency Network; and
1317	(10) perform all other duties authorized by this chapter.
1318	Section 55. Section 75-2-1105.5 is amended to read:
1319	75-2-1105.5. Emergency medical services Directive not to resuscitate.
1320	(1) (a) A person 18 years of age or older who is in a terminal condition may, by a directive
1321	made under this section, direct that emergency medical [services] service providers licensed or
1322	certified under Title 26, Chapter [8] 8a, who respond to a call to provide to that person emergency
1323	medical services as defined in Section [26-8-2] 26-8a-102, withhold all life sustaining procedures.
1324	(b) The directive is binding upon emergency medical services providers only if the person
1325	issuing the directive is in compliance with the system developed under Subsection (2).

(2) (a) The Department of Health shall by rule establish a uniform system to allow

emergency medical service providers to readily identify persons who have made a directive under

this section.

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- (b) The system may provide for personal, tamper-proof identifying bracelets or other means necessary to assure identification of persons who have made a directive under this section.
- (3) An emergency medical services provider is not bound to act in accordance with a directive issued under this section unless the person executing the directive complies with Department of Health rules made under this section, such as the wearing of an identifying bracelet, to clearly express to emergency medical service providers the continued intent to be readily identified as a person who has made a directive under this section.
 - (4) A directive made under this section shall be:
 - (a) in writing and on a form approved by the Department of Health;
- (b) signed by the declarant or by another person in the declarant's presence and by the declarant's expressed direction, or if the declarant does not have the ability to give current directions concerning his care and treatment, by the following persons, as proxy, in the following order of priority if no person in a prior class is available, willing, and competent to act:
- (i) an attorney-in-fact appointed as provided in Section 75-2-1106, but authorized to act under this section;
 - (ii) any previously appointed legal guardian of the declarant;
 - (iii) the person's spouse if not legally separated;
 - (iv) the parents or surviving parent;
- (v) the person's child 18 years of age or older, or if the person has more than one child, by a majority of the children 18 years of age or older who are reasonably available for consultation upon good faith efforts to secure participation of all those children;
- (vi) by the declarant's nearest reasonably available living relative 18 years of age or older if the declarant has no parent or child living; or
 - (vii) by a legal guardian appointed for the purposes of this section; [and]
- 1353 (c) dated;
- (d) signed, completed, and certified by the declarant's attending physician; and
- (e) signed pursuant to Subsection (4)(b) above in the presence of two or more witnesses who are 18 years of age or older.
- 1357 (5) Neither of the witnesses may be:
- (a) the person who signed the directive on behalf of the declarant;

(b) related to the declarant by blood or marriage;
(c) entitled to any portion of the declarant's estate according to the laws of intestate
succession of this state or under any will or codicil of the declarant;
(d) directly financially responsible for the declarant's medical care; or
(e) an agent of any health care facility in which the declarant is a patient or resident at the
time of executing the directive.
(6) A directive made under this section takes precedence over a directive made pursuant
to Section 75-2-1104.
Section 56. Section 76-5-102.7 is amended to read:
76-5-102.7. Assault against health care provider and emergency medical service
worker Penalty.
(1) A person who assaults a health care provider or [basic life support] emergency medical
service worker is guilty of a class A misdemeanor if:
(a) the person knew that the victim was a health care provider or [basic life support]
emergency medical service worker; and
(b) the health care provider or [basic life support] emergency medical service worker was
performing emergency or life saving duties within the scope of his authority at the time of the
assault.
(2) As used in this section:
(a) "[Basic life support] Emergency medical service worker" [has the same meaning as
"basic life support personnel" provided in Section 26-8-2] means a person certified under Section
<u>26-8a-302</u> .
(b) "Health care provider" has the meaning as provided in Section 78-14-3.
Section 57. Section 76-10-915 is amended to read:
76-10-915. Exempt activities.
(1) No provision of this act shall be construed to prohibit:
(a) the activities of any public utility to the extent that those activities are subject to
regulation by the public service commission, the state or federal department of transportation, the
federal energy regulatory commission, the federal communications commission, the interstate
commerce commission, or successor agencies;
(b) the activities of any insurer, insurance agent, insurance broker, independent insurance

adjuster or rating organization including, but not limited to, making or participating in joint underwriting or reinsurance arrangements, to the extent that those activities are subject to regulation by the commissioner of insurance;

