

MEDICAL SERVICES AMENDMENTS

2009 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Paul Ray

Senate Sponsor: _____

LONG TITLE

General Description:

This bill moves the Medical Examiner's Office and the Bureau of Emergency Medical Services to the Department of Public Safety.

Highlighted Provisions:

This bill:

- defines terms;
- recodifies the Utah Emergency Medical Services System Act;
- moves the State Emergency Medical Services Committee and the Bureau of Emergency Medical Services from the Department of Health to the Department of Public Safety;
- changes the name of the State Emergency Medical Services Committee to the State Emergency Medical Services Board;
- recodifies the Utah Medical Examiner Act;
- replaces the title "chief medical examiner" with the title "state medical examiner";
- moves the Medical Examiner's Office to the Department of Public Safety;
- places the Medical Examiner's Office under the supervision and oversight of the Bureau of Emergency Medical Services;
- changes the name of the "Trauma System Advisory Committee" to the "Trauma System Advisory Council"; and
- makes technical changes.



Monies Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:**AMENDS:****10-2-425**, as last amended by Laws of Utah 2007, Chapters 329 and 378**26-1-2**, as last amended by Laws of Utah 1991, Chapter 112**26-1-7**, as last amended by Laws of Utah 2003, Chapter 246**26-1-30**, as last amended by Laws of Utah 2008, Chapter 339**26-2-13**, as last amended by Laws of Utah 2007, Chapter 32**26-2-14**, as last amended by Laws of Utah 1995, Chapter 202**26-6b-2**, as last amended by Laws of Utah 2006, Chapter 185**26-9-4**, as last amended by Laws of Utah 2008, Chapter 187**39-1-64**, as enacted by Laws of Utah 2004, Chapter 82**41-22-29**, as last amended by Laws of Utah 2008, Chapter 382**51-9-403**, as renumbered and amended by Laws of Utah 2008, Chapter 382**53-1-104**, as last amended by Laws of Utah 2007, Chapter 66**53-10-104**, as last amended by Laws of Utah 2006, Chapter 137**58-1-307**, as last amended by Laws of Utah 2008, Chapter 242**58-57-7**, as last amended by Laws of Utah 2006, Chapter 106**59-12-801**, as last amended by Laws of Utah 2006, Chapter 302**62A-4a-405**, as last amended by Laws of Utah 2008, Chapter 299**62A-15-629**, as renumbered and amended by Laws of Utah 2002, Fifth Special Session,
Chapter 8**63C-7-202**, as last amended by Laws of Utah 1999, Chapter 141**63G-4-102**, as renumbered and amended by Laws of Utah 2008, Chapter 382**75-2a-103**, as last amended by Laws of Utah 2008, Chapters 3 and 107**75-2a-106**, as repealed and reenacted by Laws of Utah 2008, Chapter 107**76-5-102.7**, as last amended by Laws of Utah 2008, Chapter 3**76-9-704**, as last amended by Laws of Utah 2007, Chapters 60 and 231

59 **76-10-915**, as last amended by Laws of Utah 2006, Chapter 112

60 **78B-8-401**, as renumbered and amended by Laws of Utah 2008, Chapter 3

61 ENACTS:

62 **53-16-103**, Utah Code Annotated 1953

63 **53-16-203**, Utah Code Annotated 1953

64 **53-17-103**, Utah Code Annotated 1953

65 RENUMBERS AND AMENDS:

66 **53-16-101**, (Renumbered from 26-8a-101, as enacted by Laws of Utah 1999, Chapter
67 141)

68 **53-16-102**, (Renumbered from 26-8a-102, as last amended by Laws of Utah 2000,
69 Chapter 305)

70 **53-16-104**, (Renumbered from 26-8a-106, as enacted by Laws of Utah 1999, Chapter
71 141)

72 **53-16-201**, (Renumbered from 26-8a-103, as last amended by Laws of Utah 2001,
73 Chapter 228)

74 **53-16-202**, (Renumbered from 26-8a-104, as last amended by Laws of Utah 2008,
75 Chapter 382)

76 **53-16-301**, (Renumbered from 26-8a-105, as last amended by Laws of Utah 2008,
77 Chapter 382)

78 **53-16-302**, (Renumbered from 26-8a-201, as enacted by Laws of Utah 1999, Chapter
79 141)

80 **53-16-303**, (Renumbered from 26-8a-202, as enacted by Laws of Utah 1999, Chapter
81 141)

82 **53-16-304**, (Renumbered from 26-8a-203, as last amended by Laws of Utah 2000,
83 Chapter 305)

84 **53-16-305**, (Renumbered from 26-8a-204, as enacted by Laws of Utah 1999, Chapter
85 141)

86 **53-16-306**, (Renumbered from 26-8a-205, as enacted by Laws of Utah 1999, Chapter
87 141)

88 **53-16-307**, (Renumbered from 26-8a-206, as enacted by Laws of Utah 1999, Chapter
89 141)

90 **53-16-308**, (Renumbered from 26-8a-207, as last amended by Laws of Utah 2008,
91 Chapter 382)
92 **53-16-309**, (Renumbered from 26-8a-208, as enacted by Laws of Utah 1999, Chapter
93 141)
94 **53-16-310**, (Renumbered from 26-8a-209, as enacted by Laws of Utah 2003, Chapter
95 53)
96 **53-16-401**, (Renumbered from 26-8a-250, as enacted by Laws of Utah 2000, Chapter
97 305)
98 **53-16-402**, (Renumbered from 26-8a-251, as enacted by Laws of Utah 2000, Chapter
99 305)
100 **53-16-403**, (Renumbered from 26-8a-252, as enacted by Laws of Utah 2000, Chapter
101 305)
102 **53-16-404**, (Renumbered from 26-8a-253, as last amended by Laws of Utah 2006,
103 Chapter 310)
104 **53-16-405**, (Renumbered from 26-8a-254, as enacted by Laws of Utah 2000, Chapter
105 305)
106 **53-16-501**, (Renumbered from 26-8a-301, as enacted by Laws of Utah 1999, Chapter
107 141)
108 **53-16-502**, (Renumbered from 26-8a-302, as enacted by Laws of Utah 1999, Chapter
109 141)
110 **53-16-503**, (Renumbered from 26-8a-303, as enacted by Laws of Utah 1999, Chapter
111 141)
112 **53-16-504**, (Renumbered from 26-8a-304, as enacted by Laws of Utah 1999, Chapter
113 141)
114 **53-16-505**, (Renumbered from 26-8a-305, as enacted by Laws of Utah 1999, Chapter
115 141)
116 **53-16-506**, (Renumbered from 26-8a-306, as enacted by Laws of Utah 1999, Chapter
117 141)
118 **53-16-507**, (Renumbered from 26-8a-307, as enacted by Laws of Utah 1999, Chapter
119 141)
120 **53-16-508**, (Renumbered from 26-8a-308, as last amended by Laws of Utah 2000,

121 Chapter 62)
122 **53-16-509**, (Renumbered from 26-8a-309, as enacted by Laws of Utah 1999, Chapter
123 141)
124 **53-16-510**, (Renumbered from 26-8a-310, as last amended by Laws of Utah 2008,
125 Chapter 382)
126 **53-16-601**, (Renumbered from 26-8a-401, as enacted by Laws of Utah 1999, Chapter
127 141)
128 **53-16-602**, (Renumbered from 26-8a-402, as last amended by Laws of Utah 2000,
129 Chapter 1)
130 **53-16-603**, (Renumbered from 26-8a-403, as last amended by Laws of Utah 2006,
131 Chapter 209)
132 **53-16-604**, (Renumbered from 26-8a-404, as last amended by Laws of Utah 2008,
133 Chapter 382)
134 **53-16-605**, (Renumbered from 26-8a-405, as last amended by Laws of Utah 2003,
135 Chapter 213)
136 **53-16-606**, (Renumbered from 26-8a-405.1, as last amended by Laws of Utah 2008,
137 Chapter 360)
138 **53-16-607**, (Renumbered from 26-8a-405.2, as last amended by Laws of Utah 2008,
139 Chapter 360)
140 **53-16-608**, (Renumbered from 26-8a-405.3, as last amended by Laws of Utah 2008,
141 Chapter 382)
142 **53-16-609**, (Renumbered from 26-8a-406, as last amended by Laws of Utah 2003,
143 Chapter 213)
144 **53-16-610**, (Renumbered from 26-8a-407, as last amended by Laws of Utah 2008,
145 Chapter 382)
146 **53-16-611**, (Renumbered from 26-8a-408, as enacted by Laws of Utah 1999, Chapter
147 141)
148 **53-16-612**, (Renumbered from 26-8a-409, as enacted by Laws of Utah 1999, Chapter
149 141)
150 **53-16-613**, (Renumbered from 26-8a-410, as enacted by Laws of Utah 1999, Chapter
151 141)

152 **53-16-614**, (Renumbered from 26-8a-411, as last amended by Laws of Utah 2003,
153 Chapter 213)
154 **53-16-615**, (Renumbered from 26-8a-412, as enacted by Laws of Utah 1999, Chapter
155 141)
156 **53-16-616**, (Renumbered from 26-8a-413, as last amended by Laws of Utah 2003,
157 Chapter 213)
158 **53-16-617**, (Renumbered from 26-8a-414, as last amended by Laws of Utah 2008,
159 Chapter 382)
160 **53-16-618**, (Renumbered from 26-8a-415, as enacted by Laws of Utah 1999, Chapter
161 141)
162 **53-16-619**, (Renumbered from 26-8a-416, as enacted by Laws of Utah 1999, Chapter
163 141)
164 **53-16-701**, (Renumbered from 26-8a-501, as enacted by Laws of Utah 1999, Chapter
165 141)
166 **53-16-702**, (Renumbered from 26-8a-502, as last amended by Laws of Utah 2000,
167 Chapter 1)
168 **53-16-703**, (Renumbered from 26-8a-503, as last amended by Laws of Utah 2008,
169 Chapter 382)
170 **53-16-704**, (Renumbered from 26-8a-504, as last amended by Laws of Utah 2008,
171 Chapter 382)
172 **53-16-705**, (Renumbered from 26-8a-505, as enacted by Laws of Utah 1999, Chapter
173 141)
174 **53-16-706**, (Renumbered from 26-8a-506, as enacted by Laws of Utah 1999, Chapter
175 141)
176 **53-16-707**, (Renumbered from 26-8a-507, as enacted by Laws of Utah 1999, Chapter
177 141)
178 **53-16-801**, (Renumbered from 26-8a-601, as last amended by Laws of Utah 2002, Fifth
179 Special Session, Chapter 8)
180 **53-17-101**, (Renumbered from 26-4-1, as enacted by Laws of Utah 1981, Chapter 126)
181 **53-17-102**, (Renumbered from 26-4-2, as last amended by Laws of Utah 2002, Chapter
182 102)

183 **53-17-104**, (Renumbered from 26-4-22, as enacted by Laws of Utah 1981, Chapter 126)
184 **53-17-201**, (Renumbered from 26-4-4, as last amended by Laws of Utah 2007, Chapter
185 60)
186 **53-17-202**, (Renumbered from 26-4-5, as last amended by Laws of Utah 1993, Chapter
187 227)
188 **53-17-301**, (Renumbered from 26-4-6, as last amended by Laws of Utah 1993, Chapter
189 38)
190 **53-17-302**, (Renumbered from 26-4-7, as last amended by Laws of Utah 2001, Chapter
191 278)
192 **53-17-303**, (Renumbered from 26-4-8, as last amended by Laws of Utah 1993, Chapter
193 38)
194 **53-17-304**, (Renumbered from 26-4-9, as last amended by Laws of Utah 1999, Chapter
195 289)
196 **53-17-401**, (Renumbered from 26-4-11, as last amended by Laws of Utah 1993,
197 Chapter 38)
198 **53-17-402**, (Renumbered from 26-4-26, as enacted by Laws of Utah 1997, Chapter 232)
199 **53-17-403**, (Renumbered from 26-4-15, as enacted by Laws of Utah 1981, Chapter 126)
200 **53-17-404**, (Renumbered from 26-4-17, as last amended by Laws of Utah 1996,
201 Chapter 201)
202 **53-17-405**, (Renumbered from 26-4-18, as enacted by Laws of Utah 1981, Chapter 126)
203 **53-17-406**, (Renumbered from 26-4-27, as enacted by Laws of Utah 1998, Chapter 153)
204 **53-17-501**, (Renumbered from 26-4-10, as enacted by Laws of Utah 1981, Chapter 126)
205 **53-17-502**, (Renumbered from 26-4-12, as last amended by Laws of Utah 2000,
206 Chapter 86)
207 **53-17-503**, (Renumbered from 26-4-13, as last amended by Laws of Utah 2001,
208 Chapter 278)
209 **53-17-504**, (Renumbered from 26-4-24, as last amended by Laws of Utah 1997,
210 Chapter 375)
211 **53-17-505**, (Renumbered from 26-4-21, as last amended by Laws of Utah 1997,
212 Chapter 372)
213 **53-17-506**, (Renumbered from 26-4-16, as last amended by Laws of Utah 2007,

Chapter 144)

53-17-507, (Renumbered from 26-4-14, as last amended by Laws of Utah 1993,

Chapter 38)

53-17-508, (Renumbered from 26-4-28, as enacted by Laws of Utah 2007, Chapter 205)

53-17-601, (Renumbered from 26-4-20, as last amended by Laws of Utah 1993,

Chapter 38)

53-17-602, (Renumbered from 26-4-23, as enacted by Laws of Utah 1981, Chapter 126)

53-17-603, (Renumbered from 26-4-25, as last amended by Laws of Utah 1998,

Chapter 153)

53-17-604, (Renumbered from 26-4-19, as last amended by Laws of Utah 1993,

Chapter 38)

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **10-2-425** is amended to read:

10-2-425. Filing of plat or map and amended articles -- Notice requirements.

(1) Within 30 days after enacting an ordinance annexing an unincorporated area or adjusting a boundary under this part, the municipal legislative body shall:

(a) send notice of the enactment to each affected entity;

(b) file with the lieutenant governor:

(i) a certified copy of the ordinance approving the annexation or boundary adjustment, together with a plat or map prepared by a licensed surveyor, approved by the municipal legislative body, and filed with the county surveyor in accordance with Section 17-23-17, showing the new boundaries of the affected area; and

(ii) (A) if the municipality has articles of incorporation, amended articles of incorporation reflecting the annexation or boundary adjustment, as provided in Section 10-1-117; or

(B) if the municipality does not have articles of incorporation, written notice of the adoption of an annexation ordinance, accompanied by a copy of the ordinance; and

(c) in accordance with Section ~~[26-8a-414]~~ 53-16-617, file the documents described in Subsection (1)(b)(i) with the ~~[Department of Health]~~ Bureau of Emergency Medical Services, created in Section 53-16-103.

(2) If an annexation or boundary adjustment under this part also causes an automatic annexation to a local district under Section 17B-1-416 or an automatic withdrawal from a local district under Subsection 17B-1-502(2), the municipal legislative body shall, as soon as practicable after enacting an ordinance annexing an unincorporated area or adjusting a boundary, send notice of the annexation or boundary adjustment to the local district to which the annexed area is automatically annexed or from which the annexed area is automatically withdrawn.

(3) The municipal legislative body shall comply with the notice requirements of Section 10-1-116.

(4) Each notice required under Subsections (1) and (3) relating to an annexation shall state the effective date of the annexation, as determined under Subsection (5).

(5) An annexation under this part is completed and takes effect:

(a) for the annexation of an area located in a county of the first class, except for an annexation under Section 10-2-418:

(i) July 1 following enactment of an ordinance annexing the unincorporated area if:

(A) the ordinance is adopted during the preceding November 1 through April 30; and

(B) the requirements of Subsection (1) are met before that July 1; or

(ii) January 1 following enactment of an ordinance annexing the unincorporated area if:

(A) the ordinance is adopted during the preceding May 1 through October 31; and

(B) the requirements of Subsection (1) are met before that January 1; and

(b) for all other annexations, the date of the lieutenant governor's issuance of:

(i) a certification of amended articles under Subsection 10-1-117(3), for an annexation by a municipality that has articles of incorporation and filed with the lieutenant governor amended articles of incorporation under Subsection (1)~~[(a)(iii)]~~(b)(ii)(A); or

(ii) a certificate of annexation under Subsection (1)(b), for an annexation by a municipality that does not have articles of incorporation and filed with the lieutenant governor a notice of adoption of an annexation ordinance under Subsection (1)~~[(a)(iii)]~~(b)(ii)(B).

Section 2. Section **26-1-2** is amended to read:

26-1-2. Definitions.

Subject to additional definitions contained in the chapters of this title which are applicable to specific chapters, as used in this title:

[~~(3)~~] (1) "Council" means the Utah Health Advisory Council.

[~~(4)~~] (2) "Department" means the Department of Health created in Section 26-1-4.

[~~(2)~~] (3) "Executive director" means the executive director of the department appointed pursuant to Section 26-1-8.

(4) "Medical examiner" is as defined in Section 53-17-102.

Section 3. Section **26-1-7** is amended to read:

26-1-7. Committees within department.

(1) There are created within the department the following committees:

(a) Health Facility Committee;

[~~(b) State Emergency Medical Services Committee;~~]

[~~(c)~~] (b) Health Data Committee; and

[~~(d)~~] (c) Utah Health Care Workforce Financial Assistance Program Advisory Committee.

(2) The department shall:

(a) review all committees and advisory groups in existence before July 1, 2003 that are not listed in Subsection (1) or Section 26-1-7.5, and not required by state or federal law; and

(b) beginning no later than July 1, 2003:

(i) consolidate those advisory groups and committees with other committees or advisory groups as appropriate to create greater efficiencies and budgetary savings for the department; and

(ii) create in writing, time-limited and subject-limited duties for the advisory groups or committees as necessary to carry out the responsibilities of the department.

Section 4. Section **26-1-30** is amended to read:

26-1-30. Powers and duties of department.

(1) The department shall:

(a) enter into cooperative agreements with the Department of Environmental Quality to delineate specific responsibilities to assure that assessment and management of risk to human health from the environment are properly administered; and

(b) consult with the Department of Environmental Quality and enter into cooperative agreements, as needed, to ensure efficient use of resources and effective response to potential health and safety threats from the environment, and to prevent gaps in protection from potential

risks from the environment to specific individuals or population groups.

(2) In addition to all other powers and duties of the department, it shall have and exercise the following powers and duties:

(a) promote and protect the health and wellness of the people within the state;

(b) establish, maintain, and enforce rules necessary or desirable to carry out the provisions and purposes of this title to promote and protect the public health or to prevent disease and illness;

(c) investigate and control the causes of epidemic, infectious, communicable, and other diseases affecting the public health;

(d) provide for the detection, reporting, prevention, and control of communicable, infectious, acute, chronic, or any other disease or health hazard which the department considers to be dangerous, important, or likely to affect the public health;

(e) collect and report information on causes of injury, sickness, death, and disability and the risk factors that contribute to the causes of injury, sickness, death, and disability within the state;

(f) collect, prepare, publish, and disseminate information to inform the public concerning the health and wellness of the population, specific hazards, and risks that may affect the health and wellness of the population and specific activities which may promote and protect the health and wellness of the population;

(g) establish and operate programs necessary or desirable for the promotion or protection of the public health and the control of disease or which may be necessary to ameliorate the major causes of injury, sickness, death, and disability in the state, except that the programs may not be established if adequate programs exist in the private sector;

(h) establish, maintain, and enforce isolation and quarantine, and for this purpose only, exercise physical control over property and individuals as the department finds necessary for the protection of the public health;

(i) close theaters, schools, and other public places and forbid gatherings of people when necessary to protect the public health;

(j) abate nuisances when necessary to eliminate sources of filth and infectious and communicable diseases affecting the public health;

(k) make necessary sanitary and health investigations and inspections in cooperation

with local health departments as to any matters affecting the public health;

(l) establish laboratory services necessary to support public health programs and medical services in the state;

(m) establish and enforce standards for laboratory services which are provided by any laboratory in the state when the purpose of the services is to protect the public health;

(n) cooperate with the Labor Commission to conduct studies of occupational health hazards and occupational diseases arising in and out of employment in industry, and make recommendations for elimination or reduction of the hazards;

(o) cooperate with the local health departments, the Department of Corrections, the Administrative Office of the Courts, the Division of Juvenile Justice Services, and the Crime Victim Reparations Board to conduct testing for HIV infection of convicted sexual offenders and any victims of a sexual offense;

(p) investigate the cause of maternal and infant mortality;

(q) establish, maintain, and enforce a procedure requiring the blood of adult pedestrians and drivers of motor vehicles killed in highway accidents be examined for the presence and concentration of alcohol;

(r) provide the commissioner of public safety with monthly statistics reflecting the results of the examinations provided for in Subsection (2)(q) and provide safeguards so that information derived from the examinations is not used for a purpose other than the compilation of statistics authorized in this Subsection (2)(r);

(s) establish qualifications for individuals permitted to draw blood pursuant to Section 41-6a-523, and to issue permits to individuals it finds qualified, which permits may be terminated or revoked by the department;

(t) establish a uniform public health program throughout the state which includes continuous service, employment of qualified employees, and a basic program of disease control, vital and health statistics, sanitation, public health nursing, and other preventive health programs necessary or desirable for the protection of public health;

(u) adopt rules and enforce minimum sanitary standards for the operation and maintenance of:

(i) orphanages;

(ii) boarding homes;

369 (iii) summer camps for children;
370 (iv) lodging houses;
371 (v) hotels;
372 (vi) restaurants and all other places where food is handled for commercial purposes,
373 sold, or served to the public;
374 (vii) tourist and trailer camps;
375 (viii) service stations;
376 (ix) public conveyances and stations;
377 (x) public and private schools;
378 (xi) factories;
379 (xii) private sanatoria;
380 (xiii) barber shops;
381 (xiv) beauty shops;
382 (xv) physicians' offices;
383 (xvi) dentists' offices;
384 (xvii) workshops;
385 (xviii) industrial, labor, or construction camps;
386 (xix) recreational resorts and camps;
387 (xx) swimming pools, public baths, and bathing beaches;
388 (xxi) state, county, or municipal institutions, including hospitals and other buildings,
389 centers, and places used for public gatherings; and
390 (xxii) of any other facilities in public buildings and on public grounds;
391 (v) conduct health planning for the state;
392 (w) monitor the costs of health care in the state and foster price competition in the
393 health care delivery system;
394 (x) adopt rules for the licensure of health facilities within the state pursuant to Title 26,
395 Chapter 21, Health Care Facility Licensing and Inspection Act;
396 (y) license the provision of child care;
397 (z) accept contributions to and administer the funds contained in the Organ Donation
398 Contribution Fund created in Section 26-18b-101; [and]
399 (aa) serve as the collecting agent, on behalf of the state, for the nursing care facility

assessment fee imposed under Title 26, Chapter 35a, Nursing Care Facility Assessment Act, and adopt rules for the enforcement and administration of the nursing facility assessment consistent with the provisions of Title 26, Chapter 35a[-]; and

(bb) arrange for the state health laboratory to perform toxicologic analysis for public or private institutions and fix fees for the services.

Section 5. Section **26-2-13** is amended to read:

26-2-13. Certificate of death -- Execution and registration requirements.

(1) (a) A certificate of death for each death which occurs in this state shall be filed with the local registrar of the district in which the death occurs, or as otherwise directed by the state registrar, within five days after death and prior to the decedent's interment, any other disposal, or removal from the registration district where the death occurred.

(b) A certificate of death shall be registered if it is completed and filed in accordance with this chapter.

(2) (a) If the place of death is unknown but the dead body is found in this state, the certificate of death shall be completed and filed in accordance with this section.

(b) The place where the dead body is found shall be shown as the place of death.

(c) If the date of death is unknown, the date shall be determined by approximation.

(3) (a) When death occurs in a moving conveyance in the United States and the decedent is first removed from the conveyance in this state:

(i) the certificate of death shall be filed with:

(A) the local registrar of the district where the decedent is removed; or

(B) a person designated by the state registrar; and

(ii) the place where the decedent is removed shall be considered the place of death.

