



28 Section 1. Section **26-8a-102** is amended to read:

29 **26-8a-102. Definitions.**

30 As used in this chapter:

31 (1) "Ambulance" means a ground, air, or water vehicle that:

32 (a) transports patients and is used to provide emergency medical services; and

33 (b) is required to obtain a permit under Section 26-8a-304 to operate in the state.

34 (2) "Ambulance provider" means an emergency medical service provider that:

35 (a) transports and provides emergency medical care to patients; and

36 (b) is required to obtain a license under Part 4, Ambulance and Paramedic Providers.

37 (3) "Committee" means the State Emergency Medical Services Committee created by

38 Section 26-1-7.

39 [~~(4) (a) "Critical care categorization guidelines" means a stratified profile of hospital~~  
40 ~~critical care services related to emergency patient condition which aids a physician in selecting the~~  
41 ~~most appropriate facility for critical patient referral.]~~

42 [~~(b) Guideline categories include trauma, spinal cord, burns, high risk infant, pediatrics,~~  
43 ~~poisons, cardiac, respiratory, and psychiatric.]~~

44 [(5)] (4) "Direct medical observation" means in-person observation of a patient by a  
45 physician, registered nurse, physician's assistant, or individual certified under Section 26-8a-302.

46 [(6)] (5) "Emergency medical condition" means:

47 (a) a medical condition that manifests itself by symptoms of sufficient severity, including  
48 severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine,  
49 could reasonably expect the absence of immediate medical attention to result in:

50 (i) placing the individual's health in serious jeopardy;

51 (ii) serious impairment to bodily functions; or

52 (iii) serious dysfunction of any bodily organ or part; or

53 (b) a medical condition that in the opinion of a physician or his designee requires direct  
54 medical observation during transport or may require the intervention of an individual certified  
55 under Section 26-8a-302 during transport.

56 [(7)] (6) "Emergency medical service personnel":

57 (a) means an individual who provides emergency medical services to a patient and is  
58 required to be certified under Section 26-8a-302; and

59 (b) includes a paramedic, medical director of a licensed emergency medical service  
60 provider, emergency medical service instructor, and other categories established by the committee.

61 [~~(8)~~] (7) "Emergency medical service providers" means:

62 (a) licensed ambulance providers and paramedic providers;

63 (b) a facility or provider that is required to be designated under Section 26-8a-303; and

64 (c) emergency medical service personnel.

65 [~~(9)~~] (8) "Emergency medical services" means medical services, transportation services,  
66 or both rendered to a patient.

67 [~~(10)~~] (9) "Emergency medical service vehicle" means a land, air, or water vehicle that is:

68 (a) maintained and used for the transportation of emergency medical personnel, equipment,  
69 and supplies to the scene of a medical emergency; and

70 (b) required to be permitted under Section 26-8a-304.

71 [~~(11)~~] (10) "Interested party" means:

72 (a) a licensed or designated emergency medical services provider that provides emergency  
73 medical services within or in an area that abuts an exclusive geographic service area that is the  
74 subject of an application submitted pursuant to Part 4, Ambulance and Paramedic Providers;

75 (b) any municipality, county, or fire district that lies within or abuts a geographic service  
76 area that is the subject of an application submitted pursuant to Part 4, Ambulance and Paramedic  
77 Providers; or

78 (c) the department when acting in the interest of the public.

79 [~~(12)~~] (11) "Medical control" means a person who provides medical supervision to an  
80 emergency medical service provider.

81 [~~(13)~~] (12) "Paramedic provider" means an entity that:

82 (a) employs emergency medical service personnel; and

83 (b) is required to obtain a license under Part 4, Ambulance and Paramedic Providers.

84 [~~(14)~~] (13) "Patient" means an individual who, as the result of illness or injury, meets any  
85 of the criteria in Section 26-8a-305.

86 (14) "Trauma" means an injury requiring immediate medical or surgical intervention.

87 (15) "Trauma system" means a single, statewide system that:

88 (a) organizes and coordinates the delivery of trauma care within defined geographic areas  
89 from the time of injury through transport and rehabilitative care; and

90 (b) is inclusive of all prehospital providers, hospitals, and rehabilitative facilities in  
 91 delivering care for trauma patients, regardless of severity.

