

Representative Steve Eliason proposes the following substitute bill:

AIR AMBULANCE REVISIONS

2019 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Wayne A. Harper

House Sponsor: Paul Ray

LONG TITLE

General Description:

This bill amends provisions relating to the Air Ambulance Committee.

Highlighted Provisions:

This bill:

- ▶ amends membership and reporting requirements for the Air Ambulance Committee;
- ▶ requires an emergency medical service provider and health care facility to provide information about air ambulance charges to certain patients; and
- ▶ reauthorizes the Air Ambulance Committee for five years.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

26-8a-107, as enacted by Laws of Utah 2017, Chapter 419

63I-2-226, as last amended by Laws of Utah 2018, Chapters 38 and 281

ENACTS:

26-8a-602, Utah Code Annotated 1953



26 [26-21-32](#), Utah Code Annotated 1953

27

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

29 Section 1. Section **26-8a-107** is amended to read:

30 **26-8a-107. Air Ambulance Committee -- Membership -- Duties.**

31 (1) The Air Ambulance Committee created by Section [26-1-7](#) shall be composed of the
32 following members:

33 (a) the state emergency medical services medical director;

34 (b) one physician who:

35 (i) is licensed under:

36 (A) Title 58, Chapter 67, Utah Medical Practice Act;

37 (B) Title 58, Chapter 67b, Interstate Medical Licensure Compact; or

38 (C) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;

39 (ii) actively provides trauma or emergency care at a Utah hospital; and

40 (iii) has experience and is actively involved in state and national air medical transport
41 issues;

42 (c) one member from each level 1 and level 2 trauma center in the state of Utah,
43 selected by the trauma center the member represents;

44 (d) one registered nurse who:

45 (i) is licensed under Title 58, Chapter 31b, Nurse Practice Act; and

46 (ii) currently works as a flight nurse for an air medical transport provider in the state of
47 Utah;

48 (e) one paramedic who:

49 (i) is licensed under Title 26, Chapter 8a, Utah Emergency Medical Services System
50 Act; and

51 (ii) currently works for an air medical transport provider in the state of Utah; and

52 (f) ~~one member~~ two members, each from a different for-profit air medical transport
53 company operating in the state of Utah.

54 (2) The state emergency medical services medical director shall appoint the physician
55 member under Subsection (1)(b), and the physician shall serve as the chair of the Air
56 Ambulance Committee.

57 (3) The chair of the Air Ambulance Committee shall:
58 (a) appoint the Air Ambulance Committee members under Subsections (1)(c) through
59 (f);

60 (b) designate the member of the Air Ambulance Committee to serve as the vice chair
61 of the committee; and

62 (c) set the agenda for Air Ambulance Committee meetings.

63 (4) (a) Except as provided in Subsection (4)(b), members shall be appointed to a
64 two-year term.

65 (b) Notwithstanding Subsection (4)(a), the Air Ambulance Committee chair shall, at
66 the time of appointment or reappointment, adjust the length of the terms of committee
67 members to ensure that the terms of the committee members are staggered so that
68 approximately half of the committee is reappointed every two years.

69 (5) (a) A majority of the members of the Air Ambulance Committee constitutes a
70 quorum.

71 (b) The action of a majority of a quorum constitutes the action of the Air Ambulance
72 Committee.

73 (6) The Air Ambulance Committee shall, before November 30, ~~[2017]~~ 2019, and
74 before November 30 of every odd-numbered year thereafter, provide recommendations to the
75 Health and Human Services Interim Committee regarding the development of state standards
76 and requirements related to:

77 (a) air medical transport provider licensure and accreditation;

78 (b) air medical transport medical personnel qualifications and training; and

79 (c) other standards and requirements to ensure patients receive appropriate and
80 high-quality medical attention and care by air medical transport providers operating in the state
81 of Utah.

82 (7) (a) The committee shall prepare an annual report, using any data available to the
83 department and in consultation with the Insurance Department, that includes the following
84 information for each air medical transport provider that operates in the state:

85 (i) which health insurers in the state the air medical transport provider contracts with;

86 (ii) if sufficient data is available to the committee, the average charge for air medical
87 transport services for a patient who is uninsured or out of network; and

88 (iii) whether the air medical transport provider balance bills a patient for any charge
89 not paid by the patient's health insurer.

90 (b) When calculating the average charge under Subsection (7)(a)(ii), the committee
91 shall distinguish between:

92 (i) a rotary wing provider and a fixed wing provider; and

93 (ii) any other differences between air medical transport service providers that may
94 substantially affect the cost of the air medical transport service, as determined by the
95 committee.

96 (c) The department shall:

97 (i) post the committee's findings under Subsection (7)(a) on the department's website;
98 and

99 (ii) send the committee's findings under Subsection (7)(a) to each emergency medical
100 service provider, health care facility, and other entity that has regular contact with patients in
101 need of air medical transport provider services.