(b) When a death occurs on a moving conveyance outside the United States and the decedent is first removed from the conveyance in this state:

(i) the certificate of death shall be filed with:

(A) the local registrar of the district where the decedent is removed; or

(B) a person designated by the state registrar; and

(ii) the certificate of death shall show the actual place of death to the extent it can be determined.

(4) (a) The custodial funeral service director shall sign the certificate of death.

(b) The custodial funeral service director or an agent of the custodial funeral service director shall:

- (i) file the certificate of death prior to any disposition of a dead body or fetus; and
- (ii) obtain the decedent's personal data from the next of kin or the best qualified person or source available including the decedent's Social Security number, if known; however, the certificate of death may not include the decedent's Social Security number.

(5) (a) The medical section of the certificate of death shall be completed, signed, and returned to the funeral service director within 72 hours after death by the physician who was in charge of the decedent's care for the illness or condition which resulted in death, except when inquiry is required by Title [26] 53, Chapter [4] 17, Utah Medical Examiner Act.

(b) In the absence of the physician or with the physician's approval, the certificate of death may be completed and signed by an associate physician, the chief medical officer of the institution in which death occurred, or a physician who performed an autopsy upon the decedent, provided the person has access to the medical history of the case, views the decedent at or after death, and death is not due to causes required to be investigated by the medical examiner.

(6) When death occurs more than 30 days after the decedent was last treated by a physician, the case shall be referred to the medical examiner for investigation to determine and certify the cause, date, and place of death.

(7) When inquiry is required by Title [26] 53, Chapter [4] 17, Utah Medical Examiner Act, the medical examiner shall make an investigation and complete and sign the medical section of the certificate of death within 72 hours after taking charge of the case.

(8) If the cause of death cannot be determined within 72 hours after death:

(a) the medical section of the certificate of death shall be completed as provided by department rule;

(b) the attending physician or medical examiner shall give the funeral service director notice of the reason for the delay; and

(c) final disposition of the decedent may not be made until authorized by the attending physician or medical examiner.

(9) (a) When a death is presumed to have occurred within this state but the dead body cannot be located, a certificate of death may be prepared by the state registrar upon receipt of

an order of a Utah district court.

(b) The order described in Subsection (9)(a) shall include a finding of fact stating the name of the decedent, the date of death, and the place of death.

(c) A certificate of death prepared under Subsection (9)(a) shall:

(i) show the date of registration; and

(ii) identify the court and date of the order.

Section 6. Section **26-2-14** is amended to read:

26-2-14. Fetal death certificate -- Filing and registration requirements.

(1) A fetal death certificate shall be filed for each fetal death which occurs in this state. The certificate shall be filed within five days after delivery with the local registrar or as otherwise directed by the state registrar. The certificate shall be registered if it is completed and filed in accordance with this chapter.

(2) When a dead fetus is delivered in an institution, the institution administrator or his designated representative shall prepare and file the fetal death certificate. The attending physician shall state in the certificate the cause of death and sign the certificate.

(3) When a dead fetus is delivered outside an institution, the physician in attendance at or immediately after delivery shall complete, sign, and file the fetal death certificate.

(4) When a fetal death occurs without medical attendance at or immediately after the delivery or when inquiry is required by Title [26] 53, Chapter [4] 17, Utah Medical Examiner Act, the medical examiner shall investigate the cause of death and prepare and file the certificate of fetal death within five days after taking charge of the case.

(5) When a fetal death occurs in a moving conveyance and the dead fetus is first removed from the conveyance in this state or when a dead fetus is found in this state and the place of death is unknown, the death shall be registered in this state. The place where the dead fetus was first removed from the conveyance or found shall be considered the place of death.

(6) Final disposition of the dead fetus may not be made until the fetal death certificate has been registered.

Section 7. Section **26-6b-2** is amended to read:

26-6b-2. Definitions.

As used in this chapter:

(1) "Department" means the Department of Health or a local health department as

defined in Section 26A-1-102.

(2) "First responder" means:

(a) a law enforcement officer as defined in Section 53-13-103;

(b) emergency medical service personnel as defined in Section ~~[26-8a-102]~~ 53-16-102;

(c) firefighters; and

(d) public health personnel having jurisdiction over the location where an individual subject to restriction is found.

(3) "Order of restriction" means an order issued by a department or a district court which requires an individual or group of individuals who are subject to restriction to submit to an examination, treatment, isolation, or quarantine.

(4) "Public health official" means:

(a) the executive director of the Department of Health, or the executive director's authorized representative; or

(b) the executive director of a local health department as defined in Section 26A-1-102, or the executive director's authorized representative.

(5) "Subject to restriction" as applied to an individual, or a group of individuals, means the individual or group of individuals is:

(a) infected or suspected to be infected with a communicable disease that poses a threat to the public health and who does not take action as required by the department to prevent spread of the disease;

(b) contaminated or suspected to be contaminated with an infectious agent that poses a threat to the public health, and that could be spread to others if remedial action is not taken;

(c) in a condition or suspected condition which, if the individual is exposed to others, poses a threat to public health, or is in a condition which if treatment is not completed the individual will pose a threat to public health; or

(d) contaminated or suspected to be contaminated with a chemical or biological agent that poses a threat to the public health and that could be spread to others if remedial action is not taken.

Section 8. Section ~~26-9-4~~ is amended to read:

26-9-4. Rural Health Care Facilities Fund -- Source of revenues -- Interest -- Distribution of revenues -- Expenditure of revenues -- Unexpended revenues lapse into

the General Fund.

(1) As used in this section:

(a) "Emergency medical services" is as defined in Section ~~[26-8a-102]~~ 53-16-102.

(b) "Federally qualified health center" is as defined in 42 U.S.C. Sec. 1395x.

(c) "Fiscal year" means a one-year period beginning on July 1 of each year.

(d) "Freestanding urgent care center" is as defined in Section 59-12-801.

(e) "Fund" means the Rural Health Care Facilities Fund created by this section.

(f) "Nursing care facility" is as defined in Section 26-21-2.

(g) "Rural city hospital" is as defined in Section 59-12-801.

(h) "Rural county health care facility" is as defined in Section 59-12-801.

(i) "Rural county hospital" is as defined in Section 59-12-801.

(j) "Rural county nursing care facility" is as defined in Section 59-12-801.

(k) "Rural emergency medical services" is as defined in Section 59-12-801.

(l) "Rural health clinic" is as defined in 42 U.S.C. Sec. 1395x.

(2) There is created a restricted special revenue fund known as the Rural Health Care Facilities Fund.

(3) (a) The fund shall be funded by amounts appropriated by the Legislature.

(b) Any interest earned on the fund shall be deposited into the General Fund.

(4) Subject to Subsection (5), the State Tax Commission shall for a fiscal year distribute monies deposited into the fund to each:

(a) county legislative body of a county that, on January 1, 2007, imposes a tax in accordance with Section 59-12-802; or

(b) city legislative body of a city that, on January 1, 2007, imposes a tax in accordance with Section 59-12-804.

(5) (a) For purposes of the distribution required by Subsection (4), the State Tax Commission shall:

(i) estimate for each county and city described in Subsection (4) the amount by which the revenues collected from the taxes imposed under Sections 59-12-802 and 59-12-804 for fiscal year 2005-06 would have been reduced had:

(A) the amendments made by Laws of Utah 2007, Chapter 288, Sections 25 and 26, to Sections 59-12-802 and 59-12-804 been in effect for fiscal year 2005-06; and

(B) each county and city described in Subsection (4) imposed the tax under Sections 59-12-802 and 59-12-804 for the entire fiscal year 2005-06;

(ii) calculate a percentage for each county and city described in Subsection (4) by dividing the amount estimated for each county and city in accordance with Subsection (5)(a)(i) by \$555,000; and

(iii) distribute to each county and city described in Subsection (4) an amount equal to the product of:

(A) the percentage calculated in accordance with Subsection (5)(a)(ii); and

(B) the amount appropriated by the Legislature to the fund for the fiscal year.

(b) The State Tax Commission shall make the estimations, calculations, and distributions required by Subsection (5)(a) on the basis of data collected by the State Tax Commission.

(6) (a) Subject to Subsection (6)(b), a county legislative body shall distribute the monies the county legislative body receives in accordance with Subsection (5):

(i) for a county of the third, fourth, or fifth class, to fund rural county health care facilities in that county; and

(ii) for a county of the sixth class, to fund:

(A) emergency medical services in that county;

(B) federally qualified health centers in that county;

(C) freestanding urgent care centers in that county;

(D) rural county health care facilities in that county;

(E) rural health clinics in that county; or

(F) a combination of Subsections (6)(a)(ii)(A) through (E).

(b) A county legislative body shall distribute a percentage of the monies the county legislative body receives in accordance with Subsection (5) to each center, clinic, facility, or service described in Subsection (6)(a) equal to the same percentage that the county legislative body distributes to that center, clinic, facility, or service in accordance with Section 59-12-803 for the calendar year ending on the December 31 immediately preceding the first day of the fiscal year for which the county legislative body receives the distribution in accordance with Subsection (5).

(c) A center, clinic, facility, or service that receives a distribution in accordance with

this Subsection (6) shall expend that distribution for the same purposes for which monies generated by a tax under Section 59-12-802 may be expended.

(7) (a) Subject to Subsection (7)(b), a city legislative body shall distribute the monies the city legislative body receives in accordance with Subsection (5) to fund rural city hospitals in that city.

(b) A city legislative body shall distribute a percentage of the monies the city legislative body receives in accordance with Subsection (5) to each rural city hospital described in Subsection (7)(a) equal to the same percentage that the city legislative body distributes to that rural city hospital in accordance with Section 59-12-805 for the calendar year ending on the December 31 immediately preceding the first day of the fiscal year for which the city legislative body receives the distribution in accordance with Subsection (5).

(c) A rural city hospital that receives a distribution in accordance with this Subsection (7) shall expend that distribution for the same purposes for which monies generated by a tax under Section 59-12-804 may be expended.

(8) Any monies remaining in the Rural Health Care Facilities Fund at the end of a fiscal year after the State Tax Commission makes the distributions required by this section shall lapse into the General Fund.

Section 9. Section **39-1-64** is amended to read:

39-1-64. Extension of licenses for members of National Guard and reservists.

(1) As used in this section, "license" means any license issued under:

- (a) Title 58, Occupations and Professions; and
- (b) Section [~~26-8a-302~~] 53-16-502.

(2) Any license held by a member of the National Guard or reserve component of the armed forces that expires while the member is on active duty shall be extended until 90 days after the member is discharged from active duty status.

(3) The licensing agency shall renew a license extended under Subsection (2) until the next date that the license expires or for the period that the license is normally issued, at no cost to the member of the National Guard or reserve component of the armed forces if all of the following conditions are met:

(a) the National Guard member or reservist requests renewal of the license within 90 days after being discharged;

(b) the National Guard member or reservist provides the licensing agency with a copy of the member's or reservist's official orders calling the member or reservist to active duty, and official orders discharging the member or reservist from active duty; and

(c) the National Guard member or reservist meets all the requirements necessary for the renewal of the license, except the member or reservist need not meet the requirements, if any, that relate to continuing education or training.

(4) The provisions of this section do not apply to regularly scheduled annual training.

Section 10. Section **41-22-29** is amended to read:

41-22-29. Operation by persons under eight years of age prohibited -- Definitions -- Exception -- Penalty.

(1) As used in this section:

(a) "Organized practice" means a scheduled motorcycle practice held in an off-road vehicle facility designated by the division and conducted by an organization carrying liability insurance in at least the amounts specified by the division under Subsection (5) covering all activities associated with the practice.

(b) "Sanctioned race" means a motorcycle race conducted on a closed course and sponsored and sanctioned by an organization carrying liability insurance in at least the amounts specified by the division under Subsection (5) covering all activities associated with the race.

(2) Except as provided under Subsection (3), a person under eight years of age may not operate and an owner may not give another person who is under eight years of age permission to operate an off-highway vehicle on any public land, trail, street, or highway of this state.

(3) A child under eight years of age may participate in a sanctioned race or organized practice if:

(a) the child is under the immediate supervision of an adult;

(b) emergency medical service personnel, as defined in Section ~~[26-8a-102]~~ 53-16-102, are on the premises and immediately available to provide assistance at all times during the sanctioned race or organized practice; and

(c) an ambulance provider, as defined in Section ~~[26-8a-102]~~ 53-16-102, is on the premises and immediately available to provide assistance for a sanctioned race.

(4) Any person convicted of a violation of this section is guilty of an infraction and shall be fined not more than \$50 per offense.

(5) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the division shall make rules specifying the minimum amounts of liability coverage for an organized practice or sanctioned race.

Section 11. Section **51-9-403** is amended to read:

51-9-403. EMS share of surcharge -- Accounting.

(1) The Division of Finance shall allocate 14% of the collected surcharge established in Section 51-9-401, but not to exceed the amount appropriated by the Legislature, to the Emergency Medical Services (EMS) Grants Program Account under Section ~~26-8a-207~~ 53-16-308.

(2) The amount shall be recorded by the Department of Health as a dedicated credit.

Section 12. Section **53-1-104** is amended to read:

53-1-104. Boards, bureaus, councils, divisions, and offices.

(1) The following are the policymaking boards within the department:

- (a) the Driver License Medical Advisory Board, created in Section 53-3-303;
- (b) the Concealed Weapon Review Board, created in Section 53-5-703;
- (c) the Utah Fire Prevention Board, created in Section 53-7-203;
- (d) the Liquified Petroleum Gas Board, created in Section 53-7-304; ~~and~~
- (e) the Private Investigator Hearing and Licensure Board, created in Section 53-9-104;

and

(f) the State Emergency Medical Services Board, created in Section 53-16-201.

(2) The following are the councils within the department:

- (a) the Peace Officer Standards and Training Council, created in Section 53-6-106;
- ~~and~~

(b) the Motor Vehicle Safety Inspection Advisory Council, created in Section 53-8-203; and

(c) the Trauma System Advisory Council, created in Section 53-16-402.

(3) The following are the divisions within the department:

- (a) the Administrative Services Division, created in Section 53-1-203;
- (b) the Management Information Services Division, created in Section 53-1-303;
- (c) the Division of Homeland Security, created in Section 53-2-103;
- (d) the Driver License Division, created in Section 53-3-103;

(e) the Criminal Investigations and Technical Services Division, created in Section 53-10-103;

(f) the Peace ~~[Officers]~~ Officer Standards and Training Division, created in Section 53-6-103;

(g) the State Fire Marshal Division, created in Section 53-7-103; and

(h) the Utah Highway Patrol Division, created in Section 53-8-103.

(4) The following are offices within the department:

(a) the Office of Executive Protection [is], created in Section 53-1-112; and

(b) the Medical Examiner's Office, created in Section 53-17-103.

(5) The following are bureaus within the department:

(a) the Bureau of Criminal Identification, created in Section 53-10-201;

(b) the State Bureau of Investigation, created in Section 53-10-301;

(c) the Bureau of Forensic Services, created in Section 53-10-401; ~~[and]~~

(d) the Bureau of Communications, created in Section 53-10-501; and

(e) the Bureau of Emergency Medical Services, created in Section 53-16-103.

Section 13. Section **53-10-104** is amended to read:

53-10-104. Division duties.

The division shall:

(1) provide and coordinate the delivery of support services to law enforcement agencies;

(2) maintain and provide access to criminal records for use by law enforcement agencies;

(3) publish law enforcement and statistical data;

(4) maintain dispatch and communications services for public safety communications centers and provide emergency medical, fire suppression, highway maintenance, public works, and law enforcement communications for municipal, county, state, and federal agencies;

(5) analyze evidence from crime scenes and crime-related incidents for criminal prosecution;

(6) provide criminalistic laboratory services to federal, state, and local law enforcement agencies, prosecuting attorneys' and agencies, and public defenders, with the exception of those services provided by the state medical examiner in accordance with Title ~~[26]~~ 53, Chapter ~~[4]~~

17, Utah Medical Examiner Act;

(7) establish satellite laboratories as necessary to provide criminalistic services;

(8) safeguard the public through licensing and regulation of activities that impact public safety, including concealed weapons, emergency vehicles, and private investigators;

(9) provide investigative assistance to law enforcement and other government agencies;

(10) collect and provide intelligence information to criminal justice agencies;

(11) investigate crimes that jeopardize the safety of the citizens, as well as the interests, of the state;

(12) regulate and investigate laws pertaining to the sale and distribution of liquor;

(13) make rules to implement this chapter;

(14) perform the functions specified in this chapter;

(15) comply with the requirements of Section 11-40-103; and

(16) comply with the requirements of Sections 72-10-602 and 72-10-603.

Section 14. Section **53-16-101**, which is renumbered from Section 26-8a-101 is renumbered and amended to read:

CHAPTER 16. UTAH EMERGENCY MEDICAL SERVICES SYSTEM ACT

Part 1. General Provisions

~~[26-8a-101].~~ **53-16-101. Title.**

This chapter is known as the "Utah Emergency Medical Services System Act."

Section 15. Section **53-16-102**, which is renumbered from Section 26-8a-102 is renumbered and amended to read:

~~[26-8a-102].~~ **53-16-102. Definitions.**

As used in this chapter:

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

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

(b) is required to obtain a permit under Section ~~[26-8a-304]~~ 53-16-504 to operate in the state.

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

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

(b) is required to obtain a license under Part ~~[4]~~ 6, Ambulance and Paramedic Providers.

(3) "~~[Committee]~~ Board" means the State Emergency Medical Services ~~[Committee]~~ Board, created ~~[by]~~ in Section ~~[26-1-7]~~ 53-16-201.

(4) "Bureau" means the Bureau of Emergency Medical Services, created in Section 53-16-103.

(5) "Council" means the Trauma System Advisory Council, created in Section 53-16-402.

~~[(4)]~~ (6) "Direct medical observation" means in-person observation of a patient by a physician, registered nurse, physician's assistant, or individual certified under Section ~~[26-8a-302]~~ 53-16-502.

~~[(5)]~~ (7) "Emergency medical condition" means:

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

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

(ii) serious impairment to bodily functions; or

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

(b) a medical condition that in the opinion of a physician or his designee requires direct medical observation during transport or may require the intervention of an individual certified under Section ~~[26-8a-302]~~ 53-16-502 during transport.

~~[(6)]~~ (8) "Emergency medical service personnel":

(a) means an individual who provides emergency medical services to a patient and is required to be certified under Section ~~[26-8a-302]~~ 53-16-502; and

(b) includes a paramedic, medical director of a licensed emergency medical service provider, emergency medical service instructor, and other categories established by the ~~[committee]~~ board.

~~[(7)]~~ (9) "Emergency medical service providers" means:

(a) licensed ambulance providers and paramedic providers;

(b) a facility or provider that is required to be designated under Section ~~[26-8a-303]~~ 53-16-503; and

(c) emergency medical service personnel.

~~[(8)]~~ (10) "Emergency medical services" means medical services, transportation

services, or both rendered to a patient.

~~[(9)]~~ (11) "Emergency medical service vehicle" means a land, air, or water vehicle that is:

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

(b) required to be permitted under Section ~~[26-8a-304]~~ 53-16-504.

~~[(10)]~~ (12) "Interested party" means:

(a) a licensed or designated emergency medical services provider that provides emergency medical services within or in an area that abuts an exclusive geographic service area that is the subject of an application submitted pursuant to Part ~~[4]~~ 6, Ambulance and Paramedic Providers;

(b) any municipality, county, or fire district that lies within or abuts a geographic service area that is the subject of an application submitted pursuant to Part ~~[4]~~ 6, Ambulance and Paramedic Providers; or

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

~~[(11)]~~ (13) "Medical control" means a person who provides medical supervision to an emergency medical service provider.

~~[(12)]~~ (14) "Paramedic provider" means an entity that:

(a) employs emergency medical service personnel; and

(b) is required to obtain a license under Part ~~[4]~~ 6, Ambulance and Paramedic Providers.

~~[(13)]~~ (15) "Patient" means an individual who, as the result of illness or injury, meets any of the criteria in Section ~~[26-8a-305]~~ 53-16-505.

~~[(14)]~~ (16) "Trauma" means an injury requiring immediate medical or surgical intervention.

~~[(15)]~~ (17) "Trauma system" means a single, statewide system that:

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

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

~~[(16)]~~ (18) "Triage" means the sorting of patients in terms of disposition, destination,

or priority. For prehospital trauma victims, triage requires a determination of injury severity to assess the appropriate level of care according to established patient care protocols.

[(17)] (19) "Triage, treatment, transportation, and transfer guidelines" means written procedures that:

- (a) direct the care of patients; and
- (b) are adopted by the medical staff of an emergency patient receiving facility, trauma center, or an emergency medical service provider.

Section 16. Section **53-16-103** is enacted to read:

53-16-103. Bureau of Emergency Medical Services -- Creation -- Duties.

(1) There is created within the department, the Bureau of Emergency Medical Services.

(2) The bureau is responsible to:

(a) assist the department in fulfilling the responsibilities assigned to the board under this chapter;

(b) assist the board in fulfilling the responsibilities assigned to the board under this chapter;

(c) fulfill the responsibilities assigned to the bureau under this section; and

(d) supervise and oversee the Medical Examiner's Office, created in Section 53-17-103.

Section 17. Section **53-16-104**, which is renumbered from Section 26-8a-106 is renumbered and amended to read:

~~**[26-8a-106].**~~ **53-16-104. Waiver of rules.**

(1) Upon application, the ~~[committee]~~ board or department may waive the requirements of a rule it has adopted if:

- (a) the person applying for the waiver satisfactorily demonstrates that:
 - (i) the waiver is necessary for a pilot project to be undertaken by the applicant;
 - (ii) in the particular situation, the requirement serves no beneficial public purpose; or
 - (iii) circumstances warrant that waiver of the requirement outweighs the public benefit to be gained by adherence to the rule; and

(b) for a waiver granted under Subsection (1)(a)(ii) or (iii), the ~~[committee]~~ board or department:

- (i) extends the waiver to similarly situated persons upon application; or
- (ii) amends the rule to be consistent with the waiver.

(2) No waiver may be granted under this section that is inconsistent with the provisions of this chapter.

Section 18. Section **53-16-201**, which is renumbered from Section 26-8a-103 is renumbered and amended to read:

Part 2. State Emergency Medical Services Board

~~[26-8a-103].~~ **53-16-201. State Emergency Medical Services Board -- Membership -- Report -- Expenses.**

(1) ~~[The]~~ There is created the State Emergency Medical Services [Committee created by Section 26-1-7] Board. The board shall be composed of the following 16 members appointed by the governor, at least five of whom must reside in a county of the third, fourth, fifth, or sixth class:

(a) five physicians licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Chapter 68, Utah Osteopathic Medical Practice Act, as follows:

- (i) one surgeon who actively provides trauma care at a hospital;
- (ii) one rural physician involved in emergency medical care;
- (iii) two physicians who practice in the emergency department of a general acute hospital; and
- (iv) one pediatrician who practices in the emergency department or critical care unit of a general acute hospital or a children's specialty hospital;

(b) one representative from a private ambulance provider;

(c) one representative from an ambulance provider that is neither privately owned nor operated by a fire department;

(d) two chief officers from fire agencies operated by the following classes of licensed or designated emergency medical services providers: municipality, county, and fire district, provided that no class of medical services providers may have more than one representative under this Subsection (1)(d);

(e) one director of a law enforcement agency that provides emergency medical services;

- (f) one hospital administrator;
- (g) one emergency care nurse;
- (h) one paramedic in active field practice;

- 865 (i) one emergency medical technician in active field practice;
866 (j) one certified emergency medical dispatcher affiliated with an emergency medical
867 dispatch center; and
868 (k) one consumer.

869 (2) (a) Except as provided in Subsection (2)(b), members shall be appointed to a
870 four-year term beginning July 1.

871 (b) Notwithstanding Subsection (2)(a), the governor shall, at the time of appointment
872 or reappointment, adjust the length of terms to ensure that the terms of ~~[committee]~~ board
873 members are staggered so that approximately half of the ~~[committee]~~ board is appointed every
874 two years.

875 (c) When a vacancy occurs in the membership for any reason, the replacement shall be
876 appointed by the governor for the unexpired term.