92 (16) "Triage" means the sorting of patients in terms of disposition, destination, or priority.  
 93 For prehospital trauma victims, triage requires a determination of injury severity to assess the  
 94 appropriate level of care according to established patient care protocols.

95 (17) "Triage, treatment, transportation, and transfer guidelines" means written procedures  
 96 that:

97 (a) direct the care of patients; and

98 (b) are adopted by the medical staff of an emergency patient receiving facility, trauma  
 99 center, or an emergency medical service provider.

100 Section 2. Section **26-8a-203** is amended to read:

101 **26-8a-203. Data collection.**

102 (1) The committee shall~~[(a) approve or disapprove the state emergency medical service~~  
 103 ~~plan prepared by the department pursuant to Subsection (2)(b) and make recommendations~~  
 104 ~~concerning the emergency medical service plan prepared pursuant to P. L. 93-641, as amended;~~  
 105 ~~(b) approve critical care categorization guidelines and treatment protocols developed by the~~  
 106 ~~department pursuant to Subsections (2)(c) and (d); (c) categorize all hospital critical care facilities~~  
 107 ~~and designate trauma, burn, spinal cord, and poison care facilities in the state consistent with~~  
 108 ~~guidelines approved under Subsection (1)(b); and (d)]specify the information that must be~~  
 109 ~~collected for the emergency medical services data system established pursuant to Subsection~~  
 110 ~~(2)[(a)].~~

111 (2) The department shall~~[(a)]~~ establish an emergency medical services data system which  
 112 shall provide for the collection of information, as defined by the committee, relating to the  
 113 treatment and care of patients who use or have used the emergency medical services system~~[:].~~

114 ~~[(b) prepare a state plan for the coordinated delivery of emergency medical services which~~  
 115 ~~shall be updated at least every three years and shall reflect recommendations of local government~~  
 116 ~~emergency medical services councils;]~~

117 ~~[(c) develop hospital critical care categorization guidelines, in consultation with the state~~  
 118 ~~medical association and state hospital association, which may not require the transfer of any patient~~  
 119 ~~contrary to the wishes of the patient, his next of kin, or his attending physician; and]~~

120 ~~[(d) develop treatment protocols for the critical care guideline categories described in~~

121 Subsection 26-8a-102(4)(b).]

122 (3) Persons providing emergency medical services shall provide information to the  
123 department for the emergency medical services data system established pursuant to Subsection  
124 (2)[(a)].

125 Section 3. Section **26-8a-250** is enacted to read:

126 **Part 2a. Statewide Trauma System**

127 **26-8a-250. Establishment of statewide trauma system.**

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

129 (1) promote optimal care for trauma patients;

130 (2) alleviate unnecessary death and disability from trauma and emergency illness;

131 (3) inform health care providers about trauma system capabilities;

132 (4) encourage the efficient and effective continuum of patient care, including prevention,

133 prehospital care, hospital care, and rehabilitative care; and

134 (5) minimize the overall cost of trauma care.

135 Section 4. Section **26-8a-251** is enacted to read:

136 **26-8a-251. Trauma system advisory committee.**

137 (1) There is created within the department the trauma system advisory committee.

138 (2) (a) The committee shall be comprised of individuals knowledgeable in adult or  
139 pediatric trauma care, including physicians, nurses, hospital administrators, emergency medical  
140 services personnel, government officials, consumers, and persons affiliated with professional  
141 health care associations.

142 (b) Representation on the committee shall be broad and balanced among the health care  
143 delivery systems in the state with no more than three representatives coming from any single  
144 delivery system.

145 (3) The committee shall:

146 (a) advise the department regarding trauma system needs throughout the state;

147 (b) assist the department in evaluating the quality and outcomes of the overall trauma  
148 system;

149 (c) review and comment on proposals and rules governing the statewide trauma system;

150 and

151 (d) make recommendations for the development of statewide triage, treatment,

152 transportation, and transfer guidelines.

