

152 procedures that:

153 (a) direct the care of patients; and

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

156 Section 2. Section **26-8a-212** is enacted to read:

157 **26-8a-212. Community paramedicine program.**

158 (1) A ground ambulance provider or a designated quick response provider, as  
159 designated in accordance with Section 26-8a-303, may develop and implement a community  
160 paramedicine program.

161 (2) (a) Before providing services, a community paramedicine program shall:

162 (i) implement training requirements as determined by the committee; and

163 (ii) submit a written community paramedicine operational plan to the department that  
164 meets requirements established by the committee.

165 (b) A community paramedicine program shall report data, as determined by the  
166 committee, related to community paramedicine to the department.

166a **Ĥ→ (3) A service provided as part of a community paramedicine program may not be**  
166b **billed to an individual or a health benefit plan as defined in Section 31A-1-301 unless:**

166c **(a) the service is provided in partnership with a health care facility as defined in**  
166d **Section 26-21-2; and**

166e **(b) the partnering health care facility is the person that bills the individual or health**  
166f **benefit plan.**

166g **(4) Nothing in this section affects any billing authorized under Section 26-8a-403. ←Ĥ**

167 **Ĥ→ [(3)] (5) ←Ĥ In accordance with Title 63G, Chapter 3, Utah Administrative**  
167a **Rulemaking Act, the**

168 **committee shall make rules to implement this section.**