877 (3) (a) Each January, the ~~[committee]~~ board shall organize and select one of its
878 members as chair and one member as vice chair. The ~~[committee]~~ board may organize standing
879 or ad hoc subcommittees, which shall operate in accordance with guidelines established by the
880 ~~[committee]~~ board.

881 (b) The chair shall convene a minimum of four meetings per year. The chair may call
882 special meetings. The chair shall call a meeting upon request of five or more members of the
883 ~~[committee]~~ board.

884 (c) Nine members of the ~~[committee]~~ board constitute a quorum for the transaction of
885 business and the action of a majority of the members present is the action of the ~~[committee]~~
886 board.

887 (4) The ~~[committee]~~ board shall submit a report in a form acceptable to the
888 ~~[committee]~~ board each November at the Law Enforcement and Criminal Justice Interim
889 Committee meeting concerning its:

- 890 (a) funding priorities and recommended sources;
891 (b) closest responder recommendations;
892 (c) centralized dispatch;
893 (d) duplication of services and any taxing consequences;
894 (e) appropriate providers for emergency medical services; and
895 (f) recommendations and suggested legislation.

(5) (a) Members shall receive no compensation or benefits for their services, but may receive per diem and expenses incurred in the performance of the member's official duties at the rates established by the Division of Finance under Sections 63A-3-106 and 63A-3-107.

(b) Members may decline to receive per diem and expenses for their service.

(6) Administrative services for the ~~[committee]~~ board shall be provided by the department.

Section 19. Section **53-16-202**, which is renumbered from Section 26-8a-104 is renumbered and amended to read:

~~[26-8a-104].~~ **53-16-202. Powers of the board.**

The ~~[committee]~~ board shall adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:

(1) establish certification and reciprocity requirements under Section ~~[26-8a-302]~~ 53-16-502;

(2) establish designation requirements under Section ~~[26-8a-303]~~ 53-16-503;

(3) promote the development of a statewide emergency medical services data system under Section ~~[26-8a-203]~~ 53-16-304;

(4) establish insurance requirements for ambulance providers;

(5) provide guidelines for requiring patient data under ~~[Section 26-8a-203]~~ Sections 53-16-203 and 53-16-304;

(6) establish criteria for awarding grants under Section ~~[26-8a-207]~~ 53-16-308;

(7) establish requirements for the coordination of emergency medical services and the medical supervision of emergency medical service providers under Section ~~[26-8a-306]~~ 53-16-506; and

(8) are necessary to carry out the responsibilities of the ~~[committee]~~ board as specified in other sections of this chapter.

Section 20. Section **53-16-203** is enacted to read:

53-16-203. Data collection.

The board shall specify the information that must be collected for the emergency medical services data system established pursuant to Section 53-16-304.

Section 21. Section **53-16-301**, which is renumbered from Section 26-8a-105 is renumbered and amended to read:

Part 3. Department Powers and Duties**[~~26-8a-105~~]. 53-16-301. Department powers.**

The department shall:

- (1) coordinate the emergency medical services within the state;
- (2) administer this chapter and the rules established pursuant to it;
- (3) establish a voluntary task force representing a diversity of emergency medical service providers to advise the department and the [~~committee~~] board on rules; and
- (4) adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:
 - (a) license ambulance providers and paramedic providers;
 - (b) permit ambulances and emergency response vehicles;
 - (c) establish application, submission, and procedural requirements for licenses, designations, certificates, and permits; and
 - (d) establish and implement the programs, plans, and responsibilities as specified in other sections of this chapter.

Section 22. Section **53-16-302**, which is renumbered from Section 26-8a-201 is renumbered and amended to read:

[~~26-8a-201~~]. 53-16-302. Public awareness efforts.

The department may:

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

Section 23. Section **53-16-303**, which is renumbered from Section 26-8a-202 is renumbered and amended to read:

[~~26-8a-202~~]. 53-16-303. Emergency medical communications.

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

Section 24. Section **53-16-304**, which is renumbered from Section 26-8a-203 is

renumbered and amended to read:

~~[26-8a-203].~~ 53-16-304. Data collection.

~~[(1) The committee shall specify the information that must be collected for the emergency medical services data system established pursuant to Subsection (2).]~~

~~[(2)]~~ (1) The department shall establish an emergency medical services data system which shall provide for the collection of information, as defined by the ~~[committee]~~ board, relating to the treatment and care of patients who use or have used the emergency medical services system.

~~[(3)]~~ (2) Persons providing emergency medical services shall provide information to the department for the emergency medical services data system established pursuant to Subsection ~~[(2)]~~ (1).

Section 25. Section **53-16-305**, which is renumbered from Section 26-8a-204 is renumbered and amended to read:

~~[26-8a-204].~~ 53-16-305. Disaster coordination plan.

The department shall develop and implement, in cooperation with state, federal, and local agencies empowered to oversee disaster response activities, plans to provide emergency medical services during times of disaster or emergency.

Section 26. Section **53-16-306**, which is renumbered from Section 26-8a-205 is renumbered and amended to read:

~~[26-8a-205].~~ 53-16-306. Pediatric quality improvement program.

The department shall establish a pediatric quality improvement resource program.

Section 27. Section **53-16-307**, which is renumbered from Section 26-8a-206 is renumbered and amended to read:

~~[26-8a-206].~~ 53-16-307. Personnel stress management program.

(1) The department shall develop and implement a statewide program to provide support and counseling for personnel who have been exposed to one or more stressful incidents in the course of providing emergency services.

(2) This program shall include:

(a) ongoing training for agencies providing emergency services and counseling program volunteers; and

(b) critical incident stress debriefing for personnel at no cost to the emergency

989 provider.

990 Section 28. Section **53-16-308**, which is renumbered from Section 26-8a-207 is
991 renumbered and amended to read:

992 ~~[26-8a-207]~~. **53-16-308. Emergency medical services grant program.**

993 (1) (a) The department shall receive as dedicated credits the amount established in
994 Section 51-9-403. That amount shall be transferred to the department by the Division of
995 Finance from funds generated by the surcharge imposed under Title 51, Chapter 9, Part 4,
996 Criminal Conviction Surcharge Allocation.

997 (b) Funds transferred to the department under this section shall be used for
998 improvement of statewide delivery of emergency medical services and administrative costs as
999 described in Subsection (2)(a). Appropriations to the department for the purposes enumerated
1000 in this section shall be made from those dedicated credits.

1001 (c) All funding for the program created by this section shall be nonlapsing.

1002 (2) (a) The department may use the funds transferred to it under Subsection (1):

1003 (i) to provide staff support; and

1004 (ii) for other expenses incurred in:

1005 (A) administration of grant funds; and

1006 (B) other department administrative costs under this chapter.

1007 (b) After funding staff support, administrative expenses, and trauma system
1008 development, the department and the ~~[committee]~~ board shall make emergency medical
1009 services grants from the remaining funds received as dedicated credits under Subsection (1). A
1010 recipient of a grant under this Subsection (2)(b) must actively provide emergency medical
1011 services within the state.

1012 (i) The department shall distribute 42-1/2% as per capita block grants for use
1013 specifically related to the provision of emergency medical services to nonprofit prehospital
1014 emergency medical services providers that are either licensed or designated and to emergency
1015 medical services that are the primary emergency medical services for a service area. The
1016 department shall determine the grant amounts by prorating available funds on a per capita basis
1017 by county as described in department rule.

1018 (ii) The ~~[committee]~~ board shall award 42-1/2% of the remaining funds as competitive
1019 grants for use specifically related to the provision of emergency medical services based upon

rules established by the ~~[committee]~~ board.

(iii) The ~~[committee]~~ board shall use 15% of the remaining funds to fund high school emergency medical training programs.

Section 29. Section **53-16-309**, which is renumbered from Section 26-8a-208 is renumbered and amended to read:

~~[26-8a-208].~~ **53-16-309. Fees for training equipment rental, testing, and quality assurance reviews.**

(1) The ~~[department]~~ bureau may charge fees, established pursuant to Section ~~[26-1-6]~~ 63J-1-303:

(a) for the use of department-owned training equipment;

(b) to administer tests and conduct quality assurance reviews; and

(c) to process an application for a certificate, designation, permit, or license.

(2) (a) Fees collected under Subsections (1)(a) and (b) shall be separate dedicated credits.

(b) Fees under Subsection (1)(a) may be used to purchase training equipment.

(c) Fees under Subsection (1)(b) may be used to administer tests and conduct quality assurance reviews.

(3) Fees and other funding available to purchase training equipment and to administer tests and conduct quality assurance reviews shall be nonlapsing.

Section 30. Section **53-16-310**, which is renumbered from Section 26-8a-209 is renumbered and amended to read:

~~[26-8a-209].~~ **53-16-310. Fully automated external defibrillator statewide database.**

(1) The department shall work in cooperation with state, federal, and local agencies to encourage individuals to complete a course that includes instruction on cardiopulmonary resuscitation and the operation and use of a fully automated external defibrillator that is conducted in accordance with guidelines of the American Heart Association, American Red Cross, or other nationally recognized program by a person qualified by training or experience.

(2) The department shall establish and maintain a statewide database containing the following information:

(a) the name of the owner of a fully automated external defibrillator; and

(b) the precise location of the fully automated external defibrillator, including the address and the place in which the defibrillator is stored.

(3) (a) The department shall give the information from the database to emergency medical service dispatch centers in the state.

(b) Emergency medical dispatch centers in the state may disclose the nearest location of a fully automated external defibrillator to a person calling the dispatch center in the event of a medical emergency and to first responders in an emergency.

(4) (a) Manufacturers selling fully automated external defibrillators in the state shall:

(i) inform commercial purchasers in writing of the requirement to register the ownership and location of the fully automated external defibrillator with the department;

(ii) provide to the purchaser of a fully automated external defibrillator all information governing the use, installation, operation, training, and maintenance of the fully automated external defibrillator; and

(iii) on a quarterly basis, notify the department of the name and address of a commercial purchaser of a fully automated external defibrillator and the type of device purchased.

(b) (i) A commercial owner of a fully automated external defibrillator shall register the ownership and precise location of the defibrillator with the department within 30 days of acquisition of the defibrillator.

(ii) An owner of a fully automated external defibrillator purchased for use in a private residence may register the ownership and precise location of the defibrillator with the department.

(c) The department may not impose penalties on a manufacturer or an owner of a fully automated external defibrillator for failing to comply with the requirements of this section.

Section 31. Section **53-16-401**, which is renumbered from Section 26-8a-250 is renumbered and amended to read:

Part 4. Statewide Trauma System

[26-8a-250]. 53-16-401. Establishment of statewide trauma system.

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

(1) promote optimal care for trauma patients;

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

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

(4) encourage the efficient and effective continuum of patient care, including prevention, prehospital care, hospital care, and rehabilitative care; and

(5) minimize the overall cost of trauma care.

Section 32. Section **53-16-402**, which is renumbered from Section 26-8a-251 is renumbered and amended to read:

~~[26-8a-251].~~ **53-16-402. Trauma System Advisory Council.**

(1) There is created within the department the ~~[trauma system advisory committee]~~ Trauma System Advisory Council.

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

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

(3) The committee shall:

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

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

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

(d) make recommendations for the development of statewide triage, treatment, transportation, and transfer guidelines.

(4) The department shall:

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

(b) establish committee procedures and administration policies consistent with this chapter and department rule; and

(c) provide administrative support to the committee.

Section 33. Section **53-16-403**, which is renumbered from Section 26-8a-252 is renumbered and amended to read:

1113 ~~[26-8a-252].~~ **53-16-403.** Department duties.

1114 In connection with the statewide trauma system established in Section ~~[26-8a-250]~~

1115 **53-16-401**, the department shall:

1116 (1) establish a statewide trauma system plan that:

1117 (a) identifies statewide trauma care needs, objectives, and priorities;

1118 (b) identifies the equipment, facilities, personnel training, and other things necessary to

1119 create and maintain a statewide trauma system; and

1120 (c) organizes and coordinates trauma care within defined geographic areas; and

1121 (2) support the statewide trauma system by:

1122 (a) facilitating the coordination of prehospital, acute care, and rehabilitation services

1123 and providers through state regulation and oversight;

1124 (b) facilitating the ongoing evaluation and refinement of the statewide trauma system;

1125 (c) providing educational programs;

1126 (d) encouraging cooperation between community organizations, health care facilities,

1127 public health officials, emergency medical service providers, and rehabilitation facilities for the

1128 development of a statewide trauma system;

1129 (e) implementing a quality assurance program using information from the statewide

1130 trauma registry established pursuant to Section ~~[26-8a-253]~~ **53-16-404**;

1131 (f) establishing trauma center designation requirements in accordance with Section

1132 ~~[26-8a-254]~~ **53-16-405**; and

1133 (g) developing standards so that:

1134 (i) trauma centers are categorized according to their capability to provide care;

1135 (ii) trauma victims are triaged at the initial point of patient contact; and

1136 (iii) trauma patients are sent to appropriate health care facilities.

1137 Section 34. Section **53-16-404**, which is renumbered from Section 26-8a-253 is

1138 renumbered and amended to read:

1139 ~~[26-8a-253].~~ **53-16-404.** Statewide trauma registry and quality assurance
1140 program.

1141 (1) The department shall:

1142 (a) establish and fund a statewide trauma registry to collect and analyze information on

1143 the incidence, severity, causes, and outcomes of trauma;

1144 (b) establish, by rule, the data elements, the medical care providers that must report,
1145 and the time frame and format for reporting;

1146 (c) use the data collected to:

1147 (i) improve the availability and delivery of prehospital and hospital trauma care;

1148 (ii) assess trauma care delivery, patient care outcomes, and compliance with the
1149 requirements of this chapter and applicable department rules; and

1150 (iii) regularly produce and disseminate reports to data providers, state government, and
1151 the public; and

1152 (d) support data collection and abstraction by providing:

1153 (i) a data collection system and technical assistance to each hospital that submits data;
1154 and

1155 (ii) funding or, at the discretion of the department, personnel for collection and
1156 abstraction for each hospital not designated as a trauma center under the standards established
1157 pursuant to Section ~~[26-8a-254]~~ 53-16-405.

1158 (2) (a) Each hospital shall submit trauma data in accordance with rules established
1159 under Subsection (1).

1160 (b) A hospital designated as a trauma center shall submit data as part of the ongoing
1161 quality assurance program established in Section ~~[26-8a-252]~~ 53-16-403.

1162 (3) The department shall assess:

1163 (a) the effectiveness of the data collected pursuant to Subsection (1); and

1164 (b) the impact of the statewide trauma system on the provision of trauma care.

1165 (4) Data collected under this section shall be subject to Title 26, Chapter 3, Health
1166 Statistics.

1167 (5) No person may be held civilly liable for having provided data to the department in
1168 accordance with this section.

1169 Section 35. Section **53-16-405**, which is renumbered from Section 26-8a-254 is
1170 renumbered and amended to read:

1171 ~~[26-8a-254]~~. **53-16-405. Trauma center designations and guidelines.**

1172 (1) The department, after seeking the advice of the ~~[trauma system advisory~~
1173 ~~committee]~~ council, shall establish by rule:

1174 (a) trauma center designation requirements; and

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

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

(a) voluntarily requests a trauma center designation; and

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

Section 36. Section **53-16-501**, which is renumbered from Section 26-8a-301 is renumbered and amended to read:

Part 5. Emergency Medical Services

~~[26-8a-301].~~ **53-16-501. General requirement.**

(1) Except as provided in Section ~~[26-8a-308]~~ 53-16-508:

(a) an individual may not provide emergency medical services without a certificate issued under Section ~~[26-8a-302]~~ 53-16-502;

(b) a facility or provider may not hold itself out as a designated emergency medical service provider without a designation issued under Section ~~[26-8a-303]~~ 53-16-503;

(c) a vehicle may not operate as an ambulance or emergency response vehicle without a permit issued under Section ~~[26-8a-304]~~ 53-16-504; and

(d) an entity may not respond as an ambulance or paramedic provider without the appropriate license issued under Part ~~[4]~~ 6, Ambulance and Paramedic Providers.

(2) Section ~~[26-8a-502]~~ 53-16-702 applies to violations of this section.

Section 37. Section **53-16-502**, which is renumbered from Section 26-8a-302 is renumbered and amended to read:

~~[26-8a-302].~~ **53-16-502. Certification of emergency medical service personnel.**

(1) To promote the availability of comprehensive emergency medical services throughout the state, the ~~[committee]~~ board shall establish:

(a) initial and ongoing certification and training requirements for emergency medical service personnel in the following categories:

(i) paramedic;

(ii) medical director;

(iii) emergency medical service instructor; and

(iv) other types of emergency medical personnel as the ~~[committee]~~ board considers

1206 necessary; and

1207 (b) guidelines for giving credit for out-of-state training and experience.

1208 (2) The department shall, based on the requirements established in Subsection (1):

1209 (a) develop, conduct, and authorize training and testing for emergency medical service

1210 personnel; and

1211 (b) issue certifications and certification renewals to emergency medical service

1212 personnel.

1213 (3) As provided in Section ~~[26-8a-502]~~ 53-16-702, an individual issued a certificate
1214 under this section may only provide emergency medical services to the extent allowed by the
1215 certificate.

1216 Section 38. Section **53-16-503**, which is renumbered from Section 26-8a-303 is
1217 renumbered and amended to read:

1218 ~~[26-8a-303]~~. **53-16-503. Designation of emergency medical service**
1219 **providers.**

1220 (1) To ensure quality emergency medical services, the ~~[committee]~~ board shall
1221 establish designation requirements for emergency medical service providers in the following
1222 categories:

1223 (a) quick response provider;

1224 (b) resource hospital for emergency medical providers;

1225 (c) emergency medical service dispatch center;

1226 (d) emergency patient receiving facilities; and

1227 (e) other types of emergency medical service providers as the ~~[committee]~~ board
1228 considers necessary.

1229 (2) The department shall, based on the requirements in Subsection (1), issue
1230 designations to emergency medical service providers listed in Subsection (1).

1231 (3) As provided in Section ~~[26-8a-502]~~ 53-16-702, an entity issued a designation under
1232 Subsection (1) may only function and hold itself out in accordance with its designation.

1233 Section 39. Section **53-16-504**, which is renumbered from Section 26-8a-304 is
1234 renumbered and amended to read:

1235 ~~[26-8a-304]~~. **53-16-504. Permits for emergency medical service vehicles.**

1236 (1) To ensure that emergency medical service vehicles are adequately staffed, safe,

maintained, and properly equipped, the ~~[committee]~~ board shall establish permit requirements at levels it considers appropriate in the following categories:

- (a) ambulance; and
- (b) emergency response vehicle.

(2) The department shall, based on the requirements established in Subsection (1), issue permits to emergency medical service vehicles.

Section 40. Section ~~53-16-505~~, which is renumbered from Section 26-8a-305 is renumbered and amended to read:

~~[26-8a-305].~~ **53-16-505. Ambulance license required for emergency medical transport.**

Except as provided in Section ~~[26-8a-308]~~ 53-16-508, only an ambulance operating under a permit issued under Section ~~[26-8a-304]~~ 53-16-504 may transport an individual who:

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

Section 41. Section **53-16-506**, which is renumbered from Section 26-8a-306 is renumbered and amended to read:

~~[26-8a-306].~~ 53-16-506. Medical control.

(1) The ~~[committee]~~ board shall establish requirements for the coordination of emergency medical services rendered by emergency medical service providers, including the coordination between prehospital providers, hospitals, emergency patient receiving facilities, and other appropriate destinations.

(2) The ~~[committee]~~ board may establish requirements for the medical supervision of emergency medical service providers to assure adequate physician oversight of emergency medical services and quality improvement.

Section 42. Section **53-16-507**, which is renumbered from Section 26-8a-307 is renumbered and amended to read:

~~[26-8a-307].~~ 53-16-507. Patient destination.

(1) If an individual being transported by a ground or air ambulance is in critical or unstable condition, the ground or air ambulance shall transport the patient to the trauma center or closest emergency patient receiving facility appropriate to adequately treat the patient.

(2) If the patient's condition is not critical or unstable as determined by medical control, the ground or air ambulance may transport the patient to the:

(a) hospital, emergency patient receiving facility, or other medical provider chosen by the patient and approved by medical control as appropriate for the patient's condition and needs; or

(b) nearest hospital, emergency patient receiving facility, or other medical provider approved by medical control as appropriate for the patient's condition and needs if the patient expresses no preference.

Section 43. Section **53-16-508**, which is renumbered from Section 26-8a-308 is renumbered and amended to read:

~~[26-8a-308].~~ 53-16-508. Exemptions.

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

(a) out-of-state emergency medical service personnel and providers in time of disaster;

(b) an individual who gratuitously acts as a Good Samaritan;

- 1299 (c) a family member;
- 1300 (d) a private business if emergency medical services are provided only to employees at
- 1301 the place of business and during transport;
- 1302 (e) an agency of the United States government if compliance with this chapter would
- 1303 be inconsistent with federal law; and
- 1304 (f) police, fire, and other public service personnel if:
- 1305 (i) emergency medical services are rendered in the normal course of the person's duties;
- 1306 and
- 1307 (ii) medical control, after being apprised of the circumstances, directs immediate
- 1308 transport.
- 1309 (2) An ambulance or emergency response vehicle may operate without a permit issued
- 1310 under Section ~~[26-8a-304]~~ 53-16-504 in time of disaster.
- 1311 (3) Nothing in this chapter or Title 58, Occupations and Professions, may be construed
- 1312 as requiring a license or certificate for an individual to perform cardiopulmonary resuscitation
- 1313 and use a fully automated external defibrillator if that individual has successfully completed a
- 1314 course that includes instruction on cardiopulmonary resuscitation and the operation and use of
- 1315 a fully automated external defibrillator that is conducted in accordance with guidelines of the
- 1316 American Heart Association, American Red Cross, or other nationally recognized program by a
- 1317 person qualified by training or experience.
- 1318 (4) Nothing in this chapter may be construed as requiring a license, permit,
- 1319 designation, or certificate for an acute care hospital, medical clinic, physician's office, or other
- 1320 fixed medical facility that:
- 1321 (a) is staffed by a physician, physician's assistant, nurse practitioner, or registered
- 1322 nurse; and
- 1323 (b) treats an individual who has presented himself or was transported to the hospital,
- 1324 clinic, office, or facility.
- 1325 Section 44. Section **53-16-509**, which is renumbered from Section 26-8a-309 is
- 1326 renumbered and amended to read:
- 1327 ~~[26-8a-309].~~ **53-16-509. Out-of-state vehicles.**
- 1328 (1) An ambulance or emergency response vehicle from another state may not pick up a
- 1329 patient in Utah to transport that patient to another location in Utah or to another state without a

permit issued under Section ~~[26-8a-304]~~ 53-16-504 and, in the case of an ambulance, a license issued under Part ~~[4]~~ 6, Ambulance and Paramedic Providers.

(2) Notwithstanding Subsection (1), an ambulance or emergency response vehicle from another state may, without a permit or license:

(a) transport a patient into Utah; and

(b) provide assistance in time of disaster.

(3) The department may enter into agreements with ambulance and paramedic providers and their respective licensing agencies from other states to assure the expeditious delivery of emergency medical services beyond what may be reasonably provided by licensed ambulance and paramedic providers, including the transportation of patients between states.

Section 45. Section **53-16-510**, which is renumbered from Section 26-8a-310 is renumbered and amended to read:

~~[26-8a-310]~~. **53-16-510. Criminal background check.**

(1) At the time of application for, or renewal of, a certificate, the department shall obtain, at the applicant's expense, information from a criminal history record or warrant of arrest information maintained by the Department of Public Safety pursuant to Title 53, Chapter 10, Part 2, Bureau of Criminal Identification, to determine whether the individual has been convicted of a crime that bears upon the individual's fitness to be certified or to have responsibility for the safety and well-being of children, the elderly, or persons with disabilities.

(2) (a) An applicant who has not had residency in the state for the last five years shall submit fingerprints and other identifying information.

(b) The department shall submit fingerprints obtained under Subsection (2)(a) to the Department of Public Safety to be forwarded to the Federal Bureau of Investigation for a nationwide criminal history record check to determine whether the individual has been convicted of a crime that bears upon the individual's fitness to be certified or to have responsibility for the safety and well-being of children, the elderly, or persons with disabilities.