- (c) the activities of securities dealers, issuers or agents, to the extent that those activities are subject to regulation under the laws of either this state or the United States;
- (d) the activities of any state or national banking institution, to the extent that such activities are regulated or supervised by state government officers or agencies under the banking laws of this state or by federal government officers or agencies under the banking laws of the United States;
- (e) the activities of any state or federal savings and loan association to the extent that those activities are regulated or supervised by state government officers or agencies under the banking laws of this state or federal government officers or agencies under the banking laws of the United States; [or]
 - (f) the activities of a municipality to the extent authorized or directed by state law; or
- (g) the activities of an emergency medical service provider licensed under Title 26,

 Chapter 8a, Utah Emergency Medical Service System Act, to the extent that those activities are regulated by state government officers or agencies under that act.
- (2) The labor of a human being is not a commodity or article of commerce. Nothing contained in the antitrust laws shall be construed to forbid the existence and operation of labor, agricultural or horticultural organizations, instituted for the purpose of mutual help and not having capital stock or conducted for profit, or to forbid or restrain individual members of such organizations from lawfully carrying out the legitimate object thereof; nor shall such organizations or membership in them be held to be illegal combinations or conspiracies in restraint of trade under the antitrust laws.
 - Section 58. Section **78-29-101** is amended to read:
- **78-29-101.** Definitions.
 - 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 as

1421 defined in individual certified under Section [26-8-2] 26-8a-302, local fire department personnel, 1422 or county jail personnel, who provide prehospital emergency medical care for an emergency 1423 medical services [agency] provider either as an employee or as a volunteer. 1424 (3) "First aid volunteer" means a person who provides voluntary emergency assistance or 1425 first aid medical care to an injured person prior to the arrival of an emergency medical services 1426 provider or public safety officer. 1427 (4) "HIV" means the Human Immunodeficiency Virus infection as determined by current 1428 medical standards and detected by any of the following: 1429 (a) presence of antibodies to HIV, verified by a positive confirmatory test, such as Western 1430 blot or other methods approved by the Utah State Health Laboratory. Western blot interpretation 1431 will be based on criteria currently recommended by the Association of State and Territorial Public 1432 Health Laboratory Directors; 1433 (b) presence of HIV antigen; 1434 (c) isolation of HIV; or 1435 (d) demonstration of HIV proviral DNA. 1436 (5) "Public safety officer" means a peace officer as defined in Title 53, Chapter 13, Peace Officer Classifications. 1437 1438 (6) "Significantly exposed" means exposure of the body of one person to HIV or other 1439 blood-borne pathogens from the blood of another person by: 1440 (a) percutaneous inoculation; or 1441 (b) contact with an open wound, nonintact skin which includes chapped, abraded, weeping, 1442 or dermatitic skin, or mucous membranes to blood and blood-contaminated body fluids. 1443 Section 59. Repealer. 1444 This act repeals: 1445 Section 26-8-1, Short title. 1446 Section 26-8-2, Definitions. 1447 Section 26-8-4, Powers and responsibilities of committee. 1448 Section 26-8-5, Powers and responsibilities of department. 1449 Section 26-8-5.5, Emergency personnel stress debriefing program -- General Fund 1450 appropriation for training and reimbursement.

Section 26-8-6, Delegation of responsibilities to local departments -- Collection of fees

1452	Entry into reciprocity agreements Authority of department.
1453	Section 26-8-7, License or permit required for operation of emergency medical
1454	services Hearing and ruling on new licenses Information required of licensees
1455	Employees to be licensed.
1456	Section 26-8-7.5, Fully automatic external defibrillator.
1457	Section 26-8-8, Discrimination in provision of services prohibited Religious
1458	objections to services.
1459	Section 26-8-9, Out-of-state services Reciprocity agreements.
1460	Section 26-8-10, Exemptions from application of chapter.
1461	Section 26-8-12, Notice of violations.
1462	Section 26-8-13, Denial, suspension or revocation of license Issuance of new license
1463	Period of suspension.
1464	Section 26-8-14, Injunction or other process to restrain or prevent operations in
1465	violation of chapter.
1466	Section 60. Effective date.
1467	This act takes effect on October 1, 1999, except Section 26-8a-401 which takes effect on
1468	June 1, 1999.