102 [~~7~~] (8) An Air Ambulance Committee member may not receive compensation,
103 benefits, per diem, or travel expenses for the member's service on the committee.

104 [~~8~~] (9) The Office of the Attorney General shall provide staff support to the Air
105 Ambulance Committee.

106 [~~9~~] (10) The Air Ambulance Committee shall report to the Health and Human
107 Services Interim Committee before November 30, [~~2018~~] 2023, regarding the sunset of this
108 section in accordance with Section 63I-2-226.

109 Section 2. Section 26-8a-602 is enacted to read:

110 **26-8a-602. Notification of air ambulance policies and charges.**

111 (1) For any patient who is in need of air medical transport provider services, an
112 emergency medical service provider shall:

113 (a) provide the patient or the patient's representative with the information described in
114 Subsection 26-8a-107(7)(a) before contacting an air medical transport provider; and

115 (b) if multiple air medical transport providers are capable of providing the patient with
116 services, provide the patient or the patient's representative an opportunity to choose the air
117 medical transport provider.

118 (2) Subsection (1) does not apply if the patient:

119 (a) is unconscious and the patient's representative is not physically present with the
120 patient; or

121 (b) is unable, due to a medical condition, to make an informed decision about the
122 choice of an air medical transport provider, and the patient's representative is not physically
123 present with the patient.

124 Section 3. Section **26-21-32** is enacted to read:

125 **26-21-32. Notification of air ambulance policies and charges.**

126 (1) For any patient who is in need of air medical transport provider services, a health
127 care facility shall:

128 (a) provide the patient or the patient's representative with the information described in
129 Subsection [26-8a-107\(7\)\(a\)](#) before contacting an air medical transport provider; and

130 (b) if multiple air medical transport providers are capable of providing the patient with
131 services, provide the patient or the patient's representative with an opportunity to choose the air
132 medical transport provider.

133 (2) Subsection (1) does not apply if the patient:

134 (a) is unconscious and the patient's representative is not physically present with the
135 patient; or

136 (b) is unable, due to a medical condition, to make an informed decision about the
137 choice of an air medical transport provider, and the patient's representative is not physically
138 present with the patient.

139 Section 4. Section **63I-2-226** is amended to read:

140 **63I-2-226. Repeal dates -- Title 26.**

141 (1) Subsection [26-7-8\(3\)](#) is repealed January 1, 2027.

142 [~~(2) Subsection [26-7-9\(5\)](#) is repealed January 1, 2019.~~]

143 [~~(3)~~] (2) Section [26-8a-107](#) is repealed July 1, [~~2019~~] 2024.

144 [~~(4)~~] (3) Subsection [26-8a-203\(3\)\(a\)\(i\)](#) is repealed January 1, 2023.

145 [~~(5)~~] (4) Subsection [26-18-2.3\(5\)](#) is repealed January 1, 2020.

146 [~~(6)~~] (5) Subsection [26-18-2.4\(3\)\(e\)](#) is repealed January 1, 2023.

147 [~~(7)~~] Subsection [26-18-408\(6\)](#) is repealed January 2, 2019.]

148 [~~(8)~~] (6) Subsection [26-18-410\(5\)](#) is repealed January 1, 2026.

149 [~~(9)~~] (7) Subsection [26-18-411\(5\)](#) is repealed January 1, 2023.

- 150 [~~(10)~~] (8) Subsection [26-18-604\(2\)](#) is repealed January 1, 2020.
- 151 [~~(11)~~] (9) Subsection [26-21-28\(2\)\(b\)](#) is repealed January 1, 2021.
- 152 [~~(12)~~] (10) Subsection [26-33a-106.1\(2\)\(a\)](#) is repealed January 1, 2023.
- 153 [~~(13)~~] (11) Subsection [26-33a-106.5\(6\)\(c\)\(iii\)](#) is repealed January 1, 2020.
- 154 [~~(14)~~] (12) Title 26, Chapter 46, Utah Health Care Workforce Financial Assistance
155 Program, is repealed July 1, 2027.
- 156 [~~(15)~~] (13) Subsection [26-50-202\(7\)\(b\)](#) is repealed January 1, 2020.
- 157 [~~(16)~~] (14) Subsections [26-54-103\(6\)\(d\)\(ii\)](#) and [\(iii\)](#) are repealed January 1, 2020.
- 158 [~~(17)~~] (15) Subsection [26-55-107\(8\)](#) is repealed January 1, 2021.
- 159 [~~(18)~~] (16) Subsection [26-56-103\(9\)\(d\)](#) is repealed January 1, 2020.
- 160 [~~(19)~~] (17) Title 26, Chapter 59, Telehealth Pilot Program, is repealed January 1, 2020.
- 161 [~~(20)~~] (18) Subsection [26-61-202\(4\)\(b\)](#) is repealed January 1, 2022.
- 162 [~~(21)~~] (19) Subsection [26-61-202\(5\)](#) is repealed January 1, 2022.