(3) The department shall have access to juvenile court records to determine whether the applicant has been adjudicated in juvenile court of committing an act which if committed by an adult would be a felony or misdemeanor and that bears upon the applicant's fitness to be certified or to have responsibility for the safety and well-being of children, the elderly, or persons with disabilities if:

(a) the applicant is under the age of 28; or
(b) the applicant is over the age of 28 and has been convicted, has pleaded no contest, or is currently subject to a plea in abeyance or diversion agreement for a felony or misdemeanor.

(4) Information obtained pursuant to Subsections (1) through (3) may be used to:
(a) withhold certification or renewal;
(b) commence or substantiate disciplinary action under Section ~~[26-8a-503]~~ 53-16-703;
(c) enforce the provisions of this chapter; and
(d) notify the individual's employer as necessary to protect the public.
(5) The department shall adopt rules under Title 63G, Chapter 3, Utah Administrative Rulemaking Act, consistent with this chapter, defining the circumstances under which an applicant who has been convicted of a criminal offense may receive a certification under this chapter.

Section 46. Section **53-16-601**, which is renumbered from Section 26-8a-401 is renumbered and amended to read:

Part 6. Ambulance and Paramedic Providers

~~[26-8a-401].~~ **53-16-601. State regulation of emergency medical services market.**

(1) To ensure emergency medical service quality and minimize unnecessary duplication, the department shall regulate the emergency medical service market after October 1, 1999, by creating and operating a statewide system that:

(a) consists of exclusive geographic service areas as provided in Section ~~[26-8a-402]~~ 53-16-602; and

(b) establishes maximum rates as provided in Section ~~[26-8a-403]~~ 53-16-603.

(2) (a) All licenses issued prior to July 1, 1996, shall expire as stated in the license.

(b) If no expiration date is stated on a license issued before July 1, 1996, the license shall expire on October 1, 1999, unless:

(i) the license holder requests agency action before August 1, 1999; and

(ii) before October 1, 1999, the department:

(A) finds the license has been used as the basis for responding to requests for ambulance or paramedic services during the past five years;

(B) identifies one or more specific geographic areas covered by the license in which the license holder has actively and adequately responded as the primary provider to requests for ambulance or paramedic services during the past five years; and

(C) determines that the continuation of a license in a specific geographic area identified in Subsection (2)(b)(ii)(B) satisfies:

(I) the standards established pursuant to Subsection ~~[26-8a-404]~~ 53-16-604(2); and

(II) the requirement of public convenience and necessity.

(c) If the department finds that a license meets the requirements of Subsection (2)(b), the department shall amend the license to reflect:

(i) the specific geographic area of the license; and

(ii) a four-year term extension.

(d) Before July 1, 1999, the department shall publish notice once a week for four consecutive weeks of the expiration of licenses pursuant to Subsection (2)(b) in a newspaper of general circulation in the state.

(e) Nothing in this Subsection (2) may be construed as restricting the authority of the department to amend overlapping licenses pursuant to Section ~~[26-8a-416]~~ 53-16-619.

(3) After October 1, 1999, new licenses and license renewals shall be for a four-year term.

Section 47. Section **53-16-602**, which is renumbered from Section 26-8a-402 is renumbered and amended to read:

~~[26-8a-402]~~. **53-16-602. Exclusive geographic service areas.**

(1) Each ground ambulance provider license issued under this part shall be for an exclusive geographic service area as described in the license. Only the licensed ground ambulance provider may respond to an ambulance request that originates within the provider's exclusive geographic service area, except as provided in Subsection (5) and Section ~~[26-8a-416]~~ 53-16-619.

(2) Each paramedic provider license issued under this part shall be for an exclusive geographic service area as described in the license. Only the licensed paramedic provider may respond to a paramedic request that originates within the exclusive geographic service area, except as provided in Subsection (6) and Section ~~[26-8a-416]~~ 53-16-619.

(3) Nothing in this section may be construed as either requiring or prohibiting that the

formation of boundaries in a given location be the same for a licensed paramedic provider as it is for a licensed ambulance provider.

(4) (a) A licensed ground ambulance or paramedic provider may, as necessary, enter into a mutual aid agreement to allow another licensed provider to give assistance in times of unusual demand, as that term is defined by the ~~[committee]~~ board in rule.

(b) A mutual aid agreement shall include a formal written plan detailing the type of assistance and the circumstances under which it would be given.

(c) The parties to a mutual aid agreement shall submit a copy of the agreement to the department.

(d) Notwithstanding this Subsection (4), a licensed provider may not subcontract with another entity to provide services in the licensed provider's exclusive geographic service area.

(5) Notwithstanding Subsection (1), a licensed ground ambulance provider may respond to an ambulance request that originates from the exclusive geographic area of another provider:

(a) pursuant to a mutual aid agreement;

(b) to render assistance on a case-by-case basis to that provider; and

(c) as necessary to meet needs in time of disaster or other major emergency.

(6) Notwithstanding Subsection (2), a licensed paramedic provider may respond to a paramedic request that originates from the exclusive geographic area of another provider:

(a) pursuant to a mutual aid agreement;

(b) to render assistance on a case-by-case basis to that provider; and

(c) as necessary to meet needs in time of disaster or other major emergency.

Section 48. Section **53-16-603**, which is renumbered from Section 26-8a-403 is renumbered and amended to read:

~~[26-8a-403].~~ **53-16-603. Establishment of maximum rates.**

(1) The department shall, after receiving recommendations under Subsection (2), establish maximum rates for ground ambulance providers and paramedic providers that are just and reasonable.

(2) The ~~[committee]~~ board may make recommendations to the department on the maximum rates that should be set under Subsection (1).

(3) (a) The department shall prohibit ground ambulance providers and paramedic

providers from charging fees for transporting a patient when the provider does not transport the patient.

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

Section 49. Section **53-16-604**, which is renumbered from Section 26-8a-404 is renumbered and amended to read:

~~[26-8a-404].~~ 53-16-604. Ground ambulance and paramedic licenses -- Application and department review.

(1) Except as provided in Section ~~[26-8a-413]~~ 53-16-616, an applicant for a ground ambulance or paramedic license shall apply to the department for a license only by:

- (a) submitting a completed application;
- (b) providing information in the format required by the department; and
- (c) paying the required fees, including the cost of the hearing officer.

(2) The department shall make rules establishing minimum qualifications and requirements for:

- (a) personnel;
- (b) capital reserves;
- (c) equipment;
- (d) a business plan;
- (e) operational procedures;
- (f) medical direction agreements;
- (g) management and control; and
- (h) other matters that may be relevant to an applicant's ability to provide ground ambulance or paramedic service.

(3) An application for a license to provide ground ambulance service or paramedic service shall be for all ground ambulance services or paramedic services arising within the geographic service area, except that an applicant may apply for a license for less than all ground ambulance services or all paramedic services arising within an exclusive geographic area if it can demonstrate how the remainder of that area will be served.

(4) (a) A ground ambulance service licensee may apply to the department for a license

1485 to provide a higher level of service as defined by department rule if:

1486 (i) the application for the license is limited to non-911 ambulance or paramedic
1487 services; and

1488 (ii) the application includes:

1489 (A) a copy of the new treatment protocols for the higher level of service approved by
1490 the off-line medical director;

1491 (B) an assessment of field performance by the applicant's off-line director; and

1492 (C) an updated plan of operation demonstrating the ability of the applicant to provide
1493 the higher level of service.

1494 (b) If the department determines that the applicant has demonstrated the ability to
1495 provide the higher level of service in accordance with Subsection (4)(a), the department shall
1496 issue a revised license reflecting the higher level of service and the requirements of Section
1497 ~~[26-8a-408]~~ 53-16-611 do not apply.

1498 (5) Upon receiving a completed application and the required fees, the department shall
1499 review the application and determine whether the application meets the minimum
1500 qualifications and requirements for licensure.

1501 (6) The department may deny an application if it finds that it contains any materially
1502 false or misleading information, is incomplete, or if the application demonstrates that the
1503 applicant fails to meet the minimum qualifications and requirements for licensure under
1504 Subsection (2).

1505 (7) If the department denies an application, it shall notify the applicant in writing
1506 setting forth the grounds for the denial. A denial may be appealed under Title 63G, Chapter 4,
1507 Administrative Procedures Act.

1508 Section 50. Section **53-16-605**, which is renumbered from Section 26-8a-405 is
1509 renumbered and amended to read:

1510 ~~[26-8a-405].~~ **53-16-605. Ground ambulance and paramedic licenses --**
1511 **Agency notice of approval.**

1512 (1) Beginning January 1, 2004, if the department determines that the application meets
1513 the minimum requirements for licensure under Section ~~[26-8a-404]~~ 53-16-604, the department
1514 shall issue a notice of the approved application to the applicant.

1515 (2) A current license holder responding to a request for proposal under Section

1516 ~~[26-8a-405.2]~~ 53-16-607 is considered an approved applicant for purposes of Section
1517 ~~[26-8a-405.2]~~ 53-16-607 if the current license holder, prior to responding to the request for
1518 proposal, submits the following to the department:

- 1519 (a) the information required by Subsection ~~[26-8a-404]~~ 53-16-604(4)(a)(ii); and
1520 (b) if the license holder is a private entity, a financial statement, a pro forma budget
1521 and necessary letters of credit demonstrating a financial ability to expand service to a new
1522 service area; or
1523 (c) if the license holder is a governmental entity, a letter from the governmental entity's
1524 governing body demonstrating the governing body's willingness to financially support the
1525 application.

1526 Section 51. Section **53-16-606**, which is renumbered from Section 26-8a-405.1 is
1527 renumbered and amended to read:

1528 ~~[26-8a-405.1]~~. **53-16-606. Selection of provider by political subdivision.**

1529 (1) For purposes of this section and Sections ~~[26-8a-405.2]~~ 53-16-607 and
1530 ~~[26-8a-405.3]~~ 53-16-608:

1531 (a) "911 ambulance or paramedic services" means either 911 ambulance service, or 911
1532 paramedic service, or both and:

1533 (i) means a 911 call received by a designated dispatch center that receives 911 or E911
1534 calls; and

1535 (ii) does not mean a seven digit telephone call received directly by an ambulance
1536 provider licensed under this chapter.

1537 (b) "Governing body" means:

1538 (i) in the case of a municipality or county, the elected council, commission, or other
1539 legislative body that is vested with the legislative power of the municipality;

1540 (ii) in the case of a special service district, local service district, or county service area,
1541 each elected council, commission, or other legislative body that is vested with the legislative
1542 power of the municipalities or counties that are members of the district or service area; and

1543 (iii) in the case of a local district or special service district for fire protection or
1544 interlocal entity, the board or other body vested with the power to adopt, amend, and repeal
1545 rules, bylaws, policies, and procedures for the regulation of its affairs and the conduct of its
1546 business.

1547 (c) "Political subdivision" means:
1548 (i) a city or town located in a county of the first or second class as defined in Section
1549 17-50-501;
1550 (ii) a county of the first or second class;
1551 (iii) the following districts located in a county of the first or second class:
1552 (A) a special service district created under Title 17D, Chapter 1, Special Service
1553 District Act; and
1554 (B) a local district under Title 17B, Limited Purpose Local Government Entities -
1555 Local Districts, for the purpose of providing fire protection, paramedic, and emergency
1556 services; ~~[or]~~
1557 (iv) areas coming together as described in Subsection ~~[26-8a-405.2]~~
1558 53-16-607(2)(b)(ii);
1559 (v) municipalities and counties joining together pursuant to Title 11, Chapter 13,
1560 Interlocal Cooperation Act; or
1561 (vi) a special service district for fire protection service under Subsection 17D-1-201(9).
1562 (2) (a) Only an applicant approved under Section ~~[26-8a-405]~~ 53-16-605 may respond
1563 to a request for a proposal for 911 ambulance or paramedic services issued in accordance with
1564 Section ~~[26-8a-405.2]~~ 53-16-607 by a political subdivision.
1565 (b) A response to a request for proposal is subject to the maximum rates established by
1566 the department under Section ~~[26-8a-403]~~ 53-16-603.
1567 (c) A political subdivision may award a contract to an applicant for the provision of
1568 911 ambulance or paramedic services:
1569 (i) in accordance with Section ~~[26-8a-405.2]~~ 53-16-607; and
1570 (ii) subject to Subsection (3).
1571 (3) (a) The department shall issue a license to an applicant selected by a political
1572 subdivision under Subsection (2) unless the department finds that issuing a license to that
1573 applicant would jeopardize the health, safety, and welfare of the citizens of the geographic
1574 service area.
1575 (b) A license issued under this Subsection (3):
1576 (i) is for the exclusive geographic service area approved by the department in
1577 accordance with Subsection ~~[26-8a-405.2]~~ 53-16-607(2);

(ii) is valid for four years;

(iii) is not subject to a request for license from another applicant under the provisions of Sections ~~[26-8a-406]~~ 53-16-609 through ~~[26-8a-409]~~ 53-16-612 during the four-year term, unless the applicant's license is revoked under Section ~~[26-8a-504]~~ 53-16-704; and

(iv) is subject to supervision by the department under Sections ~~[26-8a-503]~~ 53-16-703 and ~~[26-8a-504]~~ 53-16-704.

(4) Except as provided in Subsection ~~[26-8a-405.3]~~ 53-16-608(4)(a), the provisions of Sections ~~[26-8a-406]~~ 53-16-609 through ~~[26-8a-409]~~ 53-16-612 do not apply to a license issued under this section.

Section 52. Section **53-16-607**, which is renumbered from Section 26-8a-405.2 is renumbered and amended to read:

~~[26-8a-405.2].~~ 53-16-607. Selection of provider -- Request for competitive sealed proposal -- Public convenience and necessity.

(1) (a) A political subdivision may contract with an applicant approved under Section ~~[26-8a-404]~~ 53-16-604 to provide 911 ambulance or paramedic services for the geographic service area that is approved by the department in accordance with Subsection (2), if the political subdivision complies with the provisions of this section and Section ~~[26-8a-405.3]~~ 53-16-608.

(b) The provisions of this section and Sections ~~[26-8a-405.1]~~ 53-16-606 and ~~[26-8a-405.3]~~ 53-16-608 do not require a political subdivision to issue a request for proposal for ambulance or paramedic services. If a political subdivision does not contract with an applicant in accordance with this section and Section ~~[26-8a-405.3]~~ 53-16-608, the provisions of Sections ~~[26-8a-406]~~ 53-16-609 through ~~[26-8a-409]~~ 53-16-612 apply to the issuance of a license for ambulance or paramedic services in the geographic service area that is within the boundaries of the political subdivision.

(c) (i) For purposes of this Subsection (1)(c):

(A) "Local district" means a local district under Title 17B, Limited Purpose Local Government Entities - Local Districts, that:

(I) is located in a county of the first or second class; and

(II) provides fire protection, paramedic, and emergency services.

(B) "Participating municipality" means a city or town whose area is partly or entirely

1609 included within a county service area or local district.

1610 (C) "Participating county" means a county whose unincorporated area is partly or
1611 entirely included within a local district.

1612 (ii) A participating municipality or participating county may contract with a provider
1613 for 911 ambulance or paramedic service as provided in this section and Section [~~26-8a-405.3~~]
1614 53-16-608.

1615 (iii) If the participating municipality or participating county contracts with a provider
1616 for 911 ambulance or paramedic services under this section and Section [~~26-8a-405.3~~]
1617 53-16-608:

1618 (A) the local district is not obligated to provide the ambulance or paramedic services
1619 that are included in the contract between the participating municipality or the participating
1620 county and the 911 ambulance or paramedic provider;

1621 (B) the local district may impose taxes and obligations within the local district in the
1622 same manner as if the participating municipality or participating county were receiving all
1623 services offered by the local district; and

1624 (C) the participating municipality's and participating county's obligations to the local
1625 district are not diminished.

1626 (2) (a) The political subdivision shall submit the request for proposal and the exclusive
1627 geographic service area to be included in the request for proposal to the department for
1628 approval prior to issuing the request for proposal. The department shall approve the request for
1629 proposal and the exclusive geographic service area:

1630 (i) unless the geographic service area creates an orphaned area; and

1631 (ii) in accordance with Subsections (2)(b) and (c).

1632 (b) The exclusive geographic service area may:

1633 (i) include the entire geographic service area that is within the political subdivision's
1634 boundaries;

1635 (ii) include islands within or adjacent to other peripheral areas not included in the
1636 political subdivision that governs the geographic service area; or

1637 (iii) exclude portions of the geographic service area within the political subdivision's
1638 boundaries if another political subdivision or licensed provider agrees to include the excluded
1639 area within their license.

(c) The proposed geographic service area for 911 ambulance or paramedic service must demonstrate that non-911 ambulance or paramedic service will be provided in the geographic service area, either by the current provider, the applicant, or some other method acceptable to the department. The department may consider the effect of the proposed geographic service area on the costs to the non-911 provider and that provider's ability to provide only non-911 services in the proposed area.

Section 53. Section **53-16-608**, which is renumbered from Section 26-8a-405.3 is renumbered and amended to read:

~~[26-8a-405.3].~~ 53-16-608. Use of competitive sealed proposals -- Procedure -- Appeal rights.

(1) (a) Competitive sealed proposals for paramedic or 911 ambulance services under Section ~~[26-8a-405.2]~~ 53-16-607 shall be solicited through a request for proposal and the provisions of this section.

(b) The governing body of the political subdivision shall approve the request for proposal prior to the notice of the request for proposals under Subsection (1)(c).

(c) Notice of the request for proposals must be published at least once a week for three consecutive weeks in a newspaper of general circulation published in the county, or if there is no such newspaper, then notice must be posted for at least 20 days in at least five public places in the county.

(2) (a) Proposals shall be opened so as to avoid disclosure of contents to competing offerors during the process of negotiations.

(b) (i) Subsequent to the published notice, and prior to selecting an applicant, the political subdivision must hold a presubmission conference with interested applicants for the purpose of assuring full understanding of, and responsiveness to, solicitation requirements.

(ii) A political subdivision shall allow at least 90 days from the presubmission conference for the proposers to submit proposals.

(c) Subsequent to the presubmission conference, the political subdivision may issue addenda to the request for proposals. An addenda to a request for proposal must be finalized and posted by the political subdivision at least 45 days prior to the date on which the proposal must be submitted.

(d) Offerors to the request for proposals shall be accorded fair and equal treatment with

respect to any opportunity for discussion and revisions of proposals, and revisions may be permitted after submission and before a contract is awarded for the purpose of obtaining best and final offers.

(e) In conducting discussions, there shall be no disclosures of any information derived from proposals submitted by competing offerors.

(3) (a) (i) A political subdivision may select an applicant approved by the department under Section ~~[26-8a-404]~~ 53-16-604 to provide 911 ambulance or paramedic services by contract to the most responsible offeror as defined in Subsection 63G-6-103(24).

(ii) An award under Subsection (3)(a)(i) shall be made to the responsible offeror whose proposal is determined in writing to be the most advantageous to the political subdivision, taking into consideration price and the evaluation factors set forth in the request for proposal.

(b) The applicants who are approved under Section ~~[26-8a-405]~~ 53-16-605 and who are selected under this section may be the political subdivision issuing the request for competitive sealed proposals, or any other public entity or entities, any private person or entity, or any combination thereof.

(c) A political subdivision may reject all of the competitive proposals.

(4) In seeking competitive sealed proposals and awarding contracts under this section, a political subdivision:

(a) shall apply the public convenience and necessity factors listed in Subsections ~~[26-8a-408]~~ 53-16-611(2) through (6);

(b) shall require the applicant responding to the proposal to disclose how the applicant will meet performance standards in the request for proposal;

(c) may not require or restrict an applicant to a certain method of meeting the performance standards, including:

(i) requiring ambulance medical personnel to also be a firefighter; or

(ii) mandating that offerors use fire stations or dispatch services of the political subdivision;

(d) (i) shall require an applicant to submit the proposal based on full cost accounting in accordance with generally accepted accounting principals; and

(ii) if the applicant is a governmental entity, in addition to the requirements of Subsection (4)(e)(i), in accordance with generally accepted government auditing standards and

in compliance with the State of Utah Legal Compliance Audit Guide; and

(e) shall set forth in the request for proposal:

(i) the method for determining full cost accounting in accordance with generally accepted accounting principles, and require an applicant to submit the proposal based on such full cost accounting principles;

(ii) guidelines established to further competition and provider accountability; and

(iii) a list of the factors that will be considered by the political subdivision in the award of the contract, including by percentage, the relative weight of the factors established under this Subsection (4)(e), which may include such things as:

(A) response times;

(B) staging locations;

(C) experience;

(D) quality of care; and

(E) cost, consistent with the cost accounting method in Subsection (4)(e)(i).

(5) (a) Notwithstanding the provisions of Subsection 63G-6-104(3), the provisions of Title 63G, Chapter 6, Part 8, Legal and Contractual Remedies, apply to the procurement process required by this section, except as provided in Subsection (5)(c).

(b) The Procurement Appeals Board created in Section 63G-6-807 shall have jurisdiction to review and determine an appeal of an offeror under this section in the same manner as provided in Section 63G-6-810.

(c) (i) An offeror may appeal the solicitation or award as provided by the political subdivision's procedures. After all political subdivision appeal rights are exhausted, the offeror may appeal under the provisions of Subsections (5)(a) and (b).

(ii) The factual determination required by Subsection 63G-6-813(1) shall be based on whether the solicitation or award was made in accordance with the procedures set forth in this section and Section ~~[26-8a-405.2]~~ 53-16-607.

(d) The determination of an issue of fact by the appeals board shall be final and conclusive unless arbitrary and capricious or clearly erroneous as provided in Section 63G-6-813.

Section 54. Section **53-16-609**, which is renumbered from Section 26-8a-406 is renumbered and amended to read:

~~[26-8a-406].~~ **53-16-609.** Ground ambulance and paramedic licenses --
Parties.

(1) When an applicant approved under Section ~~[26-8a-404]~~ 53-16-604 seeks licensure under the provisions of Sections ~~[26-8a-406]~~ 53-16-609 through ~~[26-8a-409]~~ 53-16-612, the department shall:

(a) issue a notice of agency action to the applicant to commence an informal administrative proceeding;

(b) provide notice of the application to all interested parties; and

(c) publish notice of the application, at the applicant's expense, once a week for four consecutive weeks, in a newspaper of general circulation in the geographic service area that is the subject of the application.

(2) An interested party has 30 days to object to an application.

(3) If an interested party objects, the presiding officer must join the interested party as an indispensable party to the proceeding.

(4) The department may join the proceeding as a party to represent the public interest.

(5) Others who may be affected by the grant of a license to the applicant may join the proceeding, if the presiding officer determines that they meet the requirement of legal standing.

Section 55. Section **53-16-610**, which is renumbered from Section 26-8a-407 is renumbered and amended to read:

~~[26-8a-407].~~ **53-16-610.** Ground ambulance and paramedic licenses --
Proceedings.

(1) The presiding officer shall:

(a) commence an informal adjudicative proceeding within 120 days of receiving a completed application;

(b) meet with the applicant and objecting interested parties and provide no less than 120 days for a negotiated resolution, consistent with the criteria in Section ~~[26-8a-408]~~ 53-16-611;

(c) set aside a separate time during the proceedings to accept public comment on the application; and

(d) present a written decision to the executive director if a resolution has been reached that satisfies the criteria in Section ~~[26-8a-408]~~ 53-16-611.

(2) At any time during an informal adjudicative proceeding under Subsection (1), any party may request conversion of the informal adjudicative proceeding to a formal adjudicative proceeding in accordance with Section 63G-4-202.

(3) Upon conversion to a formal adjudicative proceeding, a hearing officer shall be assigned to the application as provided in Section ~~[26-8a-409]~~ 53-16-612. The hearing officer shall:

(a) set aside a separate time during the proceedings to accept public comment on the application;

(b) apply the criteria established in Section ~~[26-8a-408]~~ 53-16-611; and

(c) present a recommended decision to the executive director in writing.

