

Senator Curtis S. Bramble proposes the following substitute bill:

NON-EMERGENCY PATIENT TRANSPORTATION

SAFETY AMENDMENTS

2018 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Edward H. Redd

Senate Sponsor: Curtis S. Bramble

LONG TITLE

General Description:

This bill amends the Utah Emergency Medical Services System Act.

Highlighted Provisions:

This bill:

- ▶ defines terms;
- ▶ creates a new category for designation as an emergency medical service provider;
- ▶ adds to the list of individuals who must be transported by a licensed ambulance;
- ▶ allows an emergency medical services provider to decline or delay a request for

non-emergency transportation under certain circumstances that would endanger the patient or the provider; and

- ▶ requires a hospital to hold a bed for a patient whose transportation is delayed or declined under the provisions of this bill.

Money Appropriated in this Bill:

None

Other Special Clauses:

This bill provides a special effective date.

Utah Code Sections Affected:



26 AMENDS:

27 [26-8a-102](#), as last amended by Laws of Utah 2017, Chapter 326

28 [26-8a-303](#), as enacted by Laws of Utah 1999, Chapter 141

29 [26-8a-305](#), as enacted by Laws of Utah 1999, Chapter 141

30 ENACTS:

31 [26-8a-602](#), Utah Code Annotated 1953



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

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

35 **26-8a-102. Definitions.**

36 As used in this chapter:

37 (1) (a) "911 ambulance or paramedic services" means:

38 (i) either:

39 (A) 911 ambulance service;

40 (B) 911 paramedic service; or

41 (C) both 911 ambulance and paramedic service; and

42 (ii) a response to a 911 call received by a designated dispatch center that receives 911
43 or E911 calls.

44 (b) "911 ambulance or paramedic service" does not mean a seven or ten digit telephone
45 call received directly by an ambulance provider licensed under this chapter.

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

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

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

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

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

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

52 (4) "Committee" means the State Emergency Medical Services Committee created by
53 Section [26-1-7](#).

54 (5) "Direct medical observation" means in-person observation of a patient by a
55 physician, registered nurse, physician's assistant, or individual licensed under Section
56 [26-8a-302](#).

- 57 (6) "Emergency medical condition" means:
- 58 (a) a medical condition that manifests itself by symptoms of sufficient severity,
- 59 including severe pain, that a prudent layperson, who possesses an average knowledge of health
- 60 and medicine, could reasonably expect the absence of immediate medical attention to result in:
- 61 (i) placing the individual's health in serious jeopardy;
- 62 (ii) serious impairment to bodily functions; or
- 63 (iii) serious dysfunction of any bodily organ or part; or
- 64 (b) a medical condition that in the opinion of a physician or his designee requires direct
- 65 medical observation during transport or may require the intervention of an individual licensed
- 66 under Section 26-8a-302 during transport.
- 67 (7) "Emergency medical service personnel":
- 68 (a) means an individual who provides emergency medical services to a patient and is
- 69 required to be licensed under Section 26-8a-302; and
- 70 (b) includes a paramedic, medical director of a licensed emergency medical service
- 71 provider, emergency medical service instructor, and other categories established by the
- 72 committee.
- 73 (8) "Emergency medical service providers" means:
- 74 (a) licensed ambulance providers and paramedic providers;
- 75 (b) a facility or provider that is required to be designated under Section 26-8a-303; and
- 76 (c) emergency medical service personnel.
- 77 (9) "Emergency medical services" means medical services, transportation services, or
- 78 both rendered to a patient.
- 79 (10) "Emergency medical service vehicle" means a land, air, or water vehicle that is:
- 80 (a) maintained and used for the transportation of emergency medical personnel,
- 81 equipment, and supplies to the scene of a medical emergency; and
- 82 (b) required to be permitted under Section 26-8a-304.
- 83 (11) "Governing body":
- 84 (a) is as defined in Section 11-42-102; and
- 85 (b) for purposes of a "special service district" under Section 11-42-102, means a
- 86 special service district that has been delegated the authority to select a provider under this
- 87 chapter by the special service district's legislative body or administrative control board.

