

## HB0322S03 compared with HB0322S01

~~text~~ shows text that was in HB0322S01 but was deleted in HB0322S03.

Inserted text shows text that was not in HB0322S01 but was inserted into HB0322S03.

**DISCLAIMER:** This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

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

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#### 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

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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:

~~{ None }~~ This bill provides a special effective date.

### Utah Code Sections Affected:

AMENDS:

**26-8a-102**, as last amended by Laws of Utah 2017, Chapter 326

**26-8a-303**, as enacted by Laws of Utah 1999, Chapter 141

**26-8a-305**, as enacted by Laws of Utah 1999, Chapter 141

ENACTS:

**26-8a-602**, Utah Code Annotated 1953

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

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

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

As used in this chapter:

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

(i) either:

(A) 911 ambulance service;

(B) 911 paramedic service; or

(C) both 911 ambulance and paramedic service; and

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

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

(2) "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 to operate in the state.

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(3) "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, Ambulance and Paramedic Providers.

(4) "Committee" means the State Emergency Medical Services Committee created by Section 26-1-7.

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

(6) "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 licensed under Section 26-8a-302 during transport.

(7) "Emergency medical service personnel":

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

(8) "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; and
- (c) emergency medical service personnel.

(9) "Emergency medical services" means medical services, transportation services, or both rendered to a patient.

(10) "Emergency medical service vehicle" means a land, air, or water vehicle that is:

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(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.

(11) "Governing body":

(a) is as defined in Section 11-42-102; and

(b) for purposes of a "special service district" under Section 11-42-102, means a special service district that has been delegated the authority to select a provider under this chapter by the special service district's legislative body or administrative control board.

(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, 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, Ambulance and Paramedic Providers; or

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

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

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

(b) an emergency patient receiving facility; or

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

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

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

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

(a) employs emergency medical service personnel; and

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

~~(16)~~ (17) "Patient" means an individual who, as the result of illness or injury, meets

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any of the criteria in Section 26-8a-305.

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

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

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

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

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

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

(d) areas coming together as described in Subsection 26-8a-405.2(2)(b)(ii);

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

(f) a special service district for fire protection service under Subsection 17D-1-201(9).

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

~~[(19)]~~ (20) "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.

~~[(20)]~~ (21) "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.

~~[(21)]~~ (22) "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 2. Section 26-8a-303 is amended to read:**

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

(1) To ensure quality emergency medical services, the committee shall establish

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designation requirements for emergency medical service providers in the following categories:

- (a) quick response provider;
- (b) resource hospital for emergency medical providers;
- (c) emergency medical service dispatch center;
- (d) emergency patient receiving facilities; ~~[and]~~

(e) non-emergency secure medical transport; and

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

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

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

Section ~~(2)~~3. Section **26-8a-305** is amended to read:

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

Except as provided in Section 26-8a-308, only an ambulance operating under a permit issued under Section 26-8a-304 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;

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

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

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

Section ~~3~~4. Section 26-8a-602 is enacted to read:

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

(1) As used in this section:

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

(i) has stable vital signs;

(ii) does not have an IV in place;

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

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

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

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

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

(b) the request is made between the hours of ~~10~~12:00 ~~p~~a.m. and 6:00 a.m.;

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

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

~~(f)~~(e) (i) the request is for a route that, at the time of the request, would require more than ~~30~~55 miles of driving, as calculated from the patient's originating site to the patient's destination site;

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

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

(3) The department shall make rules in accordance with Title 63G, Chapter 3, Utah

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Administrative Rulemaking Act, to:

(a) establish, based on the cost, quality, and access goals established under Subsection 26-8a-408(7), a level of staffing or equipment availability necessary to support the needs and expectations of a political subdivision's 911 ambulance or paramedic services between the hours of ~~10:00~~ 12:00 ~~p.m.~~ a.m. and 6:00 a.m.; and

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

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

(i) delays or declines a request under Subsection (2); and

(ii) requests assistance under a mutual aid agreement.

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

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

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

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

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

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

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

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

Section 5. Effective date.

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This bill takes effect on November 30, 2018.