(4) The executive director may, as set forth in a final written order, accept, modify, reject, or remand the decision of a presiding or hearing officer after:

(a) reviewing the record;

(b) giving due deference to the officer's decision; and

(c) determining whether the criteria in Section ~~[26-8a-408]~~ 53-16-611 have been satisfied.

Section 56. Section **53-16-611**, which is renumbered from Section 26-8a-408 is renumbered and amended to read:

~~[26-8a-408]~~. **53-16-611. Criteria for determining public convenience and necessity.**

(1) The criteria for determining public convenience and necessity is set forth in Subsections (2) through (6).

(2) Access to emergency medical services must be maintained or improved. The officer shall consider the impact on existing services, including the impact on response times, call volumes, populations and exclusive geographic service areas served, and the ability of surrounding licensed providers to service their exclusive geographic service areas. The issuance or amendment of a license may not create an orphaned area.

(3) The quality of service in the area must be maintained or improved. The officer shall consider the:

(a) staffing and equipment standards of the current licensed provider and the applicant;

(b) training and certification levels of the current licensed provider's staff and the

1795 applicant's staff;

1796 (c) continuing medical education provided by the current licensed provider and the

1797 applicant;

1798 (d) levels of care as defined by department rule;

1799 (e) plan of medical control; and

1800 (f) the negative or beneficial impact on the regional emergency medical service system

1801 to provide service to the public.

1802 (4) The cost to the public must be justified. The officer must consider:

1803 (a) the financial solvency of the applicant;

1804 (b) the applicant's ability to provide services within the rates established under Section

1805 ~~[26-8a-403]~~ 53-16-603;

1806 (c) the applicant's ability to comply with cost reporting requirements;

1807 (d) the cost efficiency of the applicant; and

1808 (e) the cost effect of the application on the public, interested parties, and the emergency

1809 medical services system.

1810 (5) Local desires concerning cost, quality, and access must be considered. The officer

1811 shall assess and consider:

1812 (a) the existing provider's record of providing services and the applicant's record and

1813 ability to provide similar or improved services;

1814 (b) locally established emergency medical services goals, including those established in

1815 Subsection (7);

1816 (c) comment by local governments on the applicant's business and operations plans;

1817 (d) comment by interested parties that are providers on the impact of the application on

1818 the parties' ability to provide emergency medical services;

1819 (e) comment by interested parties that are local governments on the impact of the

1820 application on the citizens it represents; and

1821 (f) public comment on any aspect of the application or proposed license.

1822 (6) Other related criteria:

1823 (a) the officer considers necessary; or

1824 (b) established by department rule.

1825 (7) The role of local governments in the licensing of ground ambulance and paramedic

providers that serve areas also served by the local governments is important. The Legislature strongly encourages local governments to establish cost, quality, and access goals for the ground ambulance and paramedic services that serve their areas.

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

Section 57. Section **53-16-612**, which is renumbered from Section 26-8a-409 is renumbered and amended to read:

~~[26-8a-409].~~ **53-16-612. Ground ambulance and paramedic licenses -- Hearing and presiding officers.**

(1) The department shall set certification and training standards for hearing officers and presiding officers.

(2) At a minimum, a presiding officer shall:

(a) be familiar with the theory and application of public convenience and necessity; and

(b) have a working knowledge of the emergency medical service system in the state.

(3) In addition to the requirements in Subsection (2), a hearing officer shall also be licensed to practice law in the state.

(4) The department shall provide training for hearing officer and presiding officer candidates in the theory and application of public convenience and necessity and on the emergency medical system in the state.

(5) The department shall maintain a roster of no less than five individuals who meet the minimum qualifications for both presiding and hearing officers and the standards set by the department.

(6) The parties may mutually select an officer from the roster if the officer is available.

(7) If the parties cannot agree upon an officer under Subsection (4), the department shall randomly select an officer from the roster or from a smaller group of the roster agreed upon by the applicant and the objecting interested parties.

Section 58. Section **53-16-613**, which is renumbered from Section 26-8a-410 is renumbered and amended to read:

~~[26-8a-410].~~ **53-16-613. Local approvals.**

(1) Licensed ambulance providers and paramedic providers must meet all local zoning

1857 and business licensing standards generally applicable to businesses operating within the
1858 jurisdiction.

1859 (2) Publicly subsidized providers must demonstrate approval of the taxing authority
1860 that will provide the subsidy.

1861 (3) A publicly operated service must demonstrate that the governing body has approved
1862 the provision of services to the entire exclusive geographic service area that is the subject of
1863 the license, including those areas that may lie outside the territorial or jurisdictional boundaries
1864 of the governing body.

1865 Section 59. Section **53-16-614**, which is renumbered from Section 26-8a-411 is
1866 renumbered and amended to read:

1867 ~~[26-8a-411].~~ **53-16-614. Limitation on repetitive applications.**

1868 A person who has previously applied for a license under Sections ~~[26-8a-406]~~
1869 53-16-609 through ~~[26-8a-409]~~ 53-16-612 may not apply for a license for the same service that
1870 covers any exclusive geographic service area that was the subject of the prior application
1871 unless:

1872 (1) one year has passed from the date of the issuance of a final decision under Section
1873 ~~[26-8a-407]~~ 53-16-610; or

1874 (2) all interested parties and the department agree that a new application is in the public
1875 interest.

1876 Section 60. Section **53-16-615**, which is renumbered from Section 26-8a-412 is
1877 renumbered and amended to read:

1878 ~~[26-8a-412].~~ **53-16-615. License for air ambulance providers.**

1879 (1) An applicant for an air ambulance provider shall apply to the department for a
1880 license only by:

1881 (a) submitting a complete application;

1882 (b) providing information in the format required by the department; and

1883 (c) paying the required fees.

1884 (2) The department may make rules establishing minimum qualifications and
1885 requirements for:

1886 (a) personnel;

1887 (b) capital reserves;

(c) equipment;
(d) business plan;
(e) operational procedures;
(f) resource hospital and medical direction agreements;
(g) management and control qualifications and requirements; and
(h) other matters that may be relevant to an applicant's ability to provide air ambulance services.

(3) Upon receiving a completed application and the required fees, the department shall review the application and determine whether the application meets the minimum requirements for licensure.

(4) The department may deny an application for an air ambulance if:
(a) the department finds that the application contains any materially false or misleading information or is incomplete;
(b) the application demonstrates that the applicant fails to meet the minimum requirements for licensure; or
(c) the department finds after inspection that the applicant does not meet the minimum requirements for licensure.

(5) If the department denies an application under this section, it shall notify the applicant in writing setting forth the grounds for the denial.

Section 61. Section **53-16-616**, which is renumbered from Section 26-8a-413 is renumbered and amended to read:

~~[26-8a-413].~~ 53-16-616. License renewals.

(1) A licensed provider desiring to renew its license must meet the renewal requirements established by department rule.

(2) The department shall issue a renewal license for a ground ambulance provider or a paramedic provider upon the licensee's application for a renewal and without a public hearing if there has been:

(a) no change in controlling interest in the ownership of the licensee as defined in Section ~~[26-8a-415]~~ 53-16-618;
(b) no serious, substantiated public complaints filed with the department against the licensee during the term of the previous license;

(c) no material or substantial change in the basis upon which the license was originally granted;

(d) no reasoned objection from the ~~[committee]~~ board or the department; and

(e) if the applicant was licensed under the provisions of Sections ~~[26-8a-406]~~ 53-16-609 through ~~[26-8a-409]~~ 53-16-612, no conflicting license application.

(3) (a) (i) The provisions of this Subsection (3) apply to a provider licensed under the provisions of Sections ~~[26-8a-405.1]~~ 53-16-606 and ~~[26-8a-405.2]~~ 53-16-607.

(ii) A provider may renew its license if the provisions of Subsections (1), (2)(a) through (d), and this Subsection (3) are met.

(b) (i) The department shall issue a renewal license to a provider upon the provider's application for renewal for one additional four-year term if the political subdivision certifies to the department that the provider has met all of the specifications of the original bid.

(ii) If the political subdivision does not certify to the department that the provider has met all of the specifications of the original bid, the department may not issue a renewal license and the political subdivision must enter into a public bid process under Sections ~~[26-8a-405.1]~~ 53-16-606 and ~~[26-8a-405.2]~~ 53-16-607.

(c) (i) The department shall issue an additional renewal license to a provider who has already been issued a one-time renewal license under the provisions of Subsection (3)(b)(i) if the department and the political subdivision do not receive, prior to the expiration of the provider's license, written notice from an approved applicant informing the political subdivision of the approved applicant's desire to submit a bid for ambulance or paramedic service.

(ii) If the department and the political subdivision receive the notice in accordance with Subsection (3)(c)(i), the department may not issue a renewal license and the political subdivision must enter into a public bid process under Sections ~~[26-8a-405.1]~~ 53-16-606 and ~~[26-8a-405.2]~~ 53-16-607.

(4) The department shall issue a renewal license for an air ambulance provider upon the licensee's application for renewal and completion of the renewal requirements established by department rule.

Section 62. Section **53-16-617**, which is renumbered from Section 26-8a-414 is renumbered and amended to read:

1950 ~~[26-8a-414].~~ **53-16-617. Annexations.**

1951 (1) A municipality shall comply with the provisions of this section if the municipality
1952 is licensed under this chapter and desires to provide service to an area that is:

1953 (a) included in a petition for annexation under Title 10, Chapter 2, Part 4, Annexation;
1954 and

1955 (b) currently serviced by another provider licensed under this chapter.

1956 (2) (a) (i) At least 45 days prior to approving a petition for annexation, the municipality
1957 shall certify to the department that by the time of the approval of the annexation the
1958 municipality can meet or exceed the current level of service provided by the existing licensee
1959 for the annexed area by meeting the requirements of Subsections (2)(b)(ii)(A) through (D); and

1960 (ii) no later than three business days after the municipality files a petition for
1961 annexation in accordance with Section 10-2-403, provide written notice of the petition for
1962 annexation to:

1963 (A) the existing licensee providing service to the area included in the petition of
1964 annexation; and

1965 (B) the department.

1966 (b) (i) After receiving a certification under Subsection (2)(a), but prior to the
1967 municipality approving a petition for annexation, the department may audit the municipality
1968 only to verify the requirements of Subsections (2)(b)(ii)(A) through (D).

1969 (ii) If the department elects to conduct an audit, the department shall make a finding
1970 that the municipality can meet or exceed the current level of service provided by the existing
1971 licensee for the annexed area if the department finds that the municipality has or will have by
1972 the time of the approval of the annexation:

1973 (A) adequate trained personnel to deliver basic and advanced life support services;

1974 (B) adequate apparatus and equipment to deliver emergency medical services;

1975 (C) adequate funding for personnel and equipment; and

1976 (D) appropriate medical controls, such as a medical director and base hospital.

1977 (iii) The department shall submit the results of the audit in writing to the municipal
1978 legislative body.

1979 (3) (a) If the department audit finds that the municipality meets the requirements of
1980 Subsection (2)(b)(ii), the department shall issue an amended license to the municipality and all

other affected licensees to reflect the municipality's new boundaries after the department receives notice of the approval of the petition for annexation from the municipality in accordance with Section 10-2-425.

(b) (i) Notwithstanding the provisions of Subsection 63G-4-102(2)(k), if the department audit finds that the municipality fails to meet the requirements of Subsection (2)(b)(ii), the municipality may request an adjudicative proceeding under the provisions of Title 63G, Chapter 4, Administrative Procedures Act. The municipality may approve the petition for annexation while an adjudicative proceeding requested under this Subsection (3)(b)(i) is pending.

(ii) The department shall conduct an adjudicative proceeding when requested under Subsection (3)(b)(i).

(iii) Notwithstanding the provisions of Sections ~~[26-8a-404]~~ 53-16-604 through ~~[26-8a-409]~~ 53-16-612, in any adjudicative proceeding held under the provisions of Subsection (3)(b)(i), the department bears the burden of establishing that the municipality cannot, by the time of the approval of the annexation, meet the requirements of Subsection (2)(b)(ii).

(c) If, at the time of the approval of the annexation, an adjudicative proceeding is pending under the provisions of Subsection (3)(b)(i), the department shall issue amended licenses if the municipality prevails in the adjudicative proceeding.

Section 63. Section **53-16-618**, which is renumbered from Section 26-8a-415 is renumbered and amended to read:

~~[26-8a-415].~~ **53-16-618. Changes in ownership.**

(1) A licensed provider whose ownership or controlling ownership interest has changed shall submit information to the department, as required by department rule:

(a) to establish whether the new owner or new controlling party meets minimum requirements for licensure; and

(b) except as provided in Subsection (2), to commence an administrative proceeding to determine whether the new owner meets the requirement of public convenience and necessity under Section ~~[26-8a-408]~~ 53-16-611.

(2) An administrative proceeding is not required under Subsection (1)(b) if:

(a) the change in ownership interest is among existing owners of a closely held corporation and the change does not result in a change in the management of the licensee or in

2012 the name of the licensee;

2013 (b) the change in ownership in a closely held corporation results in the introduction of
2014 new owners, provided that:

2015 (i) the new owners are limited to individuals who would be entitled to the equity in the
2016 closely held corporation by the laws of intestate succession had the transferor died intestate at
2017 the time of the transfer;

2018 (ii) the majority owners on January 1, 1999, have been disclosed to the department by
2019 October 1, 1999, and the majority owners on January 1, 1999, retain a majority interest in the
2020 closely held corporation; and

2021 (iii) the name of the licensed provider remains the same;

2022 (c) the change in ownership is the result of one or more owners transferring their
2023 interests to a trust, limited liability company, partnership, or closely held corporation so long as
2024 the transferors retain control over the receiving entity;

2025 (d) the change in ownership is the result of a distribution of an estate or a trust upon the
2026 death of the testator or the trustor and the recipients are limited to individuals who would be
2027 entitled to the interest by the laws of intestate succession had the transferor died intestate at the
2028 time of the transfer; or

2029 (e) other similar changes that the department establishes, by rule, as having no
2030 significant impact on the cost, quality, or access to emergency medical services.

2031 Section 64. Section **53-16-619**, which is renumbered from Section 26-8a-416 is
2032 renumbered and amended to read:

2033 **[26-8a-416].** **53-16-619.** **Transition to eliminate inconsistent licenses.**

2034 (1) By May 30, 2000, the department shall review all licenses in effect on October 2,
2035 1999, to identify overlap, as defined in department rule, in the service areas of two or more
2036 licensed providers.

2037 (2) By June 30, 2000, the department shall notify all licensed providers affected by an
2038 overlap. By September 30, 2000, the department shall schedule, by order, a deadline to resolve
2039 each overlap, considering the effects on the licensed providers and the areas to be addressed.

2040 (3) For each overlap, the department shall meet with the affected licensed providers
2041 and provide 120 days for a negotiated resolution, consistent with the criteria in Section
2042 **[26-8a-408]** **53-16-611.**

(4) (a) If a resolution is reached under Subsection (2) that the department finds satisfies the criteria in Section ~~[26-8a-408]~~ 53-16-611, the department shall amend the licenses to reflect the resolution consistent with Subsection (6).

(b) If a resolution is not reached under Subsection (2), the department or any of the licensed providers involved in the matter may request the commencement of a formal adjudicative proceeding to resolve the overlap.

(5) The department shall commence adjudicative proceedings for any overlap that is not resolved by July 1, 2003.

(6) Notwithstanding the exclusive geographic service requirement of Section ~~[26-8a-402]~~ 53-16-602, the department may amend one or more licenses after a resolution is reached or an adjudicative proceeding has been held to allow:

- (a) a single licensed provider to serve all or part of the overlap area;
- (b) more than one licensed provider to serve the overlap area;
- (c) licensed providers to provide different types of service in the overlap area; or
- (d) licenses that recognize service arrangements that existed on September 30, 1999.

(7) Notwithstanding Subsection (6), any license for an overlap area terminates upon:

- (a) relinquishment by the provider; or
- (b) revocation by the department.

Section 65. Section **53-16-701**, which is renumbered from Section 26-8a-501 is renumbered and amended to read:

Part 7. Enforcement Provisions

~~[26-8a-501].~~ 53-16-701. Discrimination.

(1) No person licensed, certified, or designated pursuant to this chapter may discriminate in the provision of emergency medical services on the basis of race, sex, color, creed, or prior inquiry as to ability to pay.

(2) This chapter does not authorize or require medical assistance or transportation over the objection of an individual on religious grounds.

Section 66. Section **53-16-702**, which is renumbered from Section 26-8a-502 is renumbered and amended to read:

~~[26-8a-502].~~ 53-16-702. Illegal activity.

(1) Except as provided in Section ~~[26-8a-308]~~ 53-16-508, a person may not:

(a) practice or engage in the practice, represent himself to be practicing or engaging in the practice, or attempt to practice or engage in the practice of any activity that requires a license, certification, or designation under this chapter unless that person is so licensed, certified, or designated; or

(b) offer an emergency medical service that requires a license, certificate, or designation unless the person is so licensed, certified, or designated.

(2) A person may not advertise or hold himself out as one holding a license, certification, or designation required under this chapter, unless that person holds the license, certification, or designation.

(3) A person may not employ or permit any employee to perform any service for which a license or certificate is required by this chapter, unless the person performing the service possesses the required license or certificate.

(4) A person may not wear, display, sell, reproduce, or otherwise use any Utah Emergency Medical Services insignia without authorization from the department.

(5) A person may not reproduce or otherwise use materials developed by the department for certification or recertification testing or examination without authorization from the department.

(6) A person may not willfully summon an ambulance or emergency response vehicle or report that one is needed when such person knows that the ambulance or emergency response vehicle is not needed.

(7) A person who violates this section is subject to Section 26-23-6.

Section 67. Section **53-16-703**, which is renumbered from Section 26-8a-503 is renumbered and amended to read:

~~[26-8a-503].~~ **53-16-703. Discipline of emergency medical services personnel.**

(1) The department may refuse to issue a certificate or renewal, or revoke, suspend, restrict, or place on probation an individual's certificate if:

(a) the individual does not meet the qualifications for certification under Section ~~[26-8a-302]~~ **53-16-502**;

(b) the individual has engaged in conduct, as defined by ~~[committee]~~ **board** rule, that:

(i) is unprofessional;

2105 (ii) is adverse to the public health, safety, morals, or welfare; or
2106 (iii) would adversely affect public trust in the emergency medical service system;
2107 (c) the individual has violated Section ~~[26-8a-502]~~ 53-16-702 or other provision of this
2108 chapter;

2109 (d) a court of competent jurisdiction has determined the individual to be mentally
2110 incompetent for any reason; or

2111 (e) the individual is unable to provide emergency medical services with reasonable
2112 skill and safety because of illness, drunkenness, use of drugs, narcotics, chemicals, or any other
2113 type of material, or as a result of any other mental or physical condition, when the individual's
2114 condition demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers,
2115 or the public health, safety, or welfare that cannot be reasonably mitigated.

2116 (2) (a) An action to revoke, suspend, restrict, or place a certificate on probation shall be
2117 done in accordance with Title 63G, Chapter 4, Administrative Procedures Act.

2118 (b) Notwithstanding Subsection (2)(a), the department may issue a cease and desist
2119 order under Section ~~[26-8a-507]~~ 53-16-707 to immediately suspend an individual's certificate
2120 pending an administrative proceeding to be held within 30 days if there is evidence to show
2121 that the individual poses a clear, immediate, and unjustifiable threat or potential threat to the
2122 public health, safety, or welfare.

2123 (3) An individual whose certificate has been suspended, revoked, or restricted may
2124 apply for reinstatement of the certificate at reasonable intervals and upon compliance with any
2125 conditions imposed upon the certificate by statute, ~~[committee]~~ board rule, or the terms of the
2126 suspension, revocation, or restriction.

2127 (4) In addition to taking disciplinary action under Subsection (1), the department may
2128 impose sanctions in accordance with Section 26-23-6.

2129 Section 68. Section **53-16-704**, which is renumbered from Section 26-8a-504 is
2130 renumbered and amended to read:

2131 ~~[26-8a-504].~~ **53-16-704. Discipline of designated and licensed providers.**

2132 (1) The department may refuse to issue a license or designation or a renewal, or revoke,
2133 suspend, restrict, or place on probation, an emergency medical service provider's license or
2134 designation if the provider has:

2135 (a) failed to abide by terms of the license or designation;

- 2136 (b) violated statute or rule;
- 2137 (c) failed to provide services at the level or in the exclusive geographic service area
- 2138 required by the license or designation;
- 2139 (d) failed to submit a renewal application in a timely fashion as required by department
- 2140 rule;
- 2141 (e) failed to follow operational standards established by the ~~[committee]~~ board; or
- 2142 (f) committed an act in the performance of a professional duty that endangered the
- 2143 public or constituted gross negligence.

2144 (2) (a) An action to revoke, suspend, restrict, or place a license or designation on

2145 probation shall be done in accordance with Title 63G, Chapter 4, Administrative Procedures

2146 Act.

2147 (b) Notwithstanding Subsection (2)(a), the department may issue a cease and desist

2148 order under Section ~~[26-8a-507]~~ 53-16-707 to immediately suspend a license or designation

2149 pending an administrative proceeding to be held within 30 days if there is evidence to show

2150 that the provider or facility poses a clear, immediate, and unjustifiable threat or potential threat

2151 to the public health, safety, or welfare.

2152 (3) In addition to taking disciplinary action under Subsection (1), the department may

2153 impose sanctions in accordance with Section 26-23-6.

2154 Section 69. Section **53-16-705**, which is renumbered from Section 26-8a-505 is

2155 renumbered and amended to read:

2156 ~~[26-8a-505]~~. **53-16-705. Service interruption or cessation -- Receivership**

2157 **-- Default coverage -- Notice.**

2158 (1) Acting in the public interest, the department may petition the district court where an

2159 ambulance or paramedic provider operates or the district court with jurisdiction in Salt Lake

2160 County to appoint the department or an independent receiver to continue the operations of a

2161 provider upon any one of the following conditions:

- 2162 (a) the provider ceases or intends to cease operations;
- 2163 (b) the provider becomes insolvent;
- 2164 (c) the department has initiated proceedings to revoke the provider's license and has
- 2165 determined that the lives, health, safety, or welfare of the population served within the
- 2166 provider's exclusive geographic service area are endangered because of the provider's action or

2167 inaction pending a full hearing on the license revocation; or

2168 (d) the department has revoked the provider's license and has been unable to adequately
2169 arrange for another provider to take over the provider's exclusive geographic service area.

2170 (2) If a licensed or designated provider ceases operations or is otherwise unable to
2171 provide services, the department may arrange for another licensed provider to provide services
2172 on a temporary basis until a license is issued.

2173 (3) A licensed provider shall give the department 30 days notice of its intent to cease
2174 operations.

2175 Section 70. Section **53-16-706**, which is renumbered from Section 26-8a-506 is
2176 renumbered and amended to read:

2177 **[26-8a-506].** **53-16-706. Investigations for enforcement of chapter.**

2178 (1) The department may, for the purpose of ascertaining compliance with the
2179 provisions of this chapter, enter and inspect on a routine basis the business premises and
2180 equipment of a person:

2181 (a) with a certificate, designation, permit, or license; or

2182 (b) who holds himself out to the general public as providing a service for which a
2183 certificate, designation, permit, or license is required under Section ~~[26-8a-301]~~ 53-16-501.

2184 (2) Before conducting an inspection under Subsection (1), the department shall, after
2185 identifying the person in charge:

2186 (a) give proper identification;

2187 (b) describe the nature and purpose of the inspection; and

2188 (c) if necessary, explain the authority of the department to conduct the inspection.

2189 (3) In conducting an inspection under Subsection (1), the department may, after
2190 meeting the requirements of Subsection (2):

2191 (a) inspect records, equipment, and vehicles; and

2192 (b) interview personnel.

2193 (4) An inspection conducted under Subsection (1) shall be during regular operational
2194 hours.

2195 Section 71. Section **53-16-707**, which is renumbered from Section 26-8a-507 is
2196 renumbered and amended to read:

2197 **[26-8a-507].** **53-16-707. Cease and desist orders.**

2198 The department may issue a cease and desist order to any person who:
2199 (1) may be disciplined under Section [~~26-8a-503~~] 53-16-703 or [~~26-8a-504~~] 53-16-704;
2200 or

2201 (2) otherwise violates this chapter or any rules adopted under this chapter.