88 (12) "Interested party" means:

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

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

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

97 (13) "Interfacility transport" means any transfer, after initial assessment and
98 stabilization, due to a mental or physical condition, when the originating and destination sites
99 are:

100 (a) a general acute hospital, as defined in Section [26-21-2](#);

101 (b) an emergency patient receiving facility; or

102 (c) a mental health facility, as defined in Section [62A-15-602](#).

103 [~~13~~] (14) "Medical control" means a person who provides medical supervision to an
104 emergency medical service provider.

105 [~~14~~] (15) "Non-911 service" means transport of a patient that is not 911 transport
106 under Subsection (1).

107 [~~15~~] (16) "Paramedic provider" means an entity that:

108 (a) employs emergency medical service personnel; and

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

110 [~~16~~] (17) "Patient" means an individual who, as the result of illness or injury, meets
111 any of the criteria in Section [26-8a-305](#).

112 [~~17~~] (18) "Political subdivision" means:

113 (a) a city or town located in a county of the first or second class as defined in Section
114 [17-50-501](#);

115 (b) a county of the first or second class;

116 (c) the following districts located in a county of the first or second class:

117 (i) a special service district created under Title 17D, Chapter 1, Special Service District
118 Act; or

119 (ii) a local district under Title 17B, Limited Purpose Local Government Entities - Local
120 Districts, for the purpose of providing fire protection, paramedic, and emergency services;

121 (d) areas coming together as described in Subsection [26-8a-405.2\(2\)\(b\)\(ii\)](#);

122 (e) an interlocal entity under Title 11, Chapter 13, Interlocal Cooperation Act; or

123 (f) a special service district for fire protection service under Subsection [17D-1-201\(9\)](#).

124 ~~[(18)]~~ (19) "Trauma" means an injury requiring immediate medical or surgical
125 intervention.

126 ~~[(19)]~~ (20) "Trauma system" means a single, statewide system that:

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

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

131 ~~[(20)]~~ (21) "Triage" means the sorting of patients in terms of disposition, destination,
132 or priority. For prehospital trauma victims, triage requires a determination of injury severity to
133 assess the appropriate level of care according to established patient care protocols.

134 ~~[(21)]~~ (22) "Triage, treatment, transportation, and transfer guidelines" means written
135 procedures that:

136 (a) direct the care of patients; and

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

139 Section 2. Section **26-8a-303** is amended to read:

140 **26-8a-303. Designation of emergency medical service providers.**

141 (1) To ensure quality emergency medical services, the committee shall establish
142 designation requirements for emergency medical service providers in the following categories:

143 (a) quick response provider;

144 (b) resource hospital for emergency medical providers;

145 (c) emergency medical service dispatch center;

146 (d) emergency patient receiving facilities; ~~and~~

147 (e) non-emergency secure medical transport; and

148 ~~[(e)]~~ (f) other types of emergency medical service providers as the committee considers
149 necessary.

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

152 (3) As provided in Section 26-8a-502, an entity issued a designation under Subsection
153 (1) may only function and hold itself out in accordance with its designation.

154 Section 3. Section 26-8a-305 is amended to read:

155 **26-8a-305. Ambulance license required for emergency medical transport.**

156 Except as provided in Section 26-8a-308, only an ambulance operating under a permit
157 issued under Section 26-8a-304 may transport an individual who:

158 (1) is in an emergency medical condition;

159 (2) is medically or mentally unstable, requiring direct medical observation during
160 transport;

161 (3) is physically incapacitated because of illness or injury and in need of immediate
162 transport by emergency medical service personnel;

163 (4) is likely to require medical attention during transport;

164 (5) is being maintained on any type of emergency medical electronic monitoring;

165 (6) is receiving or has recently received medications that could cause a sudden change
166 in medical condition that might require emergency medical services;

167 (7) requires IV administration or maintenance, oxygen that is not patient-operated, or
168 other emergency medical services during transport;

169 (8) needs to be immobilized during transport to a hospital, an emergency patient
170 receiving facility, or mental health facility due to a mental or physical condition, unless the
171 individual is in the custody of a peace officer and the primary purpose of the restraint is to
172 prevent escape;

173 (9) needs to be immobilized due to a fracture, possible fracture, or other medical
174 condition; [or]

175 (10) except as provided by rule made by the committee, is subject to an interfacility
176 transport; or

177 [~~(10)~~] (11) otherwise requires or has the potential to require a level of medical care that
178 the committee establishes as requiring direct medical observation.