153 (4) The department shall:

154 (a) determine, by rule, the term and causes for removal of committee members;

155 (b) establish committee procedures and administration policies consistent with this chapter

156 and department rule; and

157 (c) provide administrative support to the committee.

158 Section 5. Section **26-8a-252** is enacted to read:

159 **26-8a-252. Department duties.**

160 In connection with the statewide trauma system established in Section 26-8a-250, the  
161 department shall:

162 (1) establish a statewide trauma system plan that:

163 (a) identifies statewide trauma care needs, objectives, and priorities;

164 (b) identifies the equipment, facilities, personnel training, and other things necessary to  
165 create and maintain a statewide trauma system; and

166 (c) organizes and coordinates trauma care within defined geographic areas;

167 (2) support the statewide trauma system by:

168 (a) facilitating the coordination of prehospital, acute care, and rehabilitation services and  
169 providers through state regulation and oversight;

170 (b) facilitating the ongoing evaluation and refinement of the statewide trauma system;

171 (c) providing educational programs;

172 (d) encouraging cooperation between community organizations, health care facilities,  
173 public health officials, emergency medical service providers, and rehabilitation facilities for the  
174 development of a statewide trauma system;

175 (e) implementing a quality assurance program using information from the statewide trauma  
176 registry established pursuant to Section 26-8a-253;

177 (f) establishing trauma center designation requirements in accordance with Section  
178 26-8a-254; and

179 (g) developing standards so that:

180 (i) trauma centers are categorized according to their capability to provide care;

181 (ii) trauma victims are triaged at the initial point of patient contact; and

182 (iii) trauma patients are sent to appropriate health care facilities.

183 Section 6. Section **26-8a-253** is enacted to read:

184 **26-8a-253. Statewide trauma registry and quality assurance program.**

185 (1) The department shall:

186 (a) establish and fund a statewide trauma registry to collect and analyze information on  
187 the incidence, severity, causes, and outcomes of trauma;

188 (b) establish, by rule, the data elements, the medical care providers that must report, and  
189 the time frame and format for reporting;

190 (c) use the data collected to:

191 (i) improve the availability and delivery of prehospital and hospital trauma care;

192 (ii) assess trauma care delivery, patient care outcomes, and compliance with the  
193 requirements of this chapter and applicable department rules; and

194 (iii) regularly produce and disseminate reports to data providers, state government, and the  
195 public; and

196 (d) support data collection and abstraction by providing:

197 (i) a data collection system and technical assistance to each hospital that submits data; and

198 (ii) funding or, at the discretion of the department, personnel for collection and abstraction  
199 for each hospital not designated as a Level I or II trauma center under the standards established  
200 pursuant to Section 26-8a-254.

201 (2) (a) Except as provided in Subsection (2)(b), each hospital shall submit trauma data in  
202 accordance with rules established under Subsection (1) until July 1, 2003.

203 (b) A hospital designated as a trauma center shall continue to submit data beyond July 1,  
204 2003, as part of the ongoing quality assurance program established in Section 26-8a-252.

205 (3) Before July 1, 2003, the department shall assess:

206 (a) the effectiveness of the data collected pursuant to Subsection (1); and

207 (b) the impact of the statewide trauma system on the provision of trauma care.

208 (4) Data collected under this section shall be subject to Title 26, Chapter 3, Health  
209 Statistics.

210 (5) No person may be held civilly liable for having provided data to the department in  
211 accordance with this section.

212 Section 7. Section **26-8a-254** is enacted to read:

213 **26-8a-254. Trauma center designations and guidelines.**

214           (1) The department, after seeking the advice of the trauma system advisory committee,  
215 shall establish by rule:

216           (a) trauma center designation requirements; and

217           (b) model state guidelines for triage, treatment, transportation, and transfer of trauma  
218 patients to the most appropriate health care facility.

219           (2) The department shall designate as a trauma center each hospital that:

220           (a) voluntarily requests a trauma center designation; and

221           (b) meets the applicable requirements established pursuant to Subsection (1).

222           Section 8. **Effective date.**

223           This act takes effect on July 1, 2000.

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**Legislative Review Note**  
**as of 1-13-00 12:33 PM**

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

**Office of Legislative Research and General Counsel**