2202 Section 72. Section **53-16-801**, which is renumbered from Section 26-8a-601 is
2203 renumbered and amended to read:

2204 **Part 8. Miscellaneous**

2205 [~~26-8a-601~~]. **53-16-801. Persons and activities exempt from civil liability.**

2206 (1) A licensed physician, physician's assistant, or licensed registered nurse who,
2207 gratuitously and in good faith, gives oral or written instructions to an individual certified under
2208 Section [~~26-8a-302~~] 53-16-502 or a person permitted to use a fully automated external
2209 defibrillator because of Section [~~26-8a-308~~] 53-16-508 is not liable for any civil damages as a
2210 result of issuing the instructions, unless the instructions given were the result of gross
2211 negligence or willful misconduct.

2212 (2) An individual certified under Section [~~26-8a-302~~] 53-16-502, during either training
2213 or after certification, a licensed physician, physician's assistant, or a registered nurse who,
2214 gratuitously and in good faith, provides emergency medical instructions or renders emergency
2215 medical care authorized by this chapter is not liable for any civil damages as a result of any act
2216 or omission in providing the emergency medical instructions or medical care, unless the act or
2217 omission is the result of gross negligence or willful misconduct.

2218 (3) An individual certified under Section [~~26-8a-302~~] 53-16-502 is not subject to civil
2219 liability for failure to obtain consent in rendering emergency medical services authorized by
2220 this chapter to any individual who is unable to give his consent, regardless of the individual's
2221 age, where there is no other person present legally authorized to consent to emergency medical
2222 care, provided that the certified individual acted in good faith.

2223 (4) A principal, agent, contractor, employee, or representative of an agency,
2224 organization, institution, corporation, or entity of state or local government that sponsors,
2225 authorizes, supports, finances, or supervises any functions of an individual certified under
2226 Section [~~26-8a-302~~] 53-16-502 is not liable for any civil damages for any act or omission in
2227 connection with such sponsorship, authorization, support, finance, or supervision of the
2228 certified individual where the act or omission occurs in connection with 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 certified individual, and unless the act or omission is the result of gross negligence or willful misconduct.

(5) A physician who gratuitously and in good faith arranges for, requests, recommends, or initiates the transfer of a patient from a hospital to a critical care unit in another hospital is not liable for any civil damages as a result of such transfer where:

(a) sound medical judgment indicates that the patient's medical condition is beyond the care capability of the transferring hospital or the medical community in which that hospital is located; and

(b) the physician has secured an agreement from the receiving facility to accept and render necessary treatment to the patient.

(6) A person who is a registered member of the National Ski Patrol System (NSPS) or a member of a ski patrol who has completed a course in winter emergency care offered by the NSPS combined with CPR for medical technicians offered by the American Red Cross or American Heart Association, or an equivalent course of instruction, and who in good faith renders emergency care in the course of ski patrol duties is not liable for civil damages as a result of any act or omission in rendering the emergency care, unless the act or omission is the result of gross negligence or willful misconduct.

(7) An emergency medical service provider who, in good faith, transports an individual against his will but at the direction of a law enforcement officer pursuant to Section 62A-15-629 is not liable for civil damages for transporting the individual.

(8) A person who is permitted to use a fully automated external defibrillator because of Section ~~[26-8a-308]~~ 53-16-508 is not liable for civil damages as a result of any act or omission related to the use of the defibrillator in providing emergency medical care gratuitously and in good faith to a person who reasonably appears to be in cardiac arrest, unless the act or omission is the result of gross negligence or wilful misconduct.

Section 73. Section **53-17-101**, which is renumbered from Section 26-4-1 is renumbered and amended to read:

CHAPTER 17. UTAH MEDICAL EXAMINER ACT

Part 1. General Provisions

~~[26-4-1].~~ **53-17-101. Title.**

2260 This chapter ~~[shall be]~~ is known ~~[and may be cited]~~ as the "Utah Medical Examiner
2261 Act."

2262 Section 74. Section **53-17-102**, which is renumbered from Section 26-4-2 is
2263 renumbered and amended to read:

2264 ~~[26-4-2].~~ **53-17-102. Definitions.**

2265 As used in this chapter:

2266 (1) "Death by violence" means death that resulted by the decedent's exposure to
2267 physical, mechanical, or chemical forces, and includes death which appears to have been due to
2268 homicide, death which occurred during or in an attempt to commit rape, mayhem, kidnapping,
2269 robbery, burglary, housebreaking, extortion, or blackmail accompanied by threats of violence,
2270 assault with a dangerous weapon, assault with intent to commit any offense punishable by
2271 imprisonment for more than one year, arson punishable by imprisonment for more than one
2272 year, or any attempt to commit any of the foregoing offenses.

2273 (2) "Medical examiner" means the state medical examiner appointed pursuant to
2274 Section ~~[26-4-4]~~ 53-17-201 or a deputy appointed by the medical examiner.

2275 (3) "Office" means the Medical Examiner's Office, created in Section 53-17-103.

2276 ~~[(3)]~~ (4) "Regional pathologist" means a trained pathologist licensed to practice
2277 medicine and surgery in the state, appointed by the medical examiner pursuant to Subsection
2278 ~~[26-4-4]~~ 53-17-201(2).

2279 ~~[(4)]~~ (5) "Sudden death while in apparent good health" means apparently instantaneous
2280 death without obvious natural cause, death during or following an unexplained syncope or
2281 coma, or death during an acute or unexplained rapidly fatal illness.

2282 ~~[(5)]~~ (6) "Sudden infant death syndrome" means the death of a child who was thought
2283 to be in good health or whose terminal illness appeared to be so mild that the possibility of a
2284 fatal outcome was not anticipated.

2285 ~~[(6)]~~ (7) "Suicide" means death caused by an intentional and voluntary act of a person
2286 who understands the physical nature of the act and intends by such act to accomplish
2287 self-destruction.

2288 ~~[(7)]~~ (8) "Unattended death" means the death of a person who has not been seen by a
2289 physician within the scope of the physician's professional capacity within 30 days immediately
2290 prior to the date of death. This definition shall not require an investigation, autopsy, or inquest

in any case where death occurred without medical attendance solely because the deceased was under treatment by prayer or spiritual means alone in accordance with the tenets and practices of a well-recognized church or religious denomination.

[~~(8)~~] (9) "Within the scope of the decedent's employment" means all acts reasonably necessary or incident to the performance of work, including matters of personal convenience and comfort not in conflict with specific instructions.

Section 75. Section **53-17-103** is enacted to read:

53-17-103. Medical Examiner's Office.

(1) There is created, within the Bureau of Emergency Services, the Medical Examiner's Office.

(2) The state medical examiner is the supervisor of the office.

Section 76. Section **53-17-104**, which is renumbered from Section 26-4-22 is renumbered and amended to read:

[~~26-4-22~~]. 53-17-104. Additional powers and duties of department.

The department may:

(1) establish rules to carry out the provisions of this chapter;

~~[(2) arrange for the state health laboratory to perform toxicologic analysis for public or private institutions and fix fees for the services;]~~

[~~(3)~~] (2) cooperate and train law enforcement personnel in the techniques of criminal investigation as related to medical and pathological matters; and

[~~(4)~~] (3) pay to private parties, institutions or funeral directors the reasonable value of services performed for the medical examiner's office.

Section 77. Section **53-17-201**, which is renumbered from Section 26-4-4 is renumbered and amended to read:

Part 2. Medical Examiner

[~~26-4-4~~]. 53-17-201. State medical examiner -- Appointment -- Qualifications -- Authority.

(1) The executive director, with the advice of an advisory board consisting of the chairman of the Department of Pathology at the University of Utah medical school and the dean of the law school at the University of Utah, shall appoint a ~~[chief]~~ state medical examiner who shall be licensed to practice medicine in the state and shall meet the qualifications of a

forensic pathologist, certified by the American Board of Pathologists.

(2) (a) The state medical examiner shall serve at the will of the executive director.

(b) The state medical examiner has authority to:

(i) employ medical, technical and clerical personnel as may be required to effectively administer this chapter, subject to the rules of the department and the state merit system;

(ii) conduct investigations and pathological examinations;

(iii) perform autopsies authorized in this title;

(iv) conduct or authorize necessary examinations on dead bodies; and

(v) notwithstanding the provisions of Subsection 26-28-122(3), retain tissues and biological samples for scientific purposes and those the state medical examiner considers necessary to accurately certify the cause and manner of death.

(c) In the case of an unidentified body, the state medical examiner shall authorize or conduct investigations, tests and processes in order to determine its identity as well as the cause of death.

(3) The state medical examiner may appoint regional pathologists, each of whom shall be approved by the executive director.

Section 78. Section **53-17-202**, which is renumbered from Section 26-4-5 is renumbered and amended to read:

~~[26-4-5]~~. 53-17-202. County medical examiners.

The county executive, with the advice and consent of the county legislative body, may appoint medical examiners for their respective counties.

Section 79. Section **53-17-301**, which is renumbered from Section 26-4-6 is renumbered and amended to read:

Part 3. Investigation and Custody

~~[26-4-6]~~. 53-17-301. Investigation of deaths by county attorney or district attorney -- Requests for autopsies.

The district attorney or county attorney having criminal jurisdiction or his deputies and peace officers within his jurisdiction shall have authority to investigate deaths described in Section ~~[26-4-7]~~ 53-17-302 and other cases which may be within their authority or which may involve any criminal liability. If, in the opinion of the medical examiner, an autopsy should be performed or if an autopsy is requested by the district attorney or county attorney having

2353 criminal jurisdiction, such autopsy shall be performed by the medical examiner or a regional
2354 pathologist.

2355 Section 80. Section **53-17-302**, which is renumbered from Section 26-4-7 is
2356 renumbered and amended to read:

2357 ~~[26-4-7].~~ **53-17-302. Custody by medical examiner.**

2358 Upon notification under Section ~~[26-4-8]~~ 53-17-303 or investigation by the ~~[medical~~
2359 ~~examiner's]~~ office, the medical examiner shall assume custody of a deceased body if it appears
2360 that death was:

2361 (1) by violence, gunshot, suicide, or an accident ~~[unless the accident is]~~ that was not a
2362 highway accident~~[- If the death was];~~

2363 (2) from a highway accident, ~~[custody shall only be assumed]~~ if an autopsy is:

2364 (a) required or permitted under the provisions of Section ~~[26-4-13]~~ 53-17-503; or [if]

2365 (b) requested by the law enforcement agency with jurisdiction over the highway
2366 accident;

2367 ~~[(2)]~~ (3) sudden death while in apparent good health;

2368 ~~[(3)]~~ (4) unattended deaths, except that an autopsy may only be performed in
2369 accordance with the provisions of Subsection ~~[26-4-9]~~ 53-17-304(3);

2370 ~~[(4)]~~ (5) under suspicious or unusual circumstances;

2371 ~~[(5)]~~ (6) resulting from poisoning or overdose of drugs;

2372 ~~[(6)]~~ (7) resulting from diseases that may constitute a threat to the public health;

2373 ~~[(7)]~~ (8) resulting from disease, injury, toxic effect, or unusual exertion incurred within
2374 the scope of the decedent's employment;

2375 ~~[(8)]~~ (9) due to sudden infant death syndrome;

2376 ~~[(9)]~~ (10) resulting while the decedent was in prison, jail, police custody, the state
2377 hospital, or in a detention or medical facility operated for the treatment of the mentally ill,
2378 emotionally disturbed, or delinquent persons;

2379 ~~[(10)]~~ (11) associated with diagnostic or therapeutic procedures; or

2380 ~~[(11)]~~ (12) described in this section when request is made to assume custody by a
2381 county or district attorney or law enforcement agency in connection with a potential homicide
2382 investigation or prosecution.

2383 Section 81. Section **53-17-303**, which is renumbered from Section 26-4-8 is

2384 renumbered and amended to read:

2385 ~~[26-4-8]~~. **53-17-303. Discovery of dead body -- Notice requirements --**

2386 **Procedure.**

2387 (1) When death occurs under circumstances listed in Section ~~[26-4-7]~~ 53-17-302, the
2388 person or persons finding or having custody of the body shall immediately notify the nearest
2389 law enforcement agency. The law enforcement agency having jurisdiction over the case shall
2390 then proceed to the place where the body is and conduct an investigation concerning the cause
2391 and circumstances of death for the purpose of determining whether there exists any criminal
2392 responsibility for the death.

2393 (2) On a determination by the law enforcement agency that death may have occurred in
2394 any of the ways described in Section ~~[26-4-7]~~ 53-17-302, the death shall be reported to the
2395 district attorney or county attorney having criminal jurisdiction and to the medical examiner by
2396 the law enforcement agency having jurisdiction over the investigation.

2397 (3) The report shall be made by the most expeditious means available. Failure to give
2398 notification or report to the district attorney or county attorney having criminal jurisdiction and
2399 medical examiner is a class B misdemeanor.

2400 Section 82. Section **53-17-304**, which is renumbered from Section 26-4-9 is
2401 renumbered and amended to read:

2402 ~~[26-4-9]~~. **53-17-304. Custody of dead body and personal effects --**

2403 **Examination of scene of death -- Preservation of body -- Autopsies.**

2404 (1) Upon notification of a death under Section ~~[26-4-8]~~ 53-17-303, the medical
2405 examiner shall assume custody of the deceased body, clothing on the body, biological samples
2406 taken, and any article on or near the body which may aid him in determining the cause of death
2407 except those articles which will assist the investigative agency to proceed without delay with
2408 the investigation. In all cases the scene of the event shall not be disturbed until authorization is
2409 given by the senior ranking peace officer from the law enforcement agency having jurisdiction
2410 of the case and conducting the investigation. Where death appears to have occurred under
2411 circumstances listed in Section ~~[26-4-7]~~ 53-17-302, the person or persons finding or having
2412 custody of the body, or jurisdiction over the investigation of the death, shall take reasonable
2413 precautions to preserve the body and body fluids so that minimum deterioration takes place.
2414 The body shall not be moved without permission of the medical examiner, district attorney, or

county attorney having criminal jurisdiction, or his authorized deputy except in cases of affront to public decency or circumstances where it is not practical to leave the body where found, or in such cases where the cause of death is clearly due to natural causes. The body can under direction of a licensed physician or the medical examiner or his designated representative be moved to a place specified by a funeral director, the attending physician, the medical examiner, or his representative.

(2) In the event the body, where referred to the medical examiner, is moved, no cleansing or embalming of the body shall occur without the permission of the medical examiner. An intentional or knowing violation of this Subsection (2) is a class B misdemeanor.

(3) When the medical examiner assumes lawful custody of a body under Subsection ~~[26-4-7(3)]~~ 53-17-302(4) solely because the death was unattended, an autopsy shall not be performed unless requested by the district attorney, county attorney having criminal jurisdiction, or law enforcement agency having jurisdiction of the place where the body is found, or a licensed physician, or a spouse, child, parent or guardian of the deceased, and a licensed physician. The county attorney or district attorney and law enforcement agency having jurisdiction shall consult with the medical examiner to determine the need for an autopsy. In any such case concerning unattended deaths qualifying as exempt from autopsy, a death certificate may be certified by a licensed physician. In this case the physician may be established as the medical examiner's designated representative. Requested autopsies shall not be performed when the medical examiner or his designated representative determines the autopsy to be unnecessary, provided that an autopsy requested by a district or county attorney or law enforcement agency may only be determined to be unnecessary if the cause of death can be ascertained without an autopsy being performed.

Section 83. Section **53-17-401**, which is renumbered from Section 26-4-11 is renumbered and amended to read:

Part 4. Records

~~[26-4-11]~~. **53-17-401. Records and reports of investigations.**

A complete copy of all written records and reports of investigations and facts resulting from medical care treatment, autopsies conducted by any person on the body of the deceased who died in any manner listed in Section ~~[26-4-7]~~ 53-17-302 and the written reports of any investigative agency making inquiry into the incident shall be promptly made and filed with the

medical examiner. Failure to submit reports other than reports of a county attorney, district attorney, or law enforcement agency, upon written request from the medical examiner within ten days is a class B misdemeanor.

Section 84. Section **53-17-402**, which is renumbered from Section 26-4-26 is renumbered and amended to read:

[26-4-26]. 53-17-402. Social Security number in certification of death.

A certification of death shall include, if known, the Social Security number of the deceased person, and a copy of the certification shall be sent to the Office of Recovery Services within the Department of Human Services upon request.

Section 85. Section **53-17-403**, which is renumbered from Section 26-4-15 is renumbered and amended to read:

[26-4-15]. 53-17-403. Deaths in medical centers and federal facilities.

All death certificates of any decedent who died in a teaching medical center or a federal medical facility unattended or in the care of an unlicensed physician or other medical personnel shall be signed by the licensed supervisory physician, attending physician or licensed resident physician of the medical center or facility.

Section 86. Section **53-17-404**, which is renumbered from Section 26-4-17 is renumbered and amended to read:

[26-4-17]. 53-17-404. Records of medical examiner -- Copies furnished to next-of-kin, law enforcement officers, and attending physician -- Confidentiality.

(1) The medical examiner shall keep and maintain full and complete original records, properly indexed, giving the name, if known, or otherwise identifying every person whose death is investigated, the place where the body was found, the date, the cause and manner of death, the occupation of the decedent if available, and all other relevant information concerning the death. A full report and detailed findings of the autopsy or report of the investigation shall be part of the record in each case.

(2) The county attorney, the district attorney, the attorney general, or other law enforcement official having jurisdiction may, upon written request, secure copies of the original records where necessary for the performance of their duties.

(3) The medical examiner shall promptly deliver copies of all reports, findings, and records gathered or compiled in the investigation of a death to the decedent's next-of-kin, legal

2477 representative, or physicians who attended the decedent during the year before death, upon
2478 their written request for the release of documents.

2479 (4) The medical examiner shall maintain the confidentiality of the records which shall
2480 be released as provided herein and upon payment of fees prescribed by the department under
2481 Section 26-1-6.

2482 Section 87. Section **53-17-405**, which is renumbered from Section 26-4-18 is
2483 renumbered and amended to read:

2484 **[26-4-18]. 53-17-405. Records of medical examiner -- Admissibility as evidence**
2485 **-- Subpoena of person who prepared record.**

2486 The records of the medical examiner or transcripts thereof certified by the medical
2487 examiner are admissible as evidence in any civil action in any court in this state except that
2488 statements by witnesses or other persons, unless taken pursuant to Section [26-4-21]
2489 53-17-505, as conclusions upon extraneous matters are not hereby made admissible. The
2490 person who prepared a report or record offered in evidence hereunder may be subpoenaed as a
2491 witness in the case by any party.

2492 Section 88. Section **53-17-406**, which is renumbered from Section 26-4-27 is
2493 renumbered and amended to read:

2494 **[26-4-27]. 53-17-406. Registry of unidentified deceased persons.**

2495 (1) If the identity of a deceased person over which the medical examiner has
2496 jurisdiction under Section [26-4-7] 53-17-302 is unknown, the medical examiner shall do the
2497 following before releasing the body to the county in which the body was found as provided in
2498 Section [26-4-25] 53-17-603:

2499 (a) assign a unique identifying number to the body;

2500 (b) create and maintain a file under the assigned number;

2501 (c) examine the body, take samples, and perform other related tasks for the purpose of
2502 deriving information that may be useful in ascertaining the identity of the deceased person;

2503 (d) use the identifying number in all records created by the medical examiner that
2504 pertains to the body;

2505 (e) record all information pertaining to the body in the file created and maintained
2506 under Subsection (1)(b);

2507 (f) communicate the unique identifying number to the county in which the body was

2508 found; and

2509 (g) access information from available government sources and databases in an attempt
2510 to ascertain the identity of the deceased person.

2511 (2) A county which has received a body to which Subsection (1) applies:

2512 (a) shall adopt and use the same identifying number assigned by Subsection (1) in all
2513 records created by the county that pertain to the body;

2514 (b) require any funeral director or sexton who is involved in the disposition of the body
2515 to adopt and use the same identifying number assigned by Subsection (1) in all records created
2516 by the funeral director or sexton pertaining to the body; and

2517 (c) shall provide a decent burial for the body.

2518 (3) Within 30 days of receiving a body to which Subsection (1) applies, the county
2519 shall inform the medical examiner of the disposition of the body including the burial plot. The
2520 medical examiner shall record this information in the file created and maintained under
2521 Subsection (1)(b).

2522 (4) The requirements of Subsections (1) and (6) apply to a county examiner appointed
2523 under Section ~~[26-4-5]~~ 53-17-202, with the additional requirements that the county examiner:

2524 (a) obtain a unique identifying number from the medical examiner for the body; and

2525 (b) send to the medical examiner a copy of the file created and maintained in
2526 accordance with Subsection (1)(b), including the disposition of the body and burial plot, within
2527 30 days of releasing the body.

2528 (5) The medical examiner shall maintain a file received under Subsection (4) in the
2529 same way that it maintains a file created and maintained by the medical examiner in accordance
2530 with Subsection (1)(b).

2531 (6) The medical examiner shall cooperate and share information generated and
2532 maintained under this section with a person who demonstrates:

2533 (a) a legitimate personal or governmental interest in determining the identity of a
2534 deceased person; and

2535 (b) a reasonable belief that the body of that deceased person may have come into the
2536 custody of the medical examiner.

2537 Section 89. Section **53-17-501**, which is renumbered from Section 26-4-10 is
2538 renumbered and amended to read:

Part 5. Cause of Death**[~~26-4-10~~]. 53-17-501. Certification of cause of death.**

The certification of the cause of death under any of the circumstances listed in Section [~~26-4-7~~] 53-17-302 shall only be made by the medical examiner or his designated representative. Certification of the cause of death or signature on the certificate of death by any other person is a class B misdemeanor.

Section 90. Section **53-17-502**, which is renumbered from Section 26-4-12 is renumbered and amended to read:

[~~26-4-12~~]. 53-17-502. Order to exhume body -- Procedure.

(1) In case of any death described in Section [~~26-4-7~~] 53-17-302, when a body is buried without an investigation by the medical examiner as to the cause and manner of death, it shall be the duty of the medical examiner, upon being advised of the fact, to notify the district attorney or county attorney having criminal jurisdiction where the body is buried or death occurred. Upon notification, the district attorney or county attorney having criminal jurisdiction may file an action in the district court to obtain an order to exhume the body. A district judge may order the body exhumed upon an ex parte hearing.

(2) (a) A body shall not be exhumed until notice of the order has been served upon the executor or administrator of the deceased's estate, or if no executor or administrator has been appointed, upon the nearest heir of the deceased, determined as if the deceased had died intestate. If the nearest heir of the deceased cannot be located within the jurisdiction, then the next heir in succession within the jurisdiction may be served.

(b) The executor, administrator, or heir shall have 24 hours to notify the issuing court of any objection to the order prior to the time the body is exhumed. If no heirs can be located within the jurisdiction within 24 hours, the facts shall be reported to the issuing court which may order that the body be exhumed forthwith.

(c) Notification to the executor, administrator, or heir shall specifically state the nature of the action and the fact that objection must be filed with the issuing court within 24 hours of the time of service.

(d) In the event an heir files an objection, the court shall set hearing on the matter at the earliest possible time and issue an order on the matter immediately at the conclusion of the hearing. Upon the receipt of notice of objection, the court shall immediately notify the county

2570 attorney who requested the order, so that the interest of the state may be represented at the
2571 hearing.

2572 (e) When there is reason to believe that death occurred in a manner described in
2573 Section ~~[26-4-7]~~ 53-17-302, the district attorney or county attorney having criminal jurisdiction
2574 may make a motion that the court, upon ex parte hearing, order the body exhumed forthwith
2575 and without notice. Upon a showing of exigent circumstances the court may order the body
2576 exhumed forthwith and without notice. In any event, upon motion of the district attorney or
2577 county attorney having criminal jurisdiction and upon the personal appearance of the medical
2578 examiner, the court for good cause may order the body exhumed forthwith and without notice.

2579 (3) An order to exhume a body shall be directed to the medical examiner, commanding
2580 him to cause the body to be exhumed, perform the required autopsy, and properly cause the
2581 body to be reburied upon completion of the examination.