179 Section 4. Section 26-8a-602 is enacted to read:

180 **26-8a-602. Interfacility transportation of behavioral health unit and basic life**

181 **support patients.**

182 (1) As used in this section:

183 (a) "Basic life support patient" means a patient admitted into a hospital emergency
184 room, medical unit, or other hospital unit that:

185 (i) has stable vital signs;

186 (ii) does not have an IV in place;

187 (iii) has no advanced life support medications that will be required for monitoring or
188 administering during transport; and

189 (iv) does not require and is not anticipated to require chemical or physical restraints.

190 (b) "Provider" means a ground ambulance or paramedic licensed under this chapter.

191 (2) A provider may refuse or delay a request for interfacility transportation if:

192 (a) the request is for the transportation of a basic life support patient;

193 (b) the request is made between the hours of 12:00 a.m. and 6:00 a.m.;

194 (c) the request does not create an unreasonable burden on the originating site;

195 (d) the patient is 18 years old or older; and

196 (e) (i) the request is for a route that, at the time of the request, would require more than
197 55 miles of driving, as calculated from the patient's originating site to the patient's destination
198 site;

199 (ii) staffing levels or availability of equipment at the time of a request are below the
200 levels established by the department under Subsection (3); or

201 (iii) there are hazardous weather conditions, as defined by the department under
202 Subsection (3).

203 (3) The department shall make rules in accordance with Title 63G, Chapter 3, Utah
204 Administrative Rulemaking Act, to:

205 (a) establish, based on the cost, quality, and access goals established under Subsection
206 26-8a-408(7), a level of staffing or equipment availability necessary to support the needs and
207 expectations of a political subdivision's 911 ambulance or paramedic services between the
208 hours of 12:00 a.m. and 6:00 a.m.; and

209 (b) define hazardous weather conditions under which the interfacility transportation of
210 a non-emergent basic life support patient would result in substantial risk to the patient and the
211 provider.

212 (4) (a) Notwithstanding the requirements in Subsections 26-8a-402(5)(c) and (6)(c), a
213 provider outside of the exclusive geographic service area may respond to a request for the
214 interfacility transportation of a basic life support patient if the provider that is licensed in the
215 exclusive geographic service area:

- 216 (i) delays or declines a request under Subsection (2); and
- 217 (ii) requests assistance under a mutual aid agreement.

218 (b) A request under Subsection (4)(a)(ii) qualifies as a time of unusual demand under
219 Subsection 26-8a-402(4)(a).

220 (5) If a provider refuses or delays a request under Subsection (2), the receiving health
221 care provider shall honor an affirmative request from the originating health care provider to
222 hold a bed for a patient whose transportation was refused or delayed from the time of the
223 notification until the earlier of:

224 (a) a notification from the originating health care provider to the receiving health care
225 provider that the bed is no longer needed; or

226 (b) 6:00 a.m. after the initial notification is given, plus a reasonable amount of time for
227 transportation from the originating site to the receiving site.

228 (6) If a health care provider makes a request to hold a bed under Subsection (5), the
229 originating health care provider shall provide regular updates to the receiving health care
230 provider on the status of the delayed transportation.

231 (7) Nothing in this section requires a provider to:

232 (a) delay or decline transportation under Subsection (2); or

233 (b) render assistance under a mutual aid agreement under Subsection (4).

234 **Section 5. Effective date.**

235 This bill takes effect on November 30, 2018.