2582 (4) The examination shall be completed and the complete autopsy report shall be made
2583 to the district attorney or county attorney having criminal jurisdiction for any action the
2584 attorney considers appropriate. The district attorney or county attorney shall submit the return
2585 of the order to exhume within ten days in the manner prescribed by the issuing court.

2586 Section 91. Section **53-17-503**, which is renumbered from Section 26-4-13 is
2587 renumbered and amended to read:

2588 ~~[26-4-13].~~ **53-17-503. Autopsies -- When authorized.**

2589 (1) The medical examiner shall perform an autopsy to:

- 2590 (a) aid in the discovery and prosecution of a crime;
2591 (b) protect an innocent person accused of a crime; and
2592 (c) disclose hazards to public health.

2593 (2) The medical examiner may perform an autopsy:

- 2594 (a) to aid in the administration of civil justice in life and accident insurance problems
2595 in accordance with Title 34A, Chapter 2, Workers' Compensation Act; or
2596 (b) in other cases involving questions of civil liability.

2597 Section 92. Section **53-17-504**, which is renumbered from Section 26-4-24 is
2598 renumbered and amended to read:

2599 ~~[26-4-24].~~ **53-17-504. Autopsies -- Persons eligible to authorize.**

2600 (1) Autopsies may be authorized:

(a) by the commissioner of the Labor Commission or the commissioner's designee as provided in Section 34A-2-603;

(b) by individuals by will or other written document;

(c) upon a decedent by the next of kin in the following order and as known: surviving spouse, child, if 18 years or older, otherwise the legal guardian of the child, parent, sibling, uncle or aunt, nephew or niece, cousin, others charged by law with the duty of burial, or friend assuming the obligation of burial;

(d) by the county attorney, district attorney, or the district attorney's deputy, or a district judge; and

(e) by the medical examiner as provided in this chapter.

(2) Autopsies authorized under Subsections (1)(a) and (1)(d) shall be performed by a certified pathologist.

(3) No criminal or civil action arises against a pathologist or a physician who proceeds in good faith and performs an autopsy authorized by this section.

Section 93. Section **53-17-505**, which is renumbered from Section 26-4-21 is renumbered and amended to read:

[26-4-21]. 53-17-505. Authority of county attorney or district attorney to subpoena witnesses and compel testimony -- Determination if decedent died by unlawful means.

(1) The district attorney or county attorney having criminal jurisdiction may subpoena witnesses and compel testimony concerning the death of any person and have such testimony reduced to writing under his direction and may employ a shorthand reporter for that purpose at the same compensation as is allowed to reporters in the district courts. When the testimony has been taken down by the shorthand reporter, a transcript thereof, duly certified, shall constitute the deposition of the witness.

(2) Upon review of all facts and testimony taken concerning the death of a person, the district attorney or county attorney having criminal jurisdiction shall determine if the decedent died by unlawful means and shall also determine if criminal prosecution shall be instituted.

Section 94. Section **53-17-506**, which is renumbered from Section 26-4-16 is renumbered and amended to read:

[26-4-16]. 53-17-506. Release of body for funeral preparations.

(1) (a) Where a body is held for investigation or autopsy under this chapter or for a medical investigation permitted by law, the body shall, if requested by the person given priority under Section 58-9-602, be released for funeral preparations no later than 24 hours after the arrival at the office of the medical examiner or regional medical facility.

(b) An extension may be ordered only by a district court.

(2) The right and duty to control the disposition of a deceased person is governed by Sections 58-9-601 through 58-9-606.

Section 95. Section **53-17-507**, which is renumbered from Section 26-4-14 is renumbered and amended to read:

[26-4-14]. 53-17-507. Certification of death by attending physician -- Deaths without medical attendance -- Cause of death uncertain -- Notice requirements.

The physician in attendance at the last illness of a deceased person who, in the judgment of the physician, does not appear to have died in a manner described in Section ~~[26-4-7]~~ 53-17-302, shall certify the cause of death to his best knowledge and belief. When there is no physician in attendance during the last illness or when an attending physician is unable to determine with reasonable certainty the cause of death, the physician or person with custody of the body shall so notify the medical examiner. If the medical examiner has reason to believe there may be criminal responsibility for the death, he shall notify the district attorney or county attorney having criminal jurisdiction or the head of the law enforcement agency having jurisdiction to make further investigation of the death.

Section 96. Section **53-17-508**, which is renumbered from Section 26-4-28 is renumbered and amended to read:

[26-4-28]. 53-17-508. Testing for suspected suicides -- Maintaining information -- Report to the Health and Human Services Interim Committee -- Compensation to deputy medical examiners.

(1) In all cases where it is suspected that a death resulted from suicide, including assisted suicide, the medical examiner shall endeavor to have the following tests conducted upon samples taken from the body of the deceased:

(a) a test that detects all of the substances included in the volatiles panel of the Bureau of Forensic Toxicology within the Department of Health;

(b) a test that detects all of the substances included in the drugs of abuse panel of the

Bureau of Forensic Toxicology within the Department of Health; and

(c) a test that detects all of the substances included in the prescription drug panel of the Bureau of Forensic Toxicology within the Department of Health.

(2) The medical examiner shall maintain information regarding the types of substances found present in the samples taken from the body of a person who is suspected to have died as a result of suicide or assisted suicide.

(3) (a) Beginning in 2008, on or before November 30 of each year, the ~~[Department of Health]~~ state medical examiner shall present a report on the information described in Subsection (2) to the Health and Human Services Interim Committee.

(b) The information described in Subsection (3)(a) may not contain any identifying information regarding any person to whom the information described in Subsection (2) relates.

(4) Within funds appropriated by the Legislature for this purpose, the medical examiner shall provide compensation, at a standard rate determined by the medical examiner, to a deputy medical examiner who collects samples for the purposes described in Subsection (1).

Section 97. Section **53-17-601**, which is renumbered from Section 26-4-20 is renumbered and amended to read:

Part 6. Miscellaneous Provisions

~~[26-4-20].~~ **53-17-601. Officials not liable for authorized acts.**

Except as provided in this chapter, a criminal or civil action shall not arise against the county attorney, the county attorney's deputies, the district attorney, ~~[or his]~~ the district attorney's deputies, the medical examiner ~~[or his]~~, the medical examiner's deputies, or regional pathologists for authorizing or performing autopsies authorized by this chapter or for any other act authorized by this chapter.

Section 98. Section **53-17-602**, which is renumbered from Section 26-4-23 is renumbered and amended to read:

~~[26-4-23].~~ **53-17-602. Authority of examiner to provide organ or other tissue for transplant purposes.**

(1) When requested by the licensed physician of a patient who is in need of an organ or other tissue for transplant purpose, by a legally created Utah eye bank, organ bank or medical facility, the medical examiner may provide an organ or other tissue if:

(a) a decedent who may provide a suitable organ or other tissue for the transplant is in the custody of the medical examiner;

(b) the medical examiner is assured that the requesting party has made reasonable search for and inquiry of next of kin of the decedent and that no objection by the next of kin is known by the requesting party; and

(c) the removal of the organ or other tissue will not interfere with the investigation or autopsy or alter the post-mortem facial appearance.

(2) When the medical examiner is in custody of a decedent who may provide a suitable organ or other tissue for transplant purposes, he may contact the appropriate eye bank, organ bank or medical facility and notify them concerning the suitability of the organ or other tissue. In such contact the medical examiner may disclose the name of the decedent so that necessary clearances can be obtained.

(3) No person shall be held civilly or criminally liable for any acts performed pursuant to this section.

Section 99. Section **53-17-603**, which is renumbered from Section 26-4-25 is renumbered and amended to read:

[26-4-25]. 53-17-603. Burial of unclaimed body -- Request by college of medicine.

Counties shall provide decent burial for a body found in the county which is unclaimed, unless it is requested by the college of medicine of the University of Utah and the burial requirement in Subsection ~~[26-4-27]~~ 53-17-406(2) does not apply because the identity of the body is known. Services rendered by a funeral director shall be paid for by the county.

Section 100. Section **53-17-604**, which is renumbered from Section 26-4-19 is renumbered and amended to read:

[26-4-19]. 53-17-604. Personal property of deceased -- Disposition.

(1) Personal property of the deceased not held as evidence shall be turned over to the legal representative of the deceased within 30 days after completion of the investigation of the death of the deceased. If no legal representative is known, the county attorney, district attorney, or the medical examiner shall, within 30 days after the investigation, turn the personal property over to the county treasurer to be handled pursuant to the escheat laws.

(2) An affidavit shall be filed with the county treasurer by the county attorney, district

attorney, or the medical examiner within 30 days after investigation of the death of the deceased showing the money or other property belonging to the estate of the deceased person which has come into his possession and the disposition made of the property.

(3) Property required to be turned over to the legal representative of the deceased may be held longer than 30 days if, in the opinion of the county attorney, district attorney, or attorney general, the property is necessary evidence in a court proceeding. Upon conclusion of the court proceedings, the personal property shall be turned over as described in this section and in accordance with the rules of the court.

Section 101. Section **58-1-307** is amended to read:

58-1-307. Exemptions from licensure.

(1) Except as otherwise provided by statute or rule, the following individuals may engage in the practice of their occupation or profession, subject to the stated circumstances and limitations, without being licensed under this title:

(a) an individual serving in the armed forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs, or other federal agencies while engaged in activities regulated under this chapter as a part of employment with that federal agency if the individual holds a valid license to practice a regulated occupation or profession issued by any other state or jurisdiction recognized by the division;

(b) a student engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by the division to the extent the activities are supervised by qualified faculty, staff, or designee and the activities are a defined part of the training program;

(c) an individual engaged in an internship, residency, preceptorship, postceptorship, fellowship, apprenticeship, or on-the-job training program approved by the division while under the supervision of qualified individuals;

(d) an individual residing in another state and licensed to practice a regulated occupation or profession in that state, who is called in for a consultation by an individual licensed in this state, and the services provided are limited to that consultation;

(e) an individual who is invited by a recognized school, association, society, or other body approved by the division to conduct a lecture, clinic, or demonstration of the practice of a regulated occupation or profession if the individual does not establish a place of business or

2756 regularly engage in the practice of the regulated occupation or profession in this state;

2757 (f) an individual licensed under the laws of this state, other than under this title, to
2758 practice or engage in an occupation or profession, while engaged in the lawful, professional,
2759 and competent practice of that occupation or profession;

2760 (g) an individual licensed in a health care profession in another state who performs that
2761 profession while attending to the immediate needs of a patient for a reasonable period during
2762 which the patient is being transported from outside of this state, into this state, or through this
2763 state;

2764 (h) an individual licensed in another state or country who is in this state temporarily to
2765 attend to the needs of an athletic team or group, except that the practitioner may only attend to
2766 the needs of the athletic team or group, including all individuals who travel with the team or
2767 group in any capacity except as a spectator;

2768 (i) an individual licensed and in good standing in another state, who is in this state:

2769 (i) temporarily, under the invitation and control of a sponsoring entity;

2770 (ii) for a reason associated with a special purpose event, based upon needs that may
2771 exceed the ability of this state to address through its licensees, as determined by the division;
2772 and

2773 (iii) for a limited period of time not to exceed the duration of that event, together with
2774 any necessary preparatory and conclusionary periods; and

2775 (j) a law enforcement officer, as defined under Section 53-13-103, who:

2776 (i) is operating a voice stress analyzer in the course of the officer's full-time
2777 employment with a federal, state, or local law enforcement agency;

2778 (ii) has completed the manufacturer's training course and is certified by the
2779 manufacturer to operate that voice stress analyzer; and

2780 (iii) is operating the voice stress analyzer in accordance with Section 58-64-601,
2781 regarding deception detection instruments.

2782 (2) (a) A practitioner temporarily in this state who is exempted from licensure under
2783 Subsection (1) shall comply with each requirement of the licensing jurisdiction from which the
2784 practitioner derives authority to practice.

2785 (b) Violation of a limitation imposed by this section constitutes grounds for removal of
2786 exempt status, denial of license, or other disciplinary proceedings.

(3) An individual who is licensed under a specific chapter of this title to practice or engage in an occupation or profession may engage in the lawful, professional, and competent practice of that occupation or profession without additional licensure under other chapters of this title, except as otherwise provided by this title.

(4) Upon the declaration of a national, state, or local emergency, a public health emergency as defined in Section 26-23b-102, or a declaration by the President of the United States or other federal official requesting public health-related activities, the division in collaboration with the board may:

(a) suspend the requirements for permanent or temporary licensure of individuals who are licensed in another state. Individuals exempt under this Subsection (4)(a) are exempt from licensure for the duration of the emergency while engaged in the scope of practice for which they are licensed in the other state;

(b) modify, under the circumstances described in this Subsection (4) and Subsection (5), the scope of practice restrictions under this title for individuals who are licensed under this title as:

(i) a physician under Chapter 67, Utah Medical Practice Act, or Chapter 68, Utah Osteopathic Medical Practice Act;

(ii) a nurse under Chapter 31b, Nurse Practice Act, or Chapter 31c, Nurse Licensure Compact;

(iii) a certified nurse midwife under Chapter 44a, Nurse Midwife Practice Act;

(iv) a pharmacist, pharmacy technician, or pharmacy intern under Chapter 17b, Pharmacy Practice Act;

(v) a respiratory therapist under Chapter 57, Respiratory Care Practices Act;

(vi) a dentist and dental hygienist under Chapter 69, Dentist and Dental Hygienist Practice Act; and

(vii) a physician assistant under Chapter 70a, Physician Assistant Act;

(c) suspend the requirements for licensure under this title and modify the scope of practice in the circumstances described in this Subsection (4) and Subsection (5) for medical services personnel or paramedics required to be certified under Section ~~[26-8a-302]~~ 53-16-502;

(d) suspend requirements in Subsections 58-17b-620(3) through (6) which require certain prescriptive procedures;

(e) exempt or modify the requirement for licensure of an individual who is activated as a member of a medical reserve corps during a time of emergency as provided in Section 26A-1-126; and

(f) exempt or modify the requirement for licensure of an individual who is registered as a volunteer health practitioner as provided in Title 26, Chapter 49, Uniform Emergency Volunteer Health Practitioners Act.

(5) Individuals exempt under Subsection (4)(c) and individuals operating under modified scope of practice provisions under Subsection (4)(b):

(a) are exempt from licensure or subject to modified scope of practice for the duration of the emergency;

(b) must be engaged in the distribution of medicines or medical devices in response to the emergency or declaration; and

(c) must be employed by or volunteering for:

(i) a local or state department of health; or

(ii) a host entity as defined in Section 26-49-102.

Section 102. Section **58-57-7** is amended to read:

58-57-7. Exemptions from licensure.

(1) For purposes of Subsection (2)(b), "qualified" means an individual who is a registered polysomnographic technologist or a Diplomate certified by the American Board of Sleep Medicine.

(2) In addition to the exemptions from licensure in Section 58-1-307, the following persons may engage in the practice of respiratory therapy subject to the stated circumstances and limitations without being licensed under this chapter:

(a) any person who provides gratuitous care for a member of his immediate family without representing himself as a licensed respiratory care practitioner;

(b) any person who is a licensed or qualified member of another health care profession, if this practice is consistent with the accepted standards of the profession and if the person does not represent himself as a respiratory care practitioner;

(c) any person who serves in the Armed Forces of the United States or any other agency of the federal government and is engaged in the performance of his official duties;

(d) any person who acts under a certification issued pursuant to Title ~~26~~ 53, Chapter

2849 [8a] 16, Utah Emergency Medical Services System Act, while providing emergency medical
2850 services; [and]

2851 (e) any person who delivers, installs, or maintains respiratory related durable medical
2852 equipment and who gives instructions regarding the use of that equipment in accordance with
2853 Subsections 58-57-2(3) and (6), except that this exemption does not include any clinical
2854 evaluation or treatment of the patient;

2855 (f) (i) any person who is working in a practitioner's office, acting under supervision;
2856 and

2857 (ii) for purposes of this Subsection (2)(f) and Subsection (g), "supervision" means one
2858 of the following will be immediately available for consultation in person or by phone:

2859 (A) a practitioner;

2860 (B) a respiratory therapist;

2861 (C) a Diplomate of the American Board of Sleep Medicine; or

2862 (D) a registered polysomnographic technologist; and

2863 (g) a polysomnographic technician or trainee, acting under supervision, as long as they
2864 only administer the following in a sleep lab, sleep center, or sleep facility:

2865 (i) oxygen titration; and

2866 (ii) positive airway pressure that does not include mechanical ventilation.

2867 (3) Nothing in this chapter permits a respiratory care practitioner to engage in the
2868 unauthorized practice of other health disciplines.

2869 Section 103. Section **59-12-801** is amended to read:

2870 **59-12-801. Definitions.**

2871 As used in this part:

2872 (1) "Emergency medical services" is as defined in Section ~~[26-8a-102]~~ 53-16-102.

2873 (2) "Federally qualified health center" is as defined in 42 U.S.C. Sec. 1395x.

2874 (3) "Freestanding urgent care center" means a facility that provides outpatient health
2875 care service:

2876 (a) on an as-needed basis, without an appointment;

2877 (b) to the public;

2878 (c) for the diagnosis and treatment of a medical condition if that medical condition
2879 does not require hospitalization or emergency intervention for a life threatening or potentially

- 2880 permanently disabling condition; and
- 2881 (d) including one or more of the following services:
- 2882 (i) a medical history physical examination;
- 2883 (ii) an assessment of health status; or
- 2884 (iii) treatment:
- 2885 (A) for a variety of medical conditions; and
- 2886 (B) that is commonly offered in a physician's office.
- 2887 (4) "Nursing care facility" is as defined in Section 26-21-2.
- 2888 (5) "Rural city hospital" means a hospital owned by a city that is located within a third,
- 2889 fourth, fifth, or sixth class county.
- 2890 (6) "Rural county health care facility" means a:
- 2891 (a) rural county hospital; or
- 2892 (b) rural county nursing care facility.
- 2893 (7) "Rural county hospital" means a hospital owned by a county that is:
- 2894 (a) a third, fourth, fifth, or sixth class county, as defined in Section 17-50-501; and
- 2895 (b) located outside of a standard metropolitan statistical area, as designated by the
- 2896 United States Bureau of the Census.
- 2897 (8) "Rural county nursing care facility" means a nursing care facility owned by a
- 2898 county that is:
- 2899 (a) a third, fourth, fifth, or sixth class county, as defined in Section 17-50-501; and
- 2900 (b) located outside of a standard metropolitan statistical area, as designated by the
- 2901 United States Census Bureau.
- 2902 (9) "Rural emergency medical services" means emergency medical services that are
- 2903 provided by a county that is:
- 2904 (a) a third, fourth, fifth, or sixth class county, as defined in Section 17-50-501; and
- 2905 (b) located outside of a standard metropolitan statistical area, as designated by the
- 2906 United States Census Bureau.
- 2907 (10) "Rural health clinic" is as defined in 42 U.S.C. Sec. 1395x.
- 2908 Section 104. Section **62A-4a-405** is amended to read:
- 2909 **62A-4a-405. Death of child -- Reporting requirements.**
- 2910 (1) Any person who has reason to believe that a child has died as a result of abuse or

2911 neglect shall report that fact to:

2912 (a) the local law enforcement agency, who shall report to the county attorney or district
2913 attorney as provided under Section 17-18-1 or 17-18-1.7; and

2914 (b) the appropriate medical examiner in accordance with Title [26] 53, Chapter [4] 17,
2915 Utah Medical Examiner Act.

2916 (2) After receiving a report described in Subsection (1), the medical examiner shall
2917 investigate and report the medical examiner's findings to:

2918 (a) the police;

2919 (b) the appropriate county attorney or district attorney;

2920 (c) the attorney general's office;

2921 (d) the division; and

2922 (e) if the institution making the report is a hospital, to that hospital.

2923 Section 105. Section **62A-15-629** is amended to read:

2924 **62A-15-629. Temporary commitment -- Requirements and procedures.**

2925 (1) (a) An adult may be temporarily, involuntarily committed to a local mental health
2926 authority upon:

2927 (i) written application by a responsible person who has reason to know, stating a belief
2928 that the individual is likely to cause serious injury to himself or others if not immediately
2929 restrained, and stating the personal knowledge of the individual's condition or circumstances
2930 which lead to that belief; and

2931 (ii) a certification by a licensed physician or designated examiner stating that the
2932 physician or designated examiner has examined the individual within a three-day period
2933 immediately preceding that certification, and that he is of the opinion that the individual is
2934 mentally ill and, because of his mental illness, is likely to injure himself or others if not
2935 immediately restrained.

2936 (b) Application and certification as described in Subsection (1)(a) authorizes any
2937 peace officer to take the individual into the custody of a local mental health authority and
2938 transport the individual to that authority's designated facility.

2939 (2) If a duly authorized peace officer observes a person involved in conduct that gives
2940 the officer probable cause to believe that the person is mentally ill, as defined in Section
2941 62A-15-602, 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-15-631. If that application has been made, an order of detention may be entered under Subsection 62A-15-631(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 or, under the appropriate law enforcement's authority, by ambulance to the extent that Subsection (5) applies. However, if the designated facility is outside of that authority's jurisdiction, the appropriate county sheriff shall transport the person or cause the person to be transported by ambulance to the extent that Subsection (5) applies.

(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 Section ~~26-8a-305~~ 53-16-505. In addition, if the person requires physical medical attention, the peace officer shall

2973 direct that transportation be to an appropriate medical facility for treatment.

2974 Section 106. Section **63C-7-202** is amended to read:

2975 **63C-7-202. Powers of the Utah Communications Agency Network.**

2976 The Utah Communications Agency Network shall have the power to:

2977 (1) sue and be sued in its own name;

2978 (2) have an official seal and power to alter that seal at will;

2979 (3) make and execute contracts and all other instruments necessary or convenient for
2980 the performance of its duties and the exercise of its powers and functions under this chapter,
2981 including contracts with private companies licensed under Title [26] 53, Chapter [8a] 16, Utah
2982 Emergency Medical Services System Act;

2983 (4) own, acquire, construct, operate, maintain, and repair a communications network,
2984 and dispose of any portion of it;

2985 (5) borrow money and incur indebtedness;

2986 (6) issue bonds as provided in this chapter;

2987 (7) enter into agreements with public agencies, the state, and federal government to
2988 provide communications network services on terms and conditions it considers to be in the best
2989 interest of its members;

2990 (8) acquire, by gift, grant, purchase, or by exercise of eminent domain, any real
2991 property or personal property in connection with the acquisition and construction of a
2992 communications network and all related facilities and rights-of-way which it owns, operates,
2993 and maintains;

2994 (9) contract with other public agencies, the state, or federal government to provide
2995 public safety communications services in excess of those required to meet the needs or
2996 requirements of its members and the state and federal government if:

2997 (a) it is determined by the executive committee to be necessary to accomplish the
2998 purposes and realize the benefits of this chapter; and

2999 (b) any excess is sold to other public agencies, the state, or federal government and is
3000 sold on terms that assure that the cost of providing the excess service will be received by the
3001 Utah Communications Agency Network; and

3002 (10) perform all other duties authorized by this chapter.

3003 Section 107. Section **63G-4-102** is amended to read:

63G-4-102. 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) state agency action that determines the legal rights, duties, privileges, immunities, or other legal interests of an identifiable person, including agency action to grant, deny, revoke, suspend, modify, annul, withdraw, or amend an authority, right, or license; and

(b) judicial review of the action.

(2) This chapter does not govern:

(a) the procedure for making agency rules, or judicial review of the procedure or rules;

(b) the issuance of a notice of a deficiency in the payment of a tax, the decision to waive a penalty or interest on taxes, the imposition of and penalty or interest on taxes, or the issuance of a tax assessment, except that this chapter governs an agency action commenced by a taxpayer or by another person authorized by law to contest the validity or correctness of the action;

(c) state agency action relating to extradition, to the granting of a pardon or parole, a commutation or termination of a sentence, or to the rescission, termination, or revocation of parole or probation, to the discipline of, resolution of a grievance of, supervision of, confinement of, or the treatment of an inmate or resident of a correctional facility, the Utah State Hospital, the Utah State Developmental Center, or a person in the custody or jurisdiction of the Division of Substance Abuse and Mental Health, or a person on probation or parole, or judicial review of the action;

(d) state agency action to evaluate, discipline, employ, transfer, reassign, or promote a student or teacher in a school or educational institution, or judicial review of the action;

(e) an application for employment and internal personnel action within an agency concerning its own employees, or judicial review of the action;

(f) the issuance of a citation or assessment under Title 34A, Chapter 6, Utah Occupational Safety and Health Act, and Title 58, Chapter 3a, Architects Licensing Act, Chapter 11a, [~~Cosmetologist/Barber~~] Barber, Cosmetologist, Esthetician, Electrologist, and Nail Technician Licensing Act, Chapter 17b, Pharmacy Practice Act, Chapter 22, Professional Engineers and Professional Land Surveyors Licensing Act, Chapter 53, Landscape Architects

Licensing Act, Chapter 55, Utah Construction Trades Licensing Act, Chapter 63, Security Personnel Licensing Act, and Chapter 76, Professional Geologist Licensing Act, except that this chapter governs an 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 action 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 the action;

(h) state agency action under Title 7, Chapter 1, Article 3, Powers and Duties of Commissioner of Financial Institutions, Title 7, Chapter 2, Possession of Depository Institution by Commissioner, Title 7, Chapter 19, Acquisition of Failing Depository Institutions or Holding Companies, and Title 63G, Chapter 7, Governmental Immunity Act of Utah, or judicial review of the action;

(i) the initial determination of a person's eligibility for unemployment benefits, the initial determination of a person's eligibility for benefits under Title 34A, Chapter 2, Workers' Compensation Act, and Title 34A, Chapter 3, Utah Occupational Disease Act, or the initial determination of a person's unemployment tax liability;

(j) state agency action relating to the distribution or award of a monetary grant to or between governmental units, or for research, development, or the arts, or judicial review of the action;

(k) the issuance of a notice of violation or order under Title ~~[26]~~ 53, Chapter ~~[8a]~~ 16, Utah Emergency Medical Services System Act, Title 19, Chapter 2, Air Conservation Act, Title 19, Chapter 3, Radiation Control Act, Title 19, Chapter 4, Safe Drinking Water Act, Title 19, Chapter 5, Water Quality Act, Title 19, Chapter 6, Part 1, Solid and Hazardous Waste Act, Title 19, Chapter 6, Part 4, Underground Storage Tank Act, or Title 19, Chapter 6, Part 7, Used Oil Management Act, or Title 19, Chapter 6, Part 10, Mercury Switch Removal Act, except that this chapter governs an agency action commenced by a person authorized by law to contest the validity or correctness of the notice or order;

(l) state agency action, to the extent required by federal statute or regulation, to be conducted according to federal procedures;

(m) the initial determination of a person's eligibility for government or public

3066 assistance benefits;

3067 (n) state agency action relating to wildlife licenses, permits, tags, and certificates of
3068 registration;

3069 (o) a license for use of state recreational facilities;

3070 (p) state agency action under Title 63G, Chapter 2, Government Records Access and
3071 Management Act, except as provided in Section 63G-2-603;

3072 (q) state agency action relating to the collection of water commissioner fees and
3073 delinquency penalties, or judicial review of the action;

3074 (r) state agency action relating to the installation, maintenance, and repair of headgates,
3075 caps, valves, or other water controlling works and weirs, flumes, meters, or other water
3076 measuring devices, or judicial review of the action;

3077 (s) the issuance and enforcement of an initial order under Section 73-2-25;

3078 (t) (i) a hearing conducted by the Division of Securities under Section 61-1-11.1; and
3079 (ii) an action taken by the Division of Securities pursuant to a hearing conducted under
3080 Section 61-1-11.1, including a determination regarding the fairness of an issuance or exchange
3081 of securities described in Subsection 61-1-11.1(1); and

3082 (u) state agency action relating to water well driller licenses, water well drilling
3083 permits, water well driller registration, or water well drilling construction standards, or judicial
3084 review of the action.

3085 (3) This chapter does not affect a legal remedy otherwise available to:

3086 (a) compel an agency to take action; or
3087 (b) challenge an agency's rule.

3088 (4) This chapter does not preclude an agency, prior to the beginning of an adjudicative
3089 proceeding, or the presiding officer during an adjudicative proceeding from:

3090 (a) requesting or ordering a conference with parties and interested persons to:

3091 (i) encourage settlement;
3092 (ii) clarify the issues;
3093 (iii) simplify the evidence;
3094 (iv) facilitate discovery; or
3095 (v) expedite the proceeding; or
3096 (b) granting a timely motion to dismiss or for summary judgment if the requirements of

Rule 12(b) or Rule 56 of the Utah Rules of Civil Procedure are met by the moving party, except to the extent that the requirements of those rules are modified by this chapter.

(5) (a) A declaratory proceeding authorized by Section 63G-4-503 is not governed by this chapter, except as explicitly provided in that section.

(b) Judicial review of a declaratory proceeding authorized by Section 63G-4-503 is governed by this chapter.

(6) This chapter does not preclude an agency from enacting a rule affecting or governing an adjudicative proceeding or from following the rule, if the rule is enacted according to the procedures outlined in Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and if the rule conforms to the requirements of this chapter.

(7) (a) If the attorney general issues a written determination that a 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 the provision 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 a time period prescribed in this chapter, except the time period established for judicial review.

Section 108. Section **75-2a-103** is amended to read:

75-2a-103. Definitions.

As used in this chapter:

(1) "Adult" means a person who is:

(a) at least 18 years of age; or

(b) an emancipated minor.

(2) "Advance health care directive":

(a) includes:

(i) a designation of an agent to make health care decisions for an adult when the adult cannot make or communicate health care decisions; or

3128 (ii) an expression of preferences about health care decisions;
3129 (b) may take one of the following forms:
3130 (i) a written document, voluntarily executed by an adult in accordance with the
3131 requirements of this chapter; or
3132 (ii) a witnessed oral statement, made in accordance with the requirements of this
3133 chapter; and
3134 (c) does not include a life with dignity order.
3135 (3) "Agent" means a person designated in an advance health care directive to make
3136 health care decisions for the declarant.
3137 (4) "APRN" means a person who is:
3138 (a) certified or licensed as an advance practice registered nurse under Subsection
3139 58-31b-301(2)(d);
3140 (b) an independent practitioner;
3141 (c) acting under a consultation and referral plan with a physician; and
3142 (d) acting within the scope of practice for that person, as provided by law, rule, and
3143 specialized certification and training in that person's area of practice.
3144 (5) "Best interest" means that the benefits to the person resulting from a treatment
3145 outweigh the burdens to the person resulting from the treatment, taking into account:
3146 (a) the effect of the treatment on the physical, emotional, and cognitive functions of the
3147 person;
3148 (b) the degree of physical pain or discomfort caused to the person by the treatment or
3149 the withholding or withdrawal of treatment;
3150 (c) the degree to which the person's medical condition, the treatment, or the
3151 withholding or withdrawal of treatment, result in a severe and continuing impairment of the
3152 dignity of the person by subjecting the person to humiliation and dependency;
3153 (d) the effect of the treatment on the life expectancy of the person;
3154 (e) the prognosis of the person for recovery with and without the treatment;
3155 (f) the risks, side effects, and benefits of the treatment, or the withholding or
3156 withdrawal of treatment; and
3157 (g) the religious beliefs and basic values of the person receiving treatment, to the extent
3158 these may assist the decision maker in determining the best interest.

3159 (6) "Capacity to appoint an agent" means that the adult understands the consequences
3160 of appointing a particular person as agent.

3161 (7) "Declarant" means an adult who has completed and signed or directed the signing
3162 of an advance health care directive.

3163 (8) "Default surrogate" means the adult who may make decisions for an individual
3164 when either:

3165 (a) an agent or guardian has not been appointed; or

3166 (b) an agent is not able, available, or willing to make decisions for an adult.

3167 (9) "Emergency medical services provider" means a person who is licensed,
3168 designated, or certified under Title [26] 53, Chapter [8a] 16, Utah Emergency Medical Services
3169 System Act.

3170 (10) "Generally accepted health care standards":

3171 (a) is defined only for the purpose of:

3172 (i) this chapter and does not define the standard of care for any other purpose under
3173 Utah law; and

3174 (ii) enabling health care providers to interpret the statutory form set forth in Section
3175 75-2a-117; and

3176 (b) means the standard of care that justifies a provider in declining to provide life
3177 sustaining care because the proposed life sustaining care:

3178 (i) will not prevent or reduce the deterioration in the health or functional status of a
3179 person;

3180 (ii) will not prevent the impending death of a person; or

3181 (iii) will impose more burden on the person than any expected benefit to the person.

3182 (11) "Health care" means any care, treatment, service, or procedure to improve,
3183 maintain, diagnose, or otherwise affect a person's physical or mental condition.

3184 (12) "Health care decision":

3185 (a) means a decision about an adult's health care made by, or on behalf of, an adult, that
3186 is communicated to a health care provider;

3187 (b) includes:

3188 (i) selection and discharge of a health care provider and a health care facility;

3189 (ii) approval or disapproval of diagnostic tests, procedures, programs of medication,

3190 and orders not to resuscitate; and

3191 (iii) directions to provide, withhold, or withdraw artificial nutrition and hydration and
3192 all other forms of health care; and

3193 (c) does not include decisions about an adult's financial affairs or social interactions
3194 other than as indirectly affected by the health care decision.

3195 (13) "Health care decision making capacity" means an adult's ability to make an
3196 informed decision about receiving or refusing health care, including:

3197 (a) the ability to understand the nature, extent, or probable consequences of health
3198 status and health care alternatives;

3199 (b) the ability to make a rational evaluation of the burdens, risks, benefits, and
3200 alternatives of accepting or rejecting health care; and

3201 (c) the ability to communicate a decision.

3202 (14) "Health care facility" means:

3203 (a) a health care facility as defined in Title 26, Chapter 21, Health Care Facility
3204 Licensing and Inspection Act; and

3205 (b) private offices of physicians, dentists, and other health care providers licensed to
3206 provide health care under Title 58, Occupations and Professions.

3207 (15) "Health care provider" is as defined in Section 78B-3-403, except that it does not
3208 include an emergency medical services provider.

3209 (16) (a) "Life sustaining care" means any medical intervention, including procedures,
3210 administration of medication, or use of a medical device, that maintains life by sustaining,
3211 restoring, or supplanting a vital function.

3212 (b) "Life sustaining care" does not include care provided for the purpose of keeping a
3213 person comfortable.

3214 (17) "Life with dignity order" means an order, designated by the Department of Health
3215 under Section 75-2a-106(5)(a), that gives direction to health care providers, health care
3216 facilities, and emergency medical services providers regarding the specific health care
3217 decisions of the person to whom the order relates.

3218 (18) "Minor" means a person who:

3219 (a) is under 18 years of age; and

3220 (b) is not an emancipated minor.

3221 (19) "Physician" means a physician and surgeon or osteopathic surgeon licensed under
3222 Title 58, Chapter 67, Utah Medical Practice Act or Chapter 68, Utah Osteopathic Medical
3223 Practice Act.

3224 (20) "Reasonably available" means:

3225 (a) readily able to be contacted without undue effort; and

3226 (b) willing and able to act in a timely manner considering the urgency of the
3227 circumstances.

3228 (21) "Substituted judgment" means the standard to be applied by a surrogate when
3229 making a health care decision for an adult who previously had the capacity to make health care
3230 decisions, which requires the surrogate to consider:

3231 (a) specific preferences expressed by the adult:

3232 (i) when the adult had the capacity to make health care decisions; and

3233 (ii) at the time the decision is being made;

3234 (b) the surrogate's understanding of the adult's health care preferences;

3235 (c) the surrogate's understanding of what the adult would have wanted under the
3236 circumstances; and

3237 (d) to the extent that the preferences described in Subsections (21)(a) through (c) are
3238 unknown, the best interest of the adult.

3239 (22) "Surrogate" means a health care decision maker who is:

3240 (a) an appointed agent;

3241 (b) a default surrogate under the provisions of Section 75-2a-108; or

3242 (c) a guardian.

3243 Section 109. Section **75-2a-106** is amended to read:

3244 **75-2a-106. Emergency medical services -- Life with dignity order.**

3245 (1) A life with dignity order may be created by or on behalf of a person as described in
3246 this section.

3247 (2) A life with dignity order shall, in consultation with the person authorized to consent
3248 to the order pursuant to this section, be prepared by:

3249 (a) the physician or APRN of the person to whom the life with dignity order relates; or

3250 (b) a health care provider who:

3251 (i) is acting under the supervision of a person described in Subsection (2)(a); and

3252 (ii) is:

3253 (A) a nurse, licensed under Title 58, Chapter 31b, Nurse Practice Act;

3254 (B) a physician assistant, licensed under Title 58, Chapter 70a, Physician Assistant

3255 Act;

3256 (C) a mental health professional, licensed under Title 58, Chapter 60, Mental Health

3257 Professional Practice Act; or

3258 (D) another health care provider, designated by rule as described in Subsection (10).

3259 (3) A life with dignity order shall be signed:

3260 (a) personally, by the physician or APRN of the person to whom the life with dignity

3261 order relates; and

3262 (b) (i) if the person to whom the life with dignity order relates is an adult with health

3263 care decision making capacity, by:

3264 (A) the person; or

3265 (B) an adult who is directed by the person to sign the life with dignity order on behalf

3266 of the person;

3267 (ii) if the person to whom the life with dignity order relates is an adult who lacks health

3268 care decision making capacity, by:

3269 (A) the surrogate with the highest priority under Section 75-2a-111;

3270 (B) the majority of the class of surrogates with the highest priority under Section

3271 75-2a-111; or

3272 (C) a person directed to sign the order by, and on behalf of, the persons described in

3273 Subsection (3)(b)(ii)(A) or (B); or

3274 (iii) if the person to whom the life with dignity order relates is a minor, by a parent or

3275 guardian of the minor.

3276 (4) If a life with dignity order relates to a minor and directs that life sustaining

3277 treatment be withheld or withdrawn from the minor, the order shall include a certification by

3278 two physicians that, in their clinical judgment, an order to withhold or withdraw life sustaining

3279 treatment is in the best interest of the minor.

3280 (5) A life with dignity order:

3281 (a) shall be in writing, on a form approved by the Department of Health;

3282 (b) shall state the date on which the order was made;

(c) may specify the level of life sustaining care to be provided to the person to whom the order relates; and

(d) may direct that life sustaining care be withheld or withdrawn from the person to whom the order relates.

(6) A health care provider or emergency medical service provider, licensed or certified under Title [26] 53, Chapter [8a] 16, Utah Emergency Medical Services System Act, is immune from civil or criminal liability, and is not subject to discipline for unprofessional conduct, for:

(a) complying with a life with dignity order in good faith; or

(b) providing life sustaining treatment to a person when a life with dignity order directs that the life sustaining treatment be withheld or withdrawn.

(7) To the extent that the provisions of a life with dignity order described in this section conflict with the provisions of an advance health care directive made under Section 75-2a-107, the provisions of the life with dignity order take precedence.

(8) An adult, or a parent or guardian of a minor, may revoke a life with dignity order by:

(a) orally informing emergency service personnel;

(b) writing "void" across the form;

(c) burning, tearing, or otherwise destroying or defacing:

(i) the form; or

(ii) a bracelet or other evidence of the life with dignity order;

(d) asking another adult to take the action described in this Subsection (8) on the person's behalf;

(e) signing or directing another adult to sign a written revocation on the person's behalf;

(f) stating, in the presence of an adult witness, that the person wishes to revoke the order; or

(g) completing a new life with dignity order.

(9) (a) Except as provided in Subsection (9)(c), a surrogate for an adult who lacks health care decision making capacity may only revoke a life with dignity order if the revocation is consistent with the substituted judgment standard.

(b) Except as provided in Subsection (9)(c), a surrogate who has authority under this section to sign a life with dignity order may revoke a life with dignity order, in accordance with Subsection (9)(a), by:

(i) signing a written revocation of the life with dignity order; or

(ii) completing and signing a new life with dignity order.

(c) A surrogate may not revoke a life with dignity order during the period of time beginning when an emergency service provider is contacted for assistance, and ending when the emergency ends.

(10) (a) The Department of Health shall adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:

(i) create the forms and systems described in this section; and

(ii) develop uniform instructions for the form established in Section 75-2a-117.

(b) The Department of Health may adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to designate health care professionals, in addition to those described in Subsection (2)(b)(ii), who may prepare a life with dignity order.

(c) The Department of Health may assist others with training of health care professionals regarding this chapter.

Section 110. 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 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 emergency medical service worker; and

(b) the health care provider or 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) "Emergency medical service worker" means a person certified under Section ~~26-8a-302~~ 53-16-502.

(b) "Health care provider" has the meaning as provided in Section 78B-3-403.

Section 111. Section **76-9-704** is amended to read:

76-9-704. Abuse or desecration of a dead human body -- Penalties.

(1) For purposes of this section, "dead human body" includes any part of a human body in any stage of decomposition, including ancient human remains as defined in Section 9-8-302.

(2) A person is guilty of abuse or desecration of a dead human body if the person intentionally and unlawfully:

(a) fails to report the finding of a dead human body to a local law enforcement agency;

(b) disturbs, moves, removes, conceals, or destroys a dead human body or any part of it;

(c) disinters a buried or otherwise interred dead human body, without authority of a court order;

(d) dismembers a dead human body to any extent, or damages or detaches any part or portion of a dead human body; or

(e) (i) commits or attempts to commit upon any dead human body any act of sexual penetration, regardless of the sex of the actor and of the dead human body; and

(ii) as used in Subsection (2)(e)(i), "sexual penetration" means penetration, however slight, of the genital or anal opening by any object, substance, instrument, or device, including a part of the human body, or penetration involving the genitals of the actor and the mouth of the dead human body.

(3) A person does not violate this section if when that person directs or carries out procedures regarding a dead human body, that person complies with:

(a) Title 9, Chapter 8, Part 3, Antiquities;

(b) Title ~~[26]~~ 53, Chapter ~~[4]~~ 17, Utah Medical Examiner Act;

(c) Title 26, Chapter 28, Revised Uniform Anatomical Gift Act;

(d) Title 53B, Chapter 17, Part 3, Use of Dead Bodies for Medical Purposes;

(e) Title 58, Chapter 9, Funeral Services Licensing Act; or

(f) Title 58, Chapter 67, Utah Medical Practice Act, which concerns licensing to practice medicine.

(4) (a) Failure to report the finding of a dead human body as required under Subsection (2)(a) is a class B misdemeanor.

(b) Abuse or desecration of a dead human body as described in Subsections (2)(b) through (e) is a third degree felony.

3376 Section 112. Section **76-10-915** is amended to read:

3377 **76-10-915. Exempt activities.**

3378 (1) This act may not be construed to prohibit:

3379 (a) the activities of any public utility to the extent that those activities are subject to
3380 regulation by the public service commission, the state or federal department of transportation,
3381 the federal energy regulatory commission, the federal communications commission, the
3382 interstate commerce commission, or successor agencies;

3383 (b) the activities of any insurer, insurance producer, independent insurance adjuster, or
3384 rating organization including, but not limited to, making or participating in joint underwriting
3385 or reinsurance arrangements, to the extent that those activities are subject to regulation by the
3386 commissioner of insurance;

3387 (c) the activities of securities dealers, issuers, or agents, to the extent that those
3388 activities are subject to regulation under the laws of either this state or the United States;

3389 (d) the activities of any state or national banking institution, to the extent that the
3390 activities are regulated or supervised by state government officers or agencies under the
3391 banking laws of this state or by federal government officers or agencies under the banking laws
3392 of the United States;

3393 (e) the activities of any state or federal savings and loan association to the extent that
3394 those activities are regulated or supervised by state government officers or agencies under the
3395 banking laws of this state or federal government officers or agencies under the banking laws of
3396 the United States;

3397 (f) the activities of a municipality to the extent authorized or directed by state law; or

3398 (g) the activities of an emergency medical service provider licensed under Title [26]
3399 53, Chapter [8a] 16, Utah Emergency Medical Services System Act, to the extent that those
3400 activities are regulated by state government officers or agencies under that act.

3401 (2) (a) The labor of a human being is not a commodity or article of commerce.

3402 (b) Nothing contained in the antitrust laws shall be construed to forbid the existence
3403 and operation of labor, agricultural, or horticultural organizations, instituted for the purpose of
3404 mutual help and not having capital stock or conducted for profit, or to forbid or restrain
3405 individual members of these organizations from lawfully carrying out their legitimate objects;
3406 nor may these organizations or membership in them be held to be illegal combinations or

3407 conspiracies in restraint of trade under the antitrust laws.

3408 (3) (a) As used in this section, an entity is also a municipality if the entity was formed
3409 under Title 11, Chapter 13, Interlocal Cooperation Act, prior to January 1, 1981, and the entity
3410 is:

3411 (i) a project entity as defined in Section 11-13-103;

3412 (ii) an electric interlocal entity as defined in Section 11-13-103; or

3413 (iii) an energy services interlocal entity as defined in Section 11-13-103.

3414 (b) The activities of the entities under Subsection (3)(a) are authorized or directed by
3415 state law.

3416 Section 113. Section **78B-8-401** is amended to read:

3417 **78B-8-401. Definitions.**

3418 For purposes of this chapter:

3419 (1) "Blood or contaminated body fluids" includes blood, amniotic fluid, pericardial
3420 fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, and vaginal
3421 secretions, and any body fluid visibly contaminated with blood.

3422 (2) "Disease" means Human Immunodeficiency Virus infection, acute or chronic
3423 Hepatitis B infection, Hepatitis C infection, and any other infectious disease specifically
3424 designated by the Labor Commission in consultation with the Department of Health for the
3425 purposes of this chapter.

3426 (3) "Emergency medical services provider" means an individual certified under Section
3427 ~~[26-8a-302]~~ 53-16-502, a public safety officer, local fire department personnel, or personnel
3428 employed by the Department of Corrections or by a county jail, who provide prehospital
3429 emergency medical care for an emergency medical services provider either as an employee or
3430 as a volunteer.

3431 (4) "First aid volunteer" means a person who provides voluntary emergency assistance
3432 or first aid medical care to an injured person prior to the arrival of an emergency medical
3433 services provider or public safety officer.

3434 (5) "Public safety officer" means a peace officer as defined in Title 53, Chapter 13,
3435 Peace Officer Classifications.

3436 (6) "Significant exposure" and "significantly exposed" mean:

3437 (a) exposure of the body of one person to the blood or body fluids of another person

3438 by:

3439 (i) percutaneous injury, including a needle stick or cut with a sharp object or

3440 instrument; or

3441 (ii) contact with an open wound, mucous membrane, or nonintact skin because of a cut,

3442 abrasion, dermatitis, or other damage; or

3443 (b) exposure that occurs by any other method of transmission defined by the

3444 Department of Health as a significant exposure.

Legislative Review Note

as of 2-18-09 10:19 AM

Office of Legislative Research and General Counsel

H.B. 395 - Medical Services Amendments

Fiscal Note

2009 General Session

State of Utah

State Impact

This Legislation requires an ongoing appropriation of \$77,000 General Fund to the Department of Public Safety. This Legislation requires additional transfers that have a \$0 net impact to the State. The Legislation requires a transfer from the Department of Health to the Department of Public Safety of \$8,352,700 total funds in FY 2009 with \$3,888,100 from the General Fund. Additionally, the Legislation requires an ongoing transfer from the Department of Health to the Department of Public Safety of \$7,818,000 total funds starting in FY 2010 with \$3,353,400 from the General Fund.

	<u>2009</u> <u>Approp.</u>	<u>2010</u> <u>Approp.</u>	<u>2011</u> <u>Approp.</u>	<u>2009</u> <u>Revenue</u>	<u>2010</u> <u>Revenue</u>	<u>2011</u> <u>Revenue</u>
General Fund	\$0	\$77,000	\$77,000	\$0	\$0	\$0
Total	\$0	\$77,000	\$77,000	\$0	\$0	\$0

Individual, Business and/or Local Impact

Enactment of this bill likely will not result in direct, measurable costs and/or benefits for individuals, businesses